E-zec Medical Transport Services Limited

Report for Dorset County Council Health Scrutiny Committee regarding non-emergency patient transport services (NEPTS)

2 June 2014
(Meeting 24 June 2014)

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The sections of this report correspond with the information requested in the invite letter (24 April 2014).

Contents

1: E-zec's experience in providing non-emergency patient transport services (NEPTS)

E-zec Medical Transport Services Limited was formed in 1998 by Paul and Derek Swann. Prior to running E-zec, Derek had previously held several senior positions in the Surrey ambulance service and Paul had provided NEPTS in the private sector. Derek and Paul are company Directors, along with Andy Wickenden. All three E-zec company directors are active in the management of the business and were involved in the Dorset mobilisation in different capacities.

E-zec operates a number of fully managed transport contracts for the NHS throughout the country. In addition E-zec provides national and European coverage for private clients and the medical insurance sector.

1.1 E-zec landmarks

- 1998: Company formation
- 2003: Won first NHS contract in Croydon.
- 2005: Awarded contract in Portsmouth. At the time, this was largest patient transport contract won by a private contractor.
- 2006: Became the first non NHS ambulance service to be awarded a high dependency contract.
- 2008: Awarded NHS contract in Bath.
- 2008: Retained Croydon contract.
- 2010: Retained Portsmouth contract.
- 2012: Won NHS contract in Hillingdon.
- 2013: Mobilised Dorset countywide contract.

E-zec has completed over 3 million patient journeys and provides more than 300,000 ambulance transfers per year.

2: E-zec's perspective of the tender and selection process

E-zec felt the tender process was handled professionally.

We were aware that a challenge was made by the incumbent provider. A news feature on BBC Spotlight South West was one of the reasons given for the delay in the process. Once issues with the incumbent were resolved, new timescales were provided which we worked within.

The contract delay resulted in the implementation time period being reduced from 6 months to 4. Obviously we would have preferred the additional time. However, 4 months is a standard PTS mobilisation period. The issues that affected the service implementation would have still occurred.

3: Transition planning and hand-over plans from previous providers

3.1 Transition planning

E-zec and NHS Dorset CCG committed to an operational working party. This included a project plan, weekly update meetings and regular communication with other NHS stakeholders. Director level presence was on-hand for all meetings. We also devised and managed a joint pre-implementation communication strategy which included:

- 1,000 information posters for NHS practices
- 25,000 patient leaflets
- Dedicated Dorset PTB website
- 7 roadshows for NHS personnel
- Information on staff intranets
- Media open day and packs sent to newspapers and broadcasters
- Regular update e-mails for NHS stakeholders

The website, leaflets and posters were printed / on-line by mid-August. NHS Dorset CCG organised the distribution of the leaflets and posters through established communication channels

3.2 Pre-go-live issues

We did experience several pre-go-live issues. Most of these we were able to overcome. However, some impacted the transition planning process and subsequent contract mobilisation. The major issues that impacted our transition planning included:

- Incorrect mileage data
- Obtaining employment information for TUPE transferring staff
- Data migration and the accuracy of data which led to NHS Director level intervention.
- Unforeseen communication issues with main premises location, despite reassurances from BT
- Resistance from some NHS facilities to communicate the new service
- Incumbent provider no longer providing out of area journeys in August

3.2.1 Incorrect mileage data

We were made aware by NHS Dorset CCG that the accuracy of activity data couldn't be guaranteed. Despite our best efforts to collect more information during the implementation phase, the extent of this issue was only evident after contract mobilisation. It transpired that the average journey mileage was not 7 miles as we had been instructed to bid on but actually 11.5 miles. Per annum this amounts to an approximate ¾ million additional miles across the contract. Our resource allocation would have been different if this information was available at the planning phase. See section 4.2 for more detail.

3.2.2 Obtaining employment information for TUPE transferring staff

Below is a summary of issues:

- Having to liaise with 4 different HR consultants.
- TUPE data was incomplete and kept changing. The final list was supplied on the day of the transfer (1 October 2013).

