



**MEDWAY HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE**

**AUGUST 2018**

**KENT & MEDWAY NON-EMERGENCY PATIENT TRANSPORT SERVICE  
PERFORMANCE**

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**Executive Summary**

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

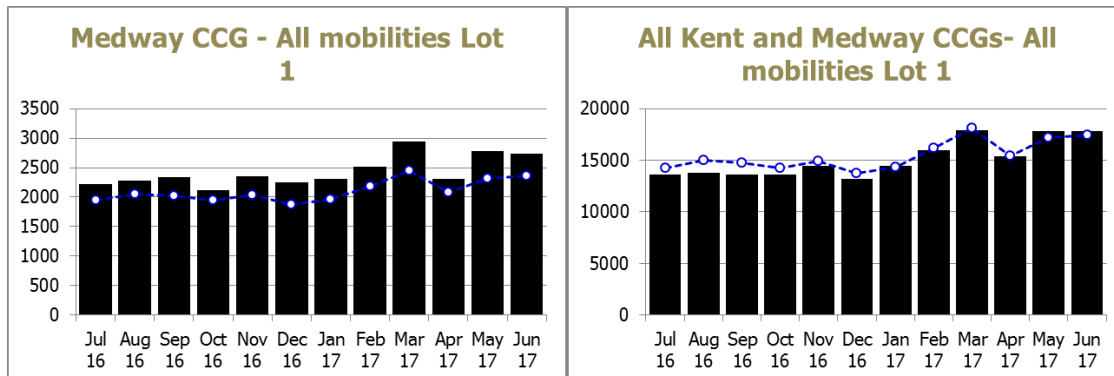
This report aims to give an overview of the previous contract performance challenges and the remedial actions to date by both the CCG and the provider. The current performance reports are very encouraging and demonstrate G4S's commitment to their service development and improvements in the overall patient 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%
- Increase in Patient escorts by 9%
- 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 KPIs, based on detailed journey data.

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.

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 3 months for Outpatient activity and 6 months for Discharge/Transfer activity was agreed. 16 new ambulance vehicles will be deployed in Kent through this period. These vehicles will be a mixture of Stretcher and Wheelchair Accessible Vehicles (WAVs) with the first 10 due for delivery 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 will 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 3<sup>rd</sup> 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 have 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 lead 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
No of calls offered		31898	12145	10916
No. of calls answered		19125	10053	10463
Average Handling time [seconds]		350	409	372
Average speed to answer [overall]		00:05:21	00:03:20	00:00:42
Average speed to answer [K&M future bookings]	<20 secs	00:05:15	00:04:05	00:00:41

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 downward trend from May to June. 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 5 minutes in April, to just over 4 in May, to 41 seconds in June.

G4S are expecting to achieve the KPI for < 20 seconds by the end of the mobilisation period.



## Performance

The table below shows the trend of improvement with patients arriving on time for appointments at 81% June, rising to 93% within 30 mins.

KPI	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Trajectory at 3 month point
Outpatient Arrival [advance notice]	80%	76%	77%	76%	80%	79%	81%	80%
Outpatient Return	80%	76%	78%	76%	91%	91%	90%	80%
Discharge [advance notice]*	80%	45%	41%	42%	72%	69%	66%	60%
Discharge [on the day]*	80%	70%	69%	66%	82%	78%	72%	72%
Transfer of care [advance notice]*	80%	57%	54%	65%	79%	93%	71%	62%
Travel time [less than 10 miles, not to exceed 90 minutes]	80%	83%	89%	88%	97%	97%	98%	80%
Travel time [10-35 miles]	80%	76%	83%	83%	99%	99%	98%	80%

- All KPI's that are marked with an asterisk (\*) are on a six month trajectory commencing April 2018. All other KPI's are on three month trajectory also commencing April 2018.

In addition to the standard performance reporting, the commissioners have recognised that whilst a KPI is a general measure of performance, it is not indicative of the full service provided. As an example, for June 81% of patients arrived for their appointments within the contractual KPI, and 93% of patients arrived within 30 minutes of their allocated appointment time. This is a further indication of the on-going improvements made within the last 3 months and the positive impact this has had on the patient experience.

