Appendix 1

NHS
Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

Supporting people in Dorset to lead healthier lives

BRIEFING FOR HEALTH OVERVIEW AND SCRUTINY MEMBERS
FEBRUARY 2014
NON EMERGENCY PATIENT TRANSPORT SERVICES

1. BACKGROUND TO THE AWARD OF CONTRACT

1.1 Non-Emergency Patient Transport Services (NEPTS) was originally commissioned across the South West of England jointly between Primary Care Trusts (PCT), Foundation and Community and Mental Health Trusts with Torbay PCT being the lead organisation. The existing contract came to the end of its term and under European law needed to be go out to tender for procurement.

1.2 In 2012/13, with the dissolution of PCTs, each area within the South West decided to procure NEPTS individually. Dorset, Bournemouth and Poole Cluster set up an operational working group to determine the Service Specification required tendering for a Dorset wide service repatriating all contracts currently held by the South West Commissioning Group, Dorset Acute Providers and Dorset Community Trusts. NEPTS moved away from a multiple contractual situation to a singular commissioned pan Dorset service led by Dorset Clinical Commissioning Group.

Tender and Procurement

1.3 During the tender process a challenge was made by the incumbent provider which led to the service being not delivered as according to timescales. This in turn meant renegotiating contractual positions with current providers and informing tender applicants of a delay in the process of evaluation and award.

1.4 Seven companies were shortlisted for interview. All companies were advised of potential difficulties with data collection and provision, accuracy of travel routes and category of carriage.

1.5 Three companies were further shortlisted. E-zec was awarded the Dorset NEPTS contract after demonstrating a robust, coherent and flexible ability to deliver the requirements outlined in the tender.

1.6 E-zec Medical went live with NEPTS on 1 October, 6 months later than planned and with 4 months project development and implementation planning as opposed to the originally estimated 6 months.

1.7 It was accepted that there was a level of risk in changing provider however the team had confidence in the preferred provider being able to deliver the specification requirements and improving the level of service to both patients, Trusts and the CCG. During the life of the contract DCCG expects to see improvements in the quality of the

service potential savings through the correct use of the eligibility criteria as well as optimisation of routes and vehicles.

Implementation Phase

1.8 During the implementation phase an operational working party was formed by E-zec supported by DCCG. A project plan was introduced and used as the monitoring tool for delivery of the service to the target date.

1.9 There were multiple teething problems during this phase of work, as would be expected from a multi-organisation, complex service. However, all parties to the contract worked in unison and were keen to see the service succeed.

1.10 The final step in the implementation phase was to secure and transfer the data from all providers within a 48 hour pre go-live window. This was not a straight forward exercise and resulted in massive duplication, poor data information and inaccurate data transfer and upload to the live patient transport system (Cleric) run by E-zec.

2. E-ZEC MEDICAL SERVICE FROM 1 OCTOBER 2013

2.1 For the purpose of this report I have grouped areas of relevance and bullet pointed detail together in an attempt to streamline the information and to contain the volume and complexity provided.

2.1.1 E-zec Medical

- Leadership - Poor corporate leadership, which lacks direction or visibility
- Structure – Initially, lack of organisational structure, line management and general personnel reporting processes, now assessed locally as improving
- Limited operational policy and procedures
- Poor communication structures both internally and externally. This is currently being reviewed and improved upon in consultation with external stakeholders.

2.1.2 Estates

- Procured Drewitt Industrial Estate for call centre, planning and control, vehicle storage and rest areas. Approximately one week before go live date for the call centre, it was established telecoms could not be provided to the level required and a new premises needed to be sought.
- Basepoint Business Centre optimised on a short term lease for call centre, planning and control. Telephone system operated through the Business Centre.
- On-going negotiation of vehicle locations and sites – potential new site to be procured at Wallisdown which will house both vehicles, crews and call centre planning and control on one site as opposed to split site locations.

2.1.3 **Human Resources**

- TUPE transfer from incumbent providers was difficult, particularly from main existing provider whose refusal to share appropriate staff related data with new provider severely slowed processes down
- Change of Human Resources manager by E-zec in the middle of process
- Transferring staff, stated they felt they were not kept informed of the stage of the process by either organisation
- TUPE staff very unhappy within the E-zec organisation, complained of lack of information, support, training, skills and knowledge of existing area, mandatory training, IT systems
- Conflict of opinion between TUPE staff and E-zec on the above issues and how TUPE'd staff were integrated into E-zec
- New and TUPE employees do not appear to have standard induction process, ongoing development, skills and knowledge, general training
- Confidentiality breaching of patient information is reported as an ongoing issue
- Lack of corporate behaviour by staff
- Lack of clear lines of responsibilities or roles within the organisation
- Lack of trained crew
- Handover procedures are weak
- Not enough staff employed to deliver service
- Voluntary Car Service users trained and used – problem with clarity over roles and responsibilities and reimbursement rates.
- Development of rota systems - ? to meet demand not robust
- Procedures and processes for OOHs, weekend work
- Lack of corporate leadership behaviours in E-zec, execs, observed on occasion
- Human Resources are actively engaged in processes, training and development, recruitment and employment addressing above issues.