- Data discrepancies, including:
    - The annual leave list was challenged on many occasions as being incorrect.
    - TUPE Data referred to a summary document (entitled A4C) which did not provide employee specific information. This meant we had to “fill in the gaps” by checking all files individually.
    - Contractual documents not always complete.
    - Failure to send correspondence related to the long term sick which notified us of ½ and nil pay, until after the transfer.
    - Pension details were challenged as to the level of payment.
    - A Payroll deductions list was sent after the transfer and included deductions for clubs, charities and court orders but with no actionable detail.
    - Bank details were late arriving almost causing late salary payments and no P45’s were issued to us. This created a P46 issue.
- DBS check details were fragmented with the unique number missing.
- No details of grievance or disciplinary given; told to look in file.
- Actual working hours and days not always correct.

We informed NHS Dorset CCG early in the planning process that we were experiencing difficulties with the incumbent provider. One concern was the lack of continuity due to the change of a designated HR person on 4 occasions. This created a situation for manpower planning as the data received was constantly changed and amended and the final listing was only received on the day of the transfer.

The above issues led to delay and confusion between ourselves and the transferring employees. In some cases this created bad feelings. Understandably transferring employees were unhappy at the lack of information being provided about them. Also they felt our need to reconfirm all their details such as training levels, banking information etc. to be unnecessarily intrusive.

To combat the HR issues we experienced, we provided a TUPE information pack and offered one-to-one drop in sessions at non-NHS sites (local hotels). Eventually we were able to hold group meetings and include TUPE staff in our update progress e-mails. However, we do believe that transferring staff were alienated by the process. We believe this could have been avoided if the incumbent had been more accommodating. However, we accept that this TUPE transfer out was not the only one they were conducting.

The refusal to provide actionable information continued to be an issue post implementation. After transfer we still did not have staff bank details.P45’s were never sent to us and resulted in P46’s being issued. Some staff went back to the incumbent soon after the contract implementation without serving any notice period creating a staff short fall.

3.2.3 Data migration and the accuracy of data

This was not a straight forward exercise and resulted in massive duplication, poor information and inaccurate data transfer. This was despite our best efforts to obtain data as early as possible and work with incumbent providers.

As evidenced in the original NHS Dorset CCG report (10 March 2014 committee meeting), data transfer was extremely difficult. Two days before go live E-zec was forced to bring in Director level intervention with the CCG and one Acute Trust. Having refused to provide us with pre-booked journey information in the weeks prior to implementation we received 5,040 separate pieces of

information two days before go-live. The way (and time) that pre-booked journey data was supplied made journey planning incredibly difficult.

In addition it transpired, after go-live, that much of the pre-booked journey information was inaccurate and ultimately unusable. This continued to impact into the early weeks of the contract> Once fully aware of the scope of the problem and had to check the accuracy of all bookings. This also created internal difficulties with staff morale and the perception of E-zec as disorganised, exacerbating the problem caused by the TUPE process.

3.2.4 Unforeseen communication issues with our preferred main premises

During the planning process we procured premises on Drewitts Industrial Estate for the call centre, planning and control, vehicle storage and rest areas. Approximately one week before go live, it was confirmed that telecoms could not be provided to the level we required. Accordingly new premises needed to be sought. This was despite reassurances from British Telecom (BT) throughout the planning process that a secure, building specific, internet line could be installed. It was only once BT dug the road up that it became apparent that the secure internet line could not be provided.

Overnight we moved the already operational call centre to a new location at Basepoint Business Centre. This site had been identified as an alternative location as part of our contingency planning process. These contingency measures were implemented successfully and we believe we handled the enforced location move efficiently and professionally. We do not believe this had any impact to the service apart from our subsequent need to obtain new integrated main premises.

3.2.5 Resistance from some NHS facilities to communicate the new service

It became apparent during the NHS roadshows stage of our joint communication plan with NHS Dorset CCG that one acute Trust had not been using the leaflets and posters provided to communicate the new service. Although willing to do so in the final few days of the implementation phase it meant that the information was not provided as early as we would have liked and in the way we had intended.

3.2.6 Incumbent provider no longer providing out of area journeys

In August the incumbent provider announced their immediate intention to no longer provide out of area journeys. Straightaway we utilised our E-zec On-Demand service to provide these journeys and support the service prior to go live. Although we were able to neutralise this minor issue immediately it did interrupt the planning process briefly as we were forced to apply our contingency measures.