It's important to note this performance improvement was achieved whilst forecast journeys for June have seen an increase of 848 (5.04%) non-renal patient movements for the month. The performance for renal patients in June was Inwards - 83.21% and Outwards - 89.55%.

Medway CCG specific performance can be found broken down in Appendix C.

Achievement of discharge and transfer KPIs are expected by October 18 (6 month trajectory) G4S is in line with this however at Medway this remains very challenging due to the huge variation from day to day. For example on one day G4S received a total of 17 discharges, on the next day we receive 30 discharges, both within the same time frame. Since "true up" Medway Hospital has seen an improvement on patients arriving on time for their appointment, with over 80% of patients arriving on time for their appointment. Our resources have increased with a further 3 vehicle being based at Medway from August 2018. G4S have also increased the number of staff to assist with the demand and profile of patients.

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 is also introducing new control methods that will 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 TTO's to ensure discharges are spread throughout the day, this trial was very successful within William Harvey Hospital and is being rolled out across Kent.



## **Staffing and Fleet**

G4S have 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 & 6 month agreed mobilisation trajectory. 10 new vehicles will be 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 6 High Dependency Unit vehicles (with Stretcher capability) are currently in the design phase, due for completion at the end of August and expected for delivery in Q4.

## **Patient Engagement**

In line with G4S's commitment to improving the patient experience, they have 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 recognised 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 relationship and utilise 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 B for detailed Patient Experience outcomes]



## Patient Feedback and Complaint 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 FTE to 3.5 FTE
- Creation of accountable investigators and investigation pathways
- Implementation of a dedicated Freephone 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
- Further development of 'cause codes' to support more meaningful root cause analysis and learning
- 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

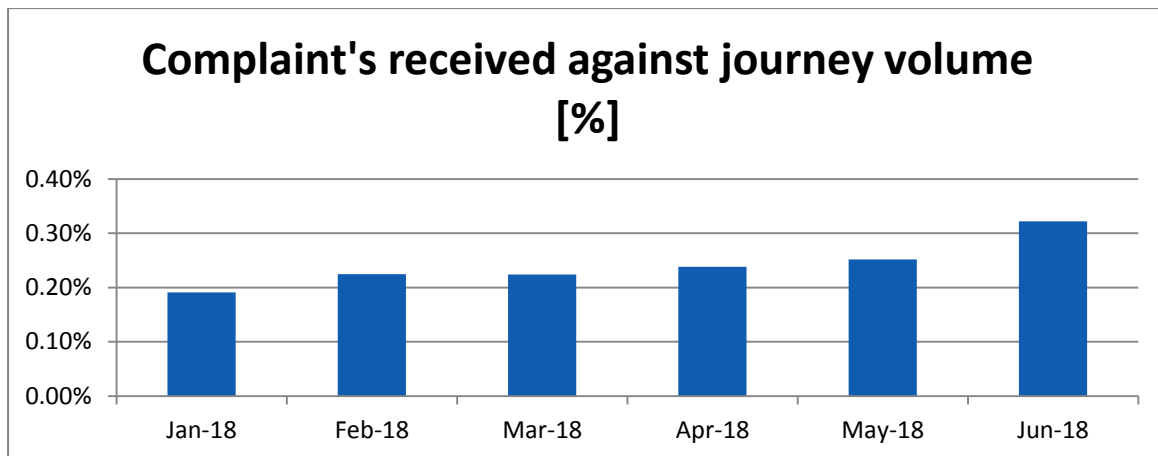
As a result of these changes, G4S now report a consistent achievement of their acknowledgment and response KPI. The Contract Performance Notice was removed in April 2018.

G4S acknowledge that there has been a small 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.

Both of these root causes were addressed within the 'True up' process and G4S are confident once the mobilisation period is completed, these negative complaints will reduce.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
<b>Complaint</b>	54	57	63	64	73	91
<b>Compliment</b>	9	9	9	14	18	8
<b>Total</b>	<b>63</b>	<b>66</b>	<b>72</b>	<b>78</b>	<b>91</b>	<b>99</b>
<b>Journey Volume</b>	<b>28242</b>	<b>25349</b>	<b>28119</b>	<b>26874</b>	<b>28972</b>	<b>28280</b>
<b>% against journey</b>	<b>0.19%</b>	<b>0.22%</b>	<b>0.22%</b>	<b>0.24%</b>	<b>0.25%</b>	<b>0.32%</b>



### 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 they 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 June 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.