2.1.4 **Call Centre**

IT Software

- Purchased Cleric IT software system as opposed to using their own at DCCG request (high risk if maintained their own service)
- Data transfer from outgoing providers to Cleric not good. Massive duplication, transfer of fields etc caused major problems – outside of E-zec's control.
- First months' worth of data inaccurate and almost unusable created major transport planning problems. One Acute Trust emailed 5040 separate pieces of information for transfer; outgoing provider resolutely refused to provide any data until 30/09/13
- Lack of training, understanding of use and development of Cleric provided before go live date
- Cannot say whether data by outgoing provider was accurate or not as the transfer of data was so poor generally
- Subsequently made aware E-zec did not upload all of DCHFT data
- CLERIC training and capability understood and ongoing training with dedicated staff within the organisation ongoing to use the software to its maximum capacity.

Telephony

- Telephone system purchased. There is a query as to whether it is fit for purpose. Lines dropping off, long waits, answerphone messages not correct, inbound/outbound conflict. Reporting mechanisms not fully understood. Ongoing problems not resolved.
- Volume of calls received by E-zec far exceeded profiled demand (approx. 450 profiled, actual received 1600). E-zec increased volume of call handlers immediately and review opening times of call centre. Profiling of calls now operational
- Patients waiting in excess of an hour for calls to be answered, patients and clinicians unaware of calls dropping out of the system, patients unhappy with the service provided on the phone and experience of call handler
- Eligibility not implemented immediately due to length and volume of calls received
- On-line system rolled out to clinicians to ensure priority patients receive transport. E-zec provided system and rolled out to Acutes at short notice. Training not 100% effective, problems with software, Acutes not communicating system well, not implemented effectively to help resolve demand issues
- Lack of understanding by call handlers of booking processes, Dorset wide criteria, out of county booking
- Complaints about rudeness, calls being put down during conversation, inefficient use of time, length of calls and lack of clarity or understanding by call handlers
- On-going problems relating to above still in existence within the call centre. Complaints received from all Acutes, community providers, GPs and patients.
- Poor information governance
- Breaches of confidentiality
- Door open policy in working environment – calls can be heard
- Update on lines and software complete. Alternative structure put into place within the call centre resolving many of the ongoing problems. Training ongoing.
- New complaint process in place.

Planning

- Initially planning provided by TUPE staff and new recruits. Planning did not work. Staff left.
- Planning situation not maximising routes, optimising vehicles
- Lack of geographical area knowledge
- No communication links between call handling staff and control.
- Notes not being read by planners when written by call handlers
- New Contract Manager in place to deal with all operational matters. New structure in place for both control and planning, streamlining processes and improving structures and systems.

Control Room

- Initially control room provided by TUPE staff and new recruit. Planning did not work. Staff left.
- Could not monitor at ground level
- Initially no communication with vehicles

- Wrong vehicles despatched
- Vehicles despatched late
- Wrong crews despatched
- Wrong locations attended
- Poor link between planning and call centre
- Lack of integration of software
- Lack of visibility planning – PDA implementation
- New Contract Manager in place to deal with all operational matters. New structure in place for both control and planning, streamlining processes and improving structures and systems.

2.1.5 **Transport**

- Not enough cars available for contract level
- Not enough stretcher ambulances available
- Not enough trained crew available on transport vehicles
- PDAs not available at the start of the contract on ambulance vehicles
- Volunteer car services not able to report via PDAs
- Extra resource invested into the contract to obtain appropriate vehicle resource and appropriate levels of crew and levels of trained staff to meet capacity. This is in the process of being implemented.

2.1.6 **Sub-Contractors**

- Problems with sub contracted taxi companies in delivering the work outsourced by E-zec
- Corrupt information being spread by taxi companies regarding E-zec to patients; anecdotal evidence of some taxi firms briefing against E-zec directly to patients
- Taxi companies very expensive to contract and withdrawn by E-zec – impacted on delivery of service
- Private ambulances required to support high level of demand
- Problems with discharges from Acutes, private ambulances used by Acutes to supplement E-zec
- Mixed messages given to patient by private providers
- Lack of cross boundary working between PTS providers
- Sub-contractors are used to provide extra capacity to the contract.

2.1.7 **Urgent and Emergency care Ambulance provider and NEPTS**

- Patients falling in between the two services where organisations are in disagreement with specifications and therefore patients waiting to be transported.
- DCCG convened meetings between organisations to resolve.

2.1.8 **Delivery of Service**

- Current activity demonstrates figures are on target contractually however mileage parameters are impacting on delivery as these appear to be substantially higher than tendered activity. This is to be evidenced.