4: What happened when the new service went live from E-zec's perspective

The main issues we experienced at go live stage mainly stemmed from:

- Incorrect call centre activity data
- Incorrect mileage data
- Inaccurate pre-booked journey data
- Difficulties with the TUPE transfer
- Incorrect contract profile

4.1 Incorrect call centre activity data

We had anticipated that call volumes would be high at go-live stage. We had contingency measures in place including agency staff and call handlers from other areas of our operation. However, throughout the first few weeks call volumes were nearly four times the forecasted number of weekday calls (450).

On day one we received 1,669 calls, day two 1,587, day three 1,355 and day four 1,366. With our contingency measures in place we answered 60.3% of calls on day 1 which had increased to 70.6% by Day 4. Understandably, even with contingency measures in place, we were unable to cope with nearly 4 times the level of forecasted calls.

With NHS Dorset CCG's agreement we suspended the eligibility process so as to answer more calls and brought in more agency staff and members of our Portsmouth team. Initially we were affected by practical boundaries such as the number of inbound telephone lines, terminals etc. which were overcome in a short time period.

Another contingency measures was our on-line booking system. This enables NHS personnel to book transport securely and make patients ready for collection through an automated process.
Soon after go-live, we significantly expanded the scope of our on-line booking system. We provided access and training to over 300 NHS personnel in order to reduce the volume of calls to the booking centre.

With the service now established the number of calls to our call centre was more than 30% more than forecasted in April 2014 (6 months after go-live).

4.2 Incorrect mileage data

It quickly transpired that the average journey mileage was not 7 miles as we had been instructed to bid on but actually 11.5 miles Approximately ¾ million miles per annum more than forecasted. This incorrect mileage data severely impacted our planning function. We simply did not have the resource level (vehicles and staff) to complete actual journey lengths. With journeys taking longer than expected, due to the increased distance, there was an unavoidable "knock on" effect to other journeys.

Our contingency measures included the use of E-zec On-Demand and a sub-contractor pool which were utilised to complete as many journeys as possible. However, these measures were not sustainable in the long-term. Despite our vetting procedures it is very difficult to provide a consistent service utilising sub-contractors. We usually use sub-contractors only to cover unavoidable peaks in demand.

4.3 Inaccurate pre-booked journey data

Much of the supplied journey data was inaccurate affecting our ability to correctly transport patients. This was in addition to the data migration issues experienced which delayed our initial planning process (see section 3.2.3 of this report).

Wherever possible we tried to provide transport once an error had been identified. However it took several days to spot and or rectify errors. This had to be done manually, including calling patients to confirm bookings. In our business model additional on-the-road resources had been deployed for the bedding in period, but the over activity and inaccurate data consumed them.

4.4 Difficulties with the TUPE transfer

We did not receive the final TUPE transfer list until the day of transfer which caused significant manpower planning issues and affected staff morale. For further information see section 3.2.2.

4.5 Incorrect contract profile

Several areas of the forecasted contract profile proved to be incorrect upon go live. Activity proved to be significantly higher for

- Journey distance
- Call volumes
- Out of county activity
- Paramedic hours required (contract now requires 24/7 cover)
- Bariatric transfers
- Stretcher journeys
- Out of hours demand
- Number of NHS locations served

All these factors had, despite our contingency measures, a significant long term impact on our original service delivery model.

4.6 Steps E-zec took to provide the required service

Once we were aware of the issues with our service delivery model, further to the incorrect data, E-zec did the following:

- Increased resource at our expense
- Applied for additional funding

4.6.1 Increased resource at E-zec's expense

Further to the issues experienced from go-live, and with no additional funding from NHS Dorset CCG, E-zec put in place the following:

- Out-sourced to local preferred PTS providers
- Recruited 40 additional bank employees, for road and call centre
- Hired additional vehicles
- Used resources from our other contracts and E-zec On-Demand
- Expanded on-line booking process to in excess of 300 NHS employees

These measures were designed to assist the service which we had subsequently discovered to be fatally under resourced due to the inaccurate mileage data.