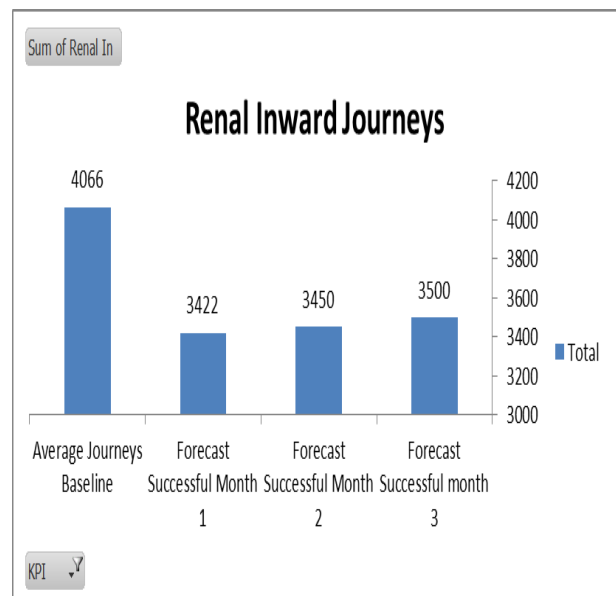
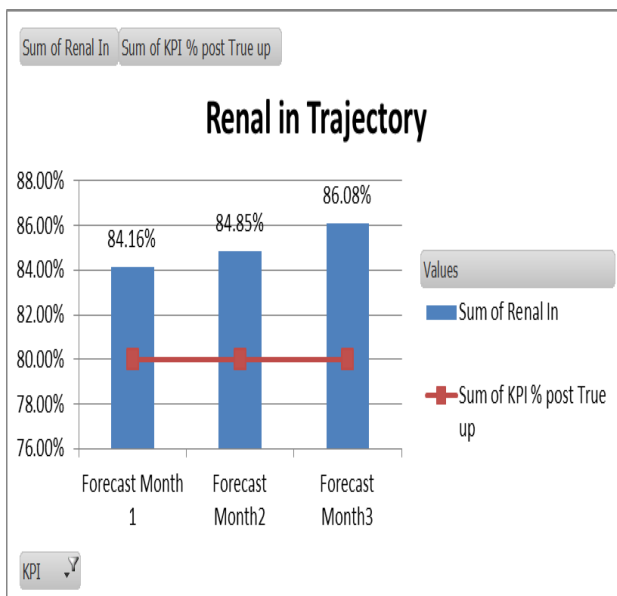
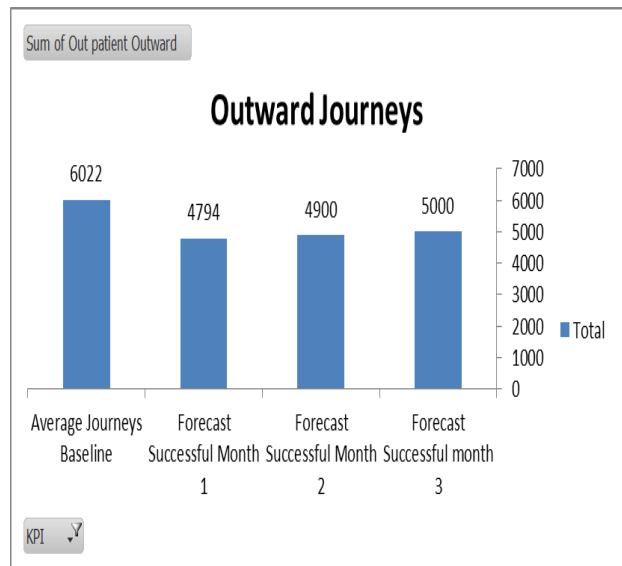