- Patients are not receiving an appropriate service, missed appointments, missed treatments, poor discharge facility, poor transfers between organisations, OOH transfers not being met
- Overall poor implementation of eligibility criteria by all stakeholders
- Patients "bounced" between NEPT services when living on boundary areas
- Vehicles not maximised to occupancy levels
- Not enough trained crews available to deliver service
- Poor standard of communication from staff to patients
- High levels of complaints from patients regarding staff in all areas of activity, behaviour, responsiveness etc
- Patients waiting excessive amount of time for pick up or drop off for appointments
- Patients received reduced levels of treatment or even missing treatment due to delivery of service
- Trusts not happy with level of service provided
- Planning and control extremely poor
- Repatriation not happening in a timely manner
- All areas are being addressed with the provider, commissioning agents, co-cordinating providers and NHS Dorset CCG.

2.1.9 **Complaint Procedure**

- Complaint, incidence, AIRS reporting high volumes
- Singular person dealing with complaints at E-zec.
- Complaint process not being adhered to due to volume
- Complaints manned to an overnight service, cannot possibly be effective. This has been raised
- Complaints not being responded to appropriately, timely, efficiently
- New complaints procedure being implemented.

3. CONTRACT

- Data collection by DCCG was significantly undermined and delayed due directly to the activity and behaviour of the Acute Trust providers. This has had a major impact on the service, particularly in the initial months until the service had been up and running for a month to six weeks
- Activity is in line with approximated tendered figures but mileage banding is higher than tendered and is impacting on the contract
- E-zec and DCCG are agreeing a financial way forward to support and develop the service
- E-zec and regular review and monitored with Contract Monitoring being implemented

4. ACTIVITY AND FINANCIAL PLANNER

	Annual Tendered	Forecast Annual	Difference +/-
Lot 1 Managed Call Centre			
Estimated calls per year	81,517	177,684	96,167.00
Call centre total cost for 1 year	**£259,215.49**	**£565,016**	**£305,800.95**
E-zec Proposed Cost per call	£3.18		
Lot 2 Ambulance Transport			
Known Journeys	62,975	74,142	11,167.00
Known mileage	461,829	701,587	239,758.01
Cost per mile	£3.84	£3.84	
Lot Total	**£1,773,423.36**	**£2,694,094.10**	**£920,670.74**
Lot 3 Other Modes of Transport (Taxis Cars)			
Known Journeys	97,535	99,222	1,687.00
Estimated Mileage	682,745	1,059,692	376,947.13
Cost per mile	£2.37	£2.37	
Lot Total	**£1,618,105.65**	**£2,511,470.36**	**£893,364.71**
Lot 4 Qualified Crew			
Known Journeys	2,019	906	-1,113.00
Estimated Mileage	14,133	17,637	3,503.95
Cost per mile	£7.40	£7.40	
Lot Total	**£104,584.20**	**£130,513.41**	**£25,929.21**
Lot 5 Complex Manual Handling and Infectious			
Known Journeys	189	408	219.00
Estimated Mileage	4,725	5,556	830.65
Cost per mile	£7.40	£7.40	
Lot Total	**£34,965.00**	**£41,111.84**	**£6,146.84**
Lot 6 Mental Health Specialist			
Known Journeys	36		-36.00
Estimated Mileage	2,700		-2,700.00
Cost per mile	£7.40	£7.40	
Lot Total	**£19,980.00**	**£0.00**	**-£19,980.00**
Call Centre	**£259,215.49**	**£565,016.45**	**£305,800.95**
Patient journeys	**£3,551,058.21**	**£5,377,189.71**	**£1,826,131.50**
Total	**£3,810,273.70**	**£5,942,206.16**	**£2,131,932.45**

Lot 7 Out of Area			
	Including TUPE	Including TUPE	
Known Journeys	279	279	£0.00
Milage minimum 75	20,925	20,925	£0.00
Cost per mile	£4.00	£4.00	

5. SUMMARY

Overall, despite Trusts being party to the tendering process, the contract has been seriously compromised by the reluctance of the outgoing provider to engage in a meaningful dialogue

with E-zec or the CCG and further, by a combination of gross incompetence and manipulative behaviour exhibited by some senior managers in the Acute Trusts. This resulted in significant impairment of E-zec's starting position at "Go-Live" date.

In January 2014, the Care Quality Commission, visited E-Zec Medical for an unannounced inspection. The report was constructive and has highlighted areas where action is needed. This report is not yet in the public domain and therefore at this juncture cannot be disclosed.

A Service Development Improvement Plan has been agreed and is currently in the process of being actioned and monitored by all agencies.

Since then, the more recent E-zec system generated data have been seen to improve but the management of the service and E-zec's ability to respond to this contract is now subject to high level, ongoing scrutiny.

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