

Governing Body Meeting

REPORT

Subject	Update on Non-Emergency Patient Transport Services
Date	7 September 2017
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Executive Summary

This report is to inform the Governing Body of the current status and performance of the NEPTS contract, and outlines the key issues alongside the mitigations BCCG are taking in managing this contract.

- This report provides the Governing Body with an update on the current position regarding Non-emergency Patient Transport Services (NEPTS).
- It identifies the details of current performance issues.
- It outlines progress on the procurement of the new service that begins in April 2018

Recommendation

The Governing Body are asked to review the information contained in this report and to agree the actions being taken.

Links to the business and risks

Relevant Strategic Objectives 2016/17 (please mark in bold)

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. **Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.**
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.

6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.

7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	Yes. Private Ambulance Service is noted on the Corporate Risk Register
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	N/A
Financial Implications / impact	Potential scope for activity to be above base levels set in the contract.
Legal Implications / impact	
Partnership work / public engagement implications / impact	Media Press Releases in response to enquiries from reporters. Increased complaints to the CCG from Patients and Medical Staff.
Committees / groups where this has been discussed before	Executive Board Meeting 31 st July 2017
Other options available and their pros and cons	N/A
Background papers	N/A

1. Contract Overview:

1.1 Contract history

1.1.1 A contract with Medical Services Limited (MSL) began in April 2015. The contract was procured across 4 CCGs (Herts Valleys, East and North Herts, Luton and Bedfordshire). The CCGs agreed to work as a consortium, although the exact working and governance of this was not clarified.

1.1.2 12 months' notice was served by MSL in early 2016. The consortium sought to overcome the operational and financial issues raised by MSL, but without success. It was agreed by the consortium in late 2016 that a caretaker contract would be offered to Private Ambulance Service (PAS) for 12 months, during which time a full procurement would be entered into. Due to procurement rules and time pressures it was not possible to re-tender the contract at this time.

1.2 Current contract

1.2.1 The current contract is an interim caretaker contract. Due to procurement rules, no changes are allowed to be made to the original existing contract during this period.

1.2.2 The consortium are currently experiencing significant operational and patient experience issues with PAS. The issues are detailed in paragraph 3 below. An informal Remedial Action Plan has been identified between PAS and the consortium and regular meetings are being held to discuss improvements.

1.2.3 The current contract is for 13 months to March 2018. It is a bi-lateral contract between PAS and BCCG, although BCCG also operates as part of a 4 CCG consortium. The 4 CCG contracts are identical, and the provider runs them as one. Therefore the consortium have agreed to manage the contracts together to prevent confusion, overload and conflicting priorities for the provider. However, the consortium arrangement has no lead CCG agreed therefore BCCG has not signed the consortium agreement.

1.3 Future contract

The procurement process is underway for April 2018. Luton CCG and Bedfordshire CCG are working together and will be offering separate lots for Bedfordshire and Luton CCG's. An update on this procurement is contained within paragraph 6

2 Media and Public Enquires

2.1 Healthwatch Report: Healthwatch conducted an independent survey of Bedford's Renal Clinic NEPTS patients. They have published this on their website and sent their findings to the Care Quality Commission (CQC). The report can be found here: https://www.healthwatch-centralbedfordshire.org.uk/wp-content/uploads/2014/06/NEPTS-Survey-v3-final.compressed-5.pdf?utm_content=bufferf9d20&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer. It is not clear from the report when the survey took place. It could have been before the improvements carried out in line with the Renal Remedial Action Plan (see paragraph 3.1.7)

2.2 Media: There have been enquiries from the Beds on Sunday and another Local Paper following the publication of the Healthwatch survey. It is expected that there will be newspaper reports on the service within the next week as BCCG has been contacted for a statement.

2.3 NHS England: NHS England and CQC have liaised with BCCG and other consortium members after escalation to the Regional Quality Surveillance Group.

3 Current Contract Issues

3.1 As expressed in paragraph 1.2.2, BCCG are currently experiencing significant operational issues with PAS. BCCG are also experiencing difficulty addressing these robustly via the 4 CCG consortium. Further details on the issues are set out below;

3.1.1 Complaints. There is a high number of complaints about the NEPT service by both patients and clinical staff. There has also been a delay in PAS dealing with and responding to complaints that are raised with them directly. This has been addressed via the Remedial Action Plan, and at the last action plan meeting (Friday 4th August) PAS confirmed that they had responded to all

complaints that had fallen outside of the national 25 day response requirement, and that they were continuing to address remaining complaints. No reporting data has yet been provided on the number of complaints that have been received or are outstanding despite being requested by the consortium.