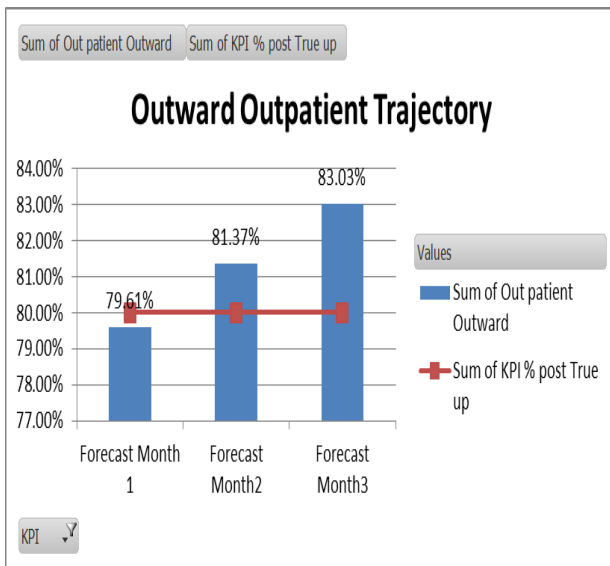
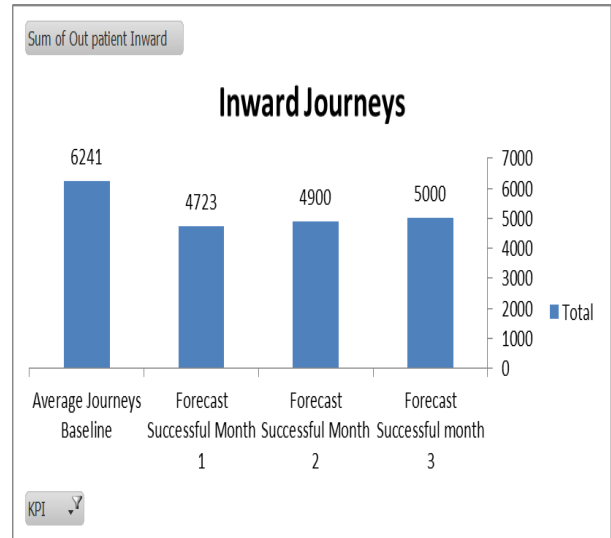
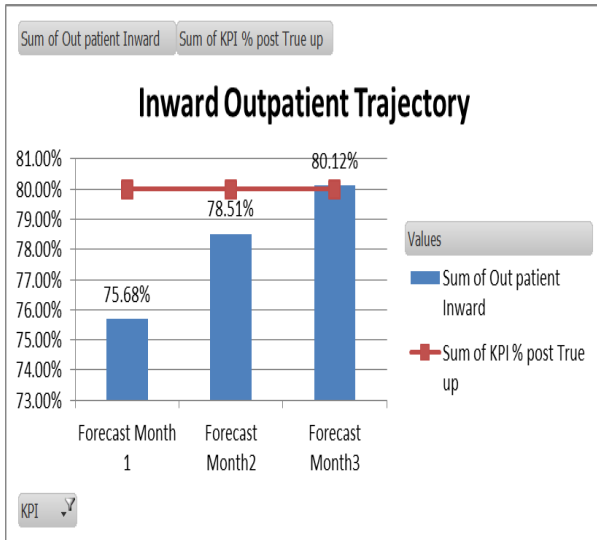