4.6.2 Application for additional funding

E-zec highlighted the issues affecting service delivery within the first operational week of the contract. Discussions started taking place from 10 October 2013 onwards with NHS Dorset CCG. At this stage there was no funding in place to cover the over activity. However, we continued to supply the service with additional resource as we endeavoured to cope with the over activity. Numerous discussions took place. On 20 December 2013 additional funding for the over activity was granted until 31 March 2014. We are currently in negotiations with NHS Dorset CCG for a long-term funding solution.

With the agreement of the additional funding, an improvement plan was drawn up with NHS Dorset CCG. Following this agreement, orders were placed for additional vehicles. A new recruitment process was undertaken to employ more permanent employees.

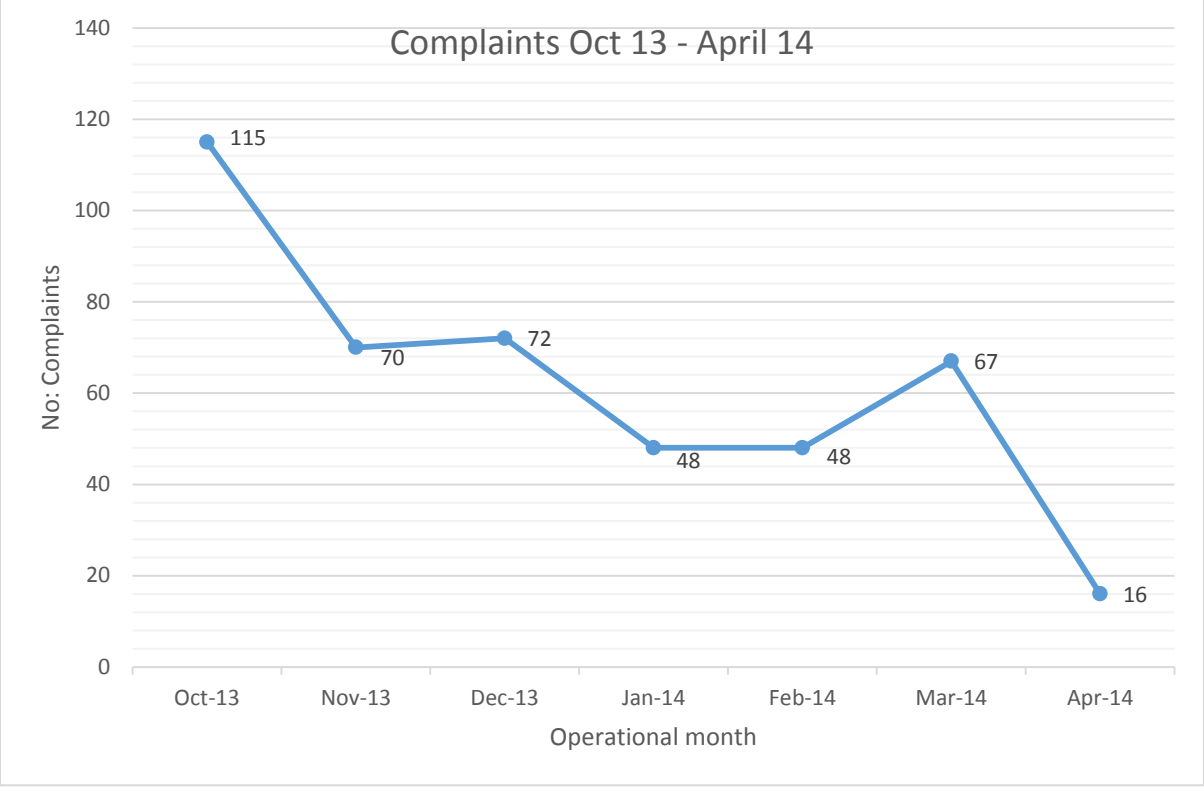
5: Service complaints and compliments

Unfortunately, and quite understandably, we have received a number of the complaints with regard to the service. The level of complaints we received for the first seven months of the service is included in the table below.

	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14*
Journeys completed	14,809	14,388	12,705	14,495	13,041	13,802	13,379
Number of complaints	115	70	72	48	48	67	16
Complaints as % of journeys completed	0.78%	0.49%	0.57%	0.33%	0.37%	0.49%	0.12%

* Additional permanent vehicles and personnel mobilised (April 2014 onwards).