- 3.1.2 Data & Performance Reporting: Full and robust data is not being received from PAS. They have recently conducted a reconciliation on their data from the beginning of the contract until the end of July and this should be available for the CCG to review by the 11th August 2017. This will enable to BCCG to review performance robustly. If this is not forthcoming an Information Breach notice will be issued. Current data being received is patchy and incomplete. Data sets received are not cleansed and contain incorrect information. This makes taking contractual action difficult as the data is not reliable.
- 3.1.3 Call Centre Performance: The contract contains a Key Performance Indicator monitoring the average time to answer calls at the call centre. There has been a great many complaints raised about the time callers are waiting for their call to be answered and subsequently being cut off. The CCG raised this with PAS as part of the Remedial Action Plan and PAS have increased their bandwidth for accepting calls, and have upgraded their system. This will give more detailed reporting allowing the CCG to assess performance in this area. There have additionally been complaints from patients and staff that they are given conflicting information from the call centre when they ring to chase up journeys. This is being raised with PAS as an area to improve on.
- 3.1.4 Patients missing Appointment times: There have been many complaints, but PAS's data also shows that many patients are outside the required KPI standard for arrival time. At the meeting held on 4th August 2017, PAS reported that 30% of patients were still arriving after their appointment time. The CCG consortium requested that PAS confirmed, of that percentage, how many patients were still seen by a clinician despite missing their appointment time.
- 3.1.5 Delayed Collection/Failed Pick-ups: BCCG have received many complaints from patients and clinical staff informing us that patients that have had extremely long waits for transport, or that transport has failed to turn up completely and other arrangements have had to be made by the patient or staff. This has led to concerns around patient safety and wellbeing. The Remedial Action Plan targets this KPI with PAS. PAS have made some changes to their staff shifts and are expecting this to increase the number of available vehicles and drivers to allow them to improve their performance in this area. The consortium are expecting the data to reflect this improvement. A refreshed contacts process for escalating these issues has been communicated with working partners and hospital trusts this week.
- 3.1.6 Vehicle Suitability: There have been complaints by patients and clinical staff that the transport provided is not up to standards required by the contract. PAS have worked with the consortium's quality leads to improve on these areas and are in the process of rectifying the issues and upgrading items where required.
- 3.1.7 Renal Clinic Journeys: It was established, only after the consortium agreed to award a contract to PAS, that they had not previously served patients with

renal dialysis needs. The service provided to renal patients is weak, with a range of sub-optimal outcomes being reported through complaints. BCCG issued a formal Contract Performance Notice to PAS (7th April 2017) regarding the performance of Renal Transport Patients. The Renal Clinic is working with the CCG and PAS to identify service improvements and this is being monitored by a Remedial Action Plan. BCCG are undertaking financial and service evaluations to investigate if it is appropriate to remove this element of the NEPTS contract and to contract this service separately with a specialist provider.

4 Quality

- 4.1 BCCG quality team are monitoring the quality of the service in conjunction with BCCG contracting team, including making announced and unannounced visits and meeting with patients to hear about their experience of the service and if any of the actions required by PAS are resulting in changes.
- 4.2 We have undertaken one announced visit (7th July 2017) and one unannounced (11th May 2017) to the Bedford Hospital site in relation to vehicle compliance and infection control issues, and one visit to the Renal Unit (7th July 2017) in order to talk with patients and staff about their current experience of the service.
- 4.3 The announced visits on Friday 7th July was undertaken by members of the BCCG quality team in conjunction with a representative from Healthwatch Central Bedfordshire. The areas visited were the transport office at Bedford Hospital main site to review vehicle compliance and infection control, and Bedford Renal Unit at Elm Farm Industrial Estate to gain patient and staff experience feedback. This was on a date after Healthwatch independently visited the Renal Unit.
- 4.4 Issues remain regarding vehicle compliance, stock levels and cleanliness.
- 4.5 There had been some improvements to the experience for dialysis patients, but issues remained regarding arrival and pick-ups on Saturdays and in the evenings; complaints handling and information being given to patients if any delays.
- 4.6 The outcomes of these visits have been shared with PAS and with the contracts team in order to inform the formal contractual monitoring process
- 4.7 An update on actions taken to address the issues raised is expected at the August contract meeting between BCCG and PAS.
- 4.8 Further unannounced visits are being planned
- 4.9 Members of BCCG quality and contracts team have also met directly with the Clinical Lead for PAS to highlight the concerns being raised, in an effort to ensure measures are put in place to improve delivery of service to patients
- 4.10 CQC Inspection: BCCG have requested sight of the requirement notice sent to PAS by CQC and their subsequent report to the CQC in response. This has not yet been forthcoming. The areas requested in the Requirement notice included robust reporting of incidents and near misses and effective governance and quality assurance.