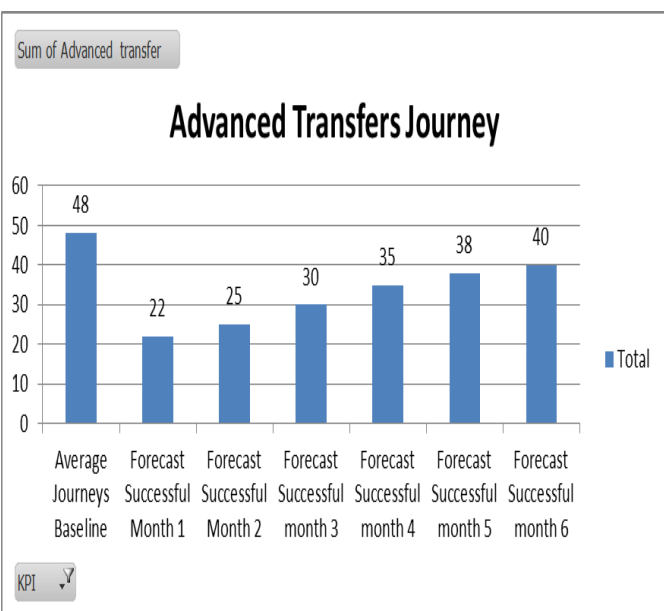
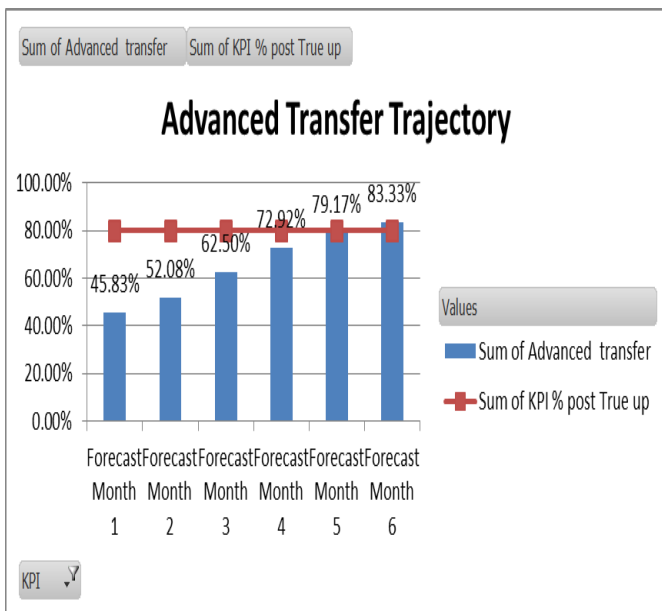
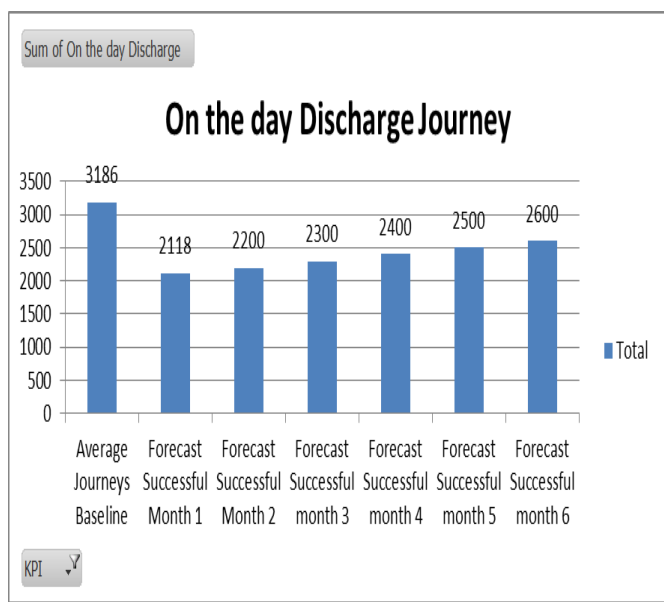
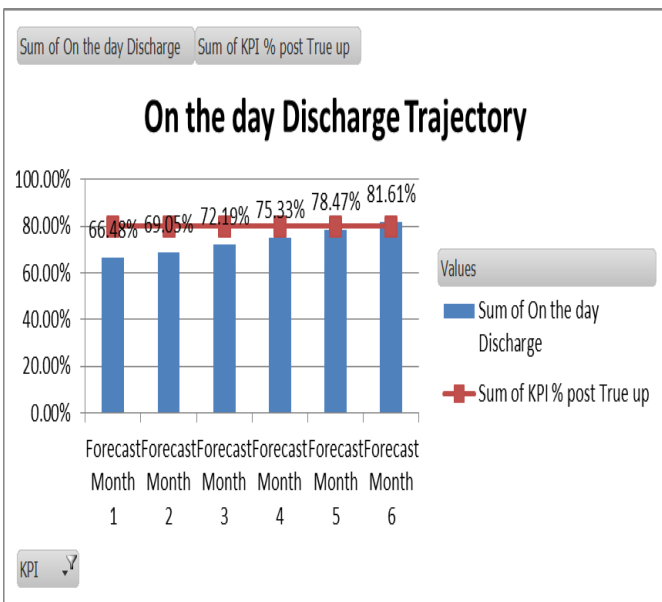
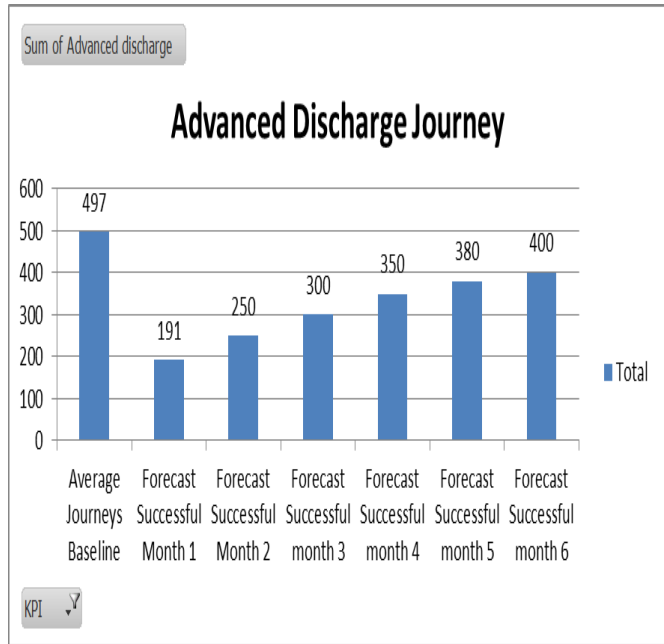
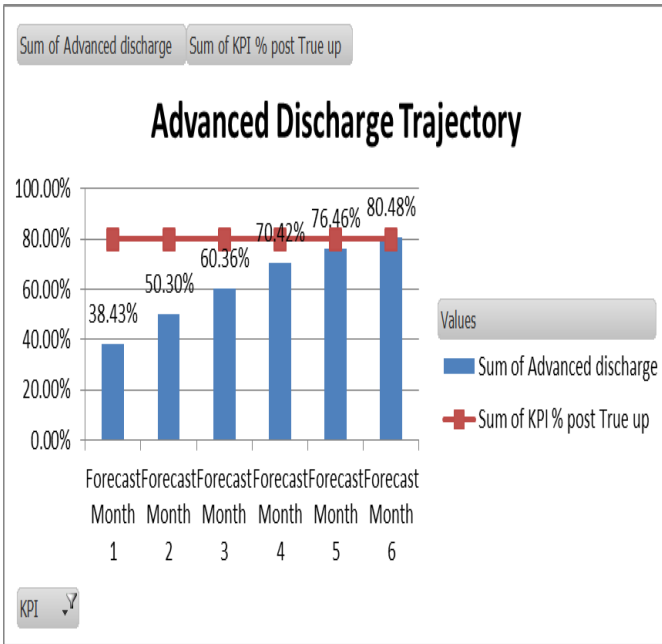
Both the CCG and G4S are pleased to report that the current performance against trajectory is on track. The completion of the mobilisation period will see significant progress and improvements for the majority of patients.

G4S have 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 – Agreed KPI trajectories



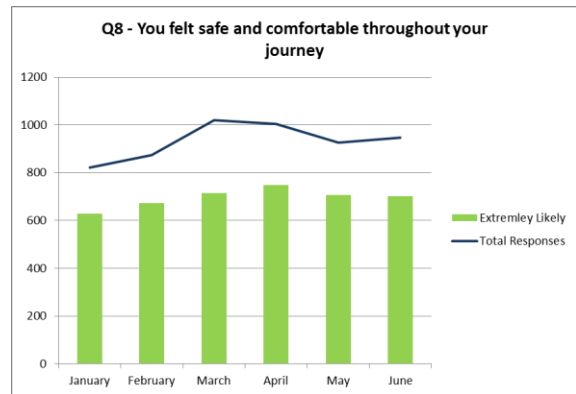
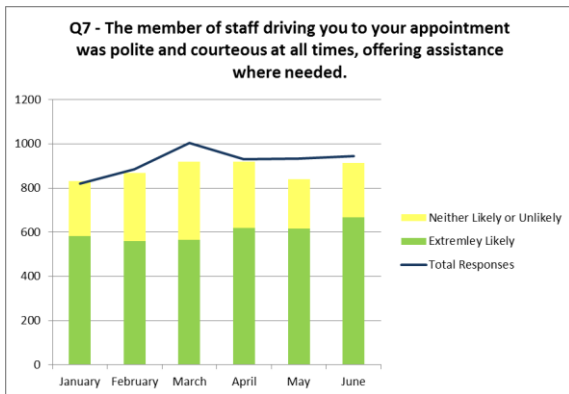
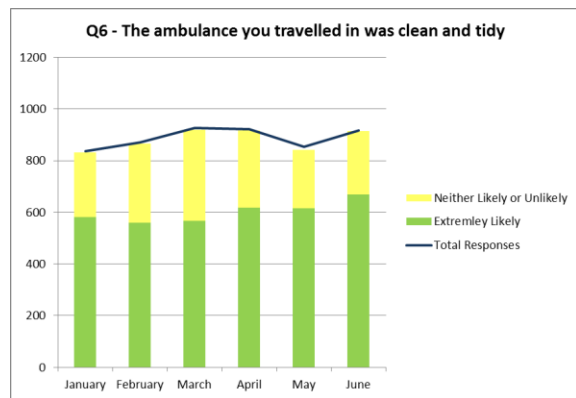
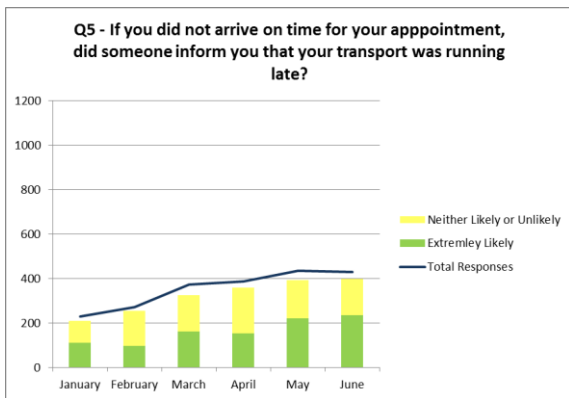
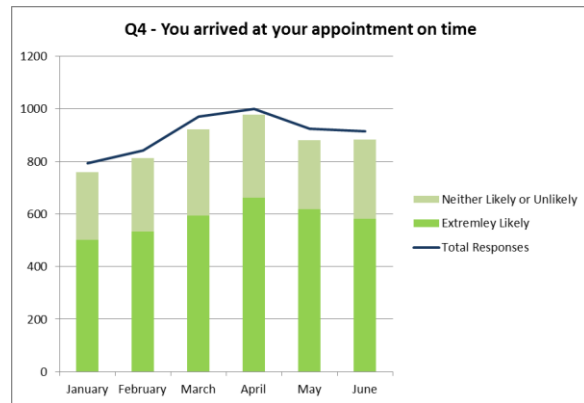
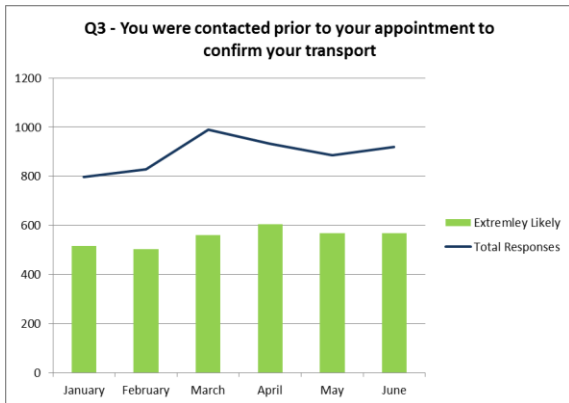
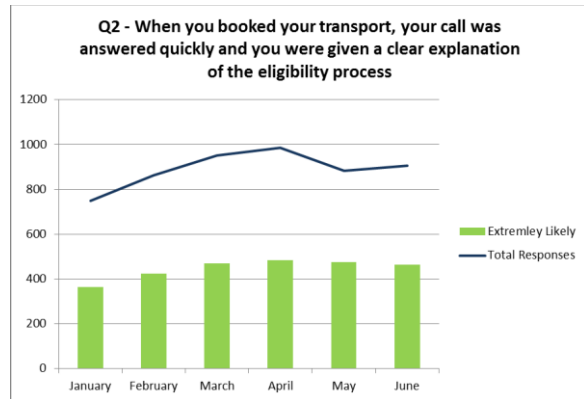
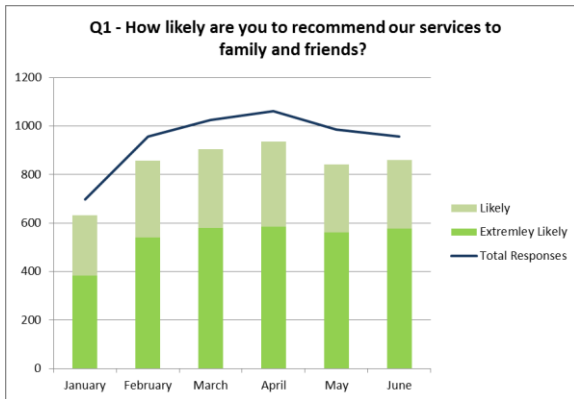