4.11 An escalation meeting was held 11th August with NHSE and CQC in response to reports from commissioners to the Quality Surveillance Group. The outcome being the decision to hold a quality summit with the provider and key stakeholders.

5 Finance and Activity

5.1 The Expected Annual Contract Value is £2.196m for 2017/18, based on activity levels from April to March in 2015/16 of 72,146 journeys

5.2 This has been agreed to be spread over 13 months from March 2017 to March 2018.

5.3 To date, the values paid are as follows:

Month	Value
March 2017	£168,985.19
April 2017	£168,985.19
May 2017	£168,985.19
June 2017	£168,985.19

5.4 Under the terms of the contract; PAS will send a reconciliation invoice for the first quarter with the difference between the Expected Annual Contract Value and the actual activity conducted. As highlighted in paragraph 3.1.2, accurate reconciliation and validation of journeys is not currently possible due to the poor quality of the data being provided.

5.5 Current activity levels are estimated to be in line with the previous contract of circa 6,000 individual journeys a month for BCCG. Reconciliation invoices are yet to be received, but would be held until full and complete data sets are received allowing appropriate validation.

6 Contractual Management

6.1 Consortium arrangement. BCCG holds a bilateral contract add consortium arrangements with PAS and has not signed the formal consortium agreement as this was regarded to not be an effective document. The nominal (not formal) leadership of the consortium is held by Herts Valleys CCG. There is a need to accelerate the pace of meetings being held to address poor performance. BCCG is engaging with HVCCG to achieve this, but progress remains slow. BCCG also wants to ensure that the remedial action plan (RAP) is fit for purpose, complete and valid.

6.2 Contract enforcement. BCCG did previously serve formal contractual notices on their portion of the contract, but this was met with resistance from within the consortium as it was felt that this would dis-incentivise PAS to strive to improve performance at the start of a difficult contract. However, at the consortium meeting held on 4th August 2017, PAS were informed that Contract Performance Notices by all consortium members would be served on them if progress was not appropriately demonstrated. This would need to be evidenced before the next meeting on 16th August 2017. If appropriate performance improvement is not evidenced, the consortium will issue

contract performance notices with appropriate penalties for the breaches in key performance indicators and the information breaches. These are likely to be large and punitive for PAS.

7 Future Steps

7.1 Maintaining and improving patient safety remains our priority.

7.2 A joint procurement is being entered into by Luton CCG and Bedfordshire CCG.

7.3 The procurement is led by LCCG and has additional support from Attain

7.4 Mobilisation of the project is being undertaken with the support of Attain (BCCG and LCCG procurement advisors).

7.5 Currently, planning and consultation is under way to ensure that the learning from the current and previous contracts are applied to the new contract. LCCG and BCCG have engaged with Luton and Dunstable Hospital and Bedford Hospital respectively to ensure their input is captured in the new procurement and will be engaging with Healthwatch and other patient groups to gain their views.

7.6 The contract is to be let as a joint procurement, with separate lots for Luton and Bedfordshire. Milton Keynes are to be named in the contract should they wish to adopt it in the future.

7.7 Quality Summit to be held by the end of August chaired by NHSE with provider and stakeholders in attendance.

8 Conclusion

Improving and sustaining patient safety remains our priority.

The governing body are asked to:

- Review the details of current performance issues.
- Agree the progress on the procurement of the new service that begins in April 2018.