## Appendix B – Patient Experience Data

Question	Summary	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total
How likely you are to be to recommend our service to friends and family if they needed to use a similar service?	Q1	398	258	58	15	24	1	754
When you booked the transport, your call was answered quickly and you were given a clear explanation of the eligibility process?	Q2	324	N/A	331	N/A	44	15	714
You were contacted prior to your appointment to confirm the transport?	Q3	444	N/A	238	N/A	37	8	727
You arrived at your appointment on time?	Q4	469	N/A	227	N/A	30	12	738
If not, someone informed you that your transport was running late?	Q5	134	N/A	134	N/A	22	16	306
The ambulance you travelled in was clean and tidy?	Q6	578	N/A	166	N/A	7	0	751
The member of staff driving you to your appointment was polite and courteous at all times, offering assistance where needed?	Q7	600	N/A	140	N/A	2	1	743
You felt safe and comfortable throughout your journey?	Q8	601	N/A	150	N/A	3	3	750
<b>Total</b>		<b>3548</b>	<b>258</b>	<b>1444</b>	<b>15</b>	<b>169</b>	<b>56</b>	<b>5483</b>

\* N/A 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, which is due for release in August 2018.





## Appendix C – Medway CCG KPI performance – June 2018

Area	KPI Area	Required Standard	Minimum Standard	All CCGs	Medway CCG
Outpatient	All outpatient arrivals	Patients to arrive on time and no more than 75 minutes prior to their appointment time (inc booked on the day)	80%	77.8%	73.8%
Outpatient	All outpatient pre-booked return journeys	All patients to be collected within 75 minutes of the booked or made ready time which ever is greater	80%	89.8%	87.9%
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%	96.9%	97.0%
Outpatient	All outpatient booked in advance return journeys	No more than 1% of patients waiting over 4 hours	1%	0.1%	0.0%
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%	83.2%	81.3%
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%	89.6%	88.3%
Discharge	Discharge journey booked in advance	All patients to be collected within 75 minutes of booked time	80%	66.2%	47.7%
Discharge	Discharge journey booked on the day	All patients to be collected within 120 minutes of booked ready time	80%	72.2%	68.6%
Discharge	Discharge journey booked in advance	No more than 1% of patients waiting over 4 hours	1%	0.1%	0.1%
Discharge	Discharge journey booked on the day	No more than 1% of patients waiting over 4 hours	1%	0.8%	0.8%
Transfer	Journey booked in advance - Transfer of care.	All patients to be collected within 75 minutes of booked ready time	80%	71.4%	50.0%
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%	69.0%	60.5%