The chart below details the number of complaints received.



5.1 Improving our complaints process

We have worked with NHS Dorset CCG and the CQC to improve our complaints process. The extract below is taken from the CQC's report following their January 2014 inspection.

We discussed the various methods available to people should they wish to make a complaint. We saw records and systems that showed people could write, use e mail or phone complaints through to E-zec.

We checked complaint leaflets were readily available on E-zec vehicles. The vehicles we checked had sufficient supplies of these leaflets.

By the end of our inspection the manager had revised the complaint process to ensure a complete auditable trail would be followed. They had also informed all team supervisors of the changes and the reasons for them.

5.2 Managing expectation

E-zec's aim is to improve the patient experience and we apologise to anyone dissatisfied with the service. However, it should be noted that the service has changed significantly following the procurement of a county wide service. A significant proportion of NEPTS (pre October 2013) used to be provided by Taxi companies. Subsequently the patient would receive "a one-to-one" service. Some of the feedback we have received revolves around the time patients have to wait for transport. The example below is taken from the CQC's January inspection report.

"I use the service regularly for my dialysis, I have found them very good indeed, there is a bit of hanging around waiting for the ambulance, normally about half an hour to an hour each way but the crew are always pleasant".

The feedback above highlights the difference between the elements of the service provided by Taxis and the multi pick-up and drop-off NEPTS service procured. The waiting times mentioned in the above feedback example fall within KPI target times.

To manage patient expectation, we produced a patient charter. This document explains the service provided. Our patient charters are available on all vehicles.

5.3 Patient feedback collected by the CQC

The feedback extracts below are taken from the CQC's report following their January 2014 inspection.

"At the start the service was very up and down, the transport didn't arrive on time and everything seemed very mixed up and disorganised, I use the service twice a week and it is improving now. The crew are very good, patient and friendly, I have no complaints now".

Another person we spoke with told us: "I have found them excellent; the crew make sure I'm comfortable and always allow me to go at my own speed, they don't rush or hurry me. The journeys go smoothly and I feel quite safe, they have been wonderful".

5.4 Staff feedback collected by the CQC

The feedback extracts below are taken from the CQC's report following their January 2014 inspection.

We spoke to staff about their daily work schedules. We asked them if they felt the journey times were realistic and achievable in the time given.

One member of staff told us: "At the beginning it was horrendous, chaos and not realistic, however things have become much better, I would say the schedules are now realistic".

Another member of staff we spoke with told us: "The work schedules have got noticeably better, even when it was really bad I did not consider leaving because I knew they (Management) were trying to sort it out. They kept us informed and we knew we needed more staff and vehicles and once

that had happened things would improve".

Another staff member we spoke with told us: "It's improved and I'm enjoying the job now. Everyone has been very supportive and friendly".

5.5 Compliments

We have received compliments from patients. In the appendices section (page 14 onwards) we have included 2 recent examples. This includes a letter from someone who had originally complained in November 2013 praising both E-zec and the hospital for the process of making the patient ready for transport.

6: Current service situation and improvements

Since the initial issues of go-live, the following has been implemented to improve the service:

- Joint E-zec and NHS Dorset CCG improvement plan. This has been submitted to the CQC, who are monitoring progress
- Move to new Head Office premises
- Additional vehicles added to the fleet
- An increase in staffing levels
- Significant improvement in complaint levels including the production of a patients charter
- Increase in NHS facilities able to make patients ready for collection
- Introduction of split shift vehicles and amended staff rotas to cope with peaks in demand
- Increase in phone system capacity
- Clarification on mobility levels
- Availability of paramedic crews has been enhanced
- Clarity provided around the training levels of different crews.

6.1 Benefits of the changes

The level of permanent staff and new vehicles has been significantly increased to provide a permanent solution to the issues created by the inaccurate mileage data provided at implementation stage. Prior to this E-zec had funded hire vehicles and out-sourced PTS provision to cope with the actual demands of the contract. The new fleet and staff levels resulted in an immediate significant reduction in complaint levels and an improvement in KPI performance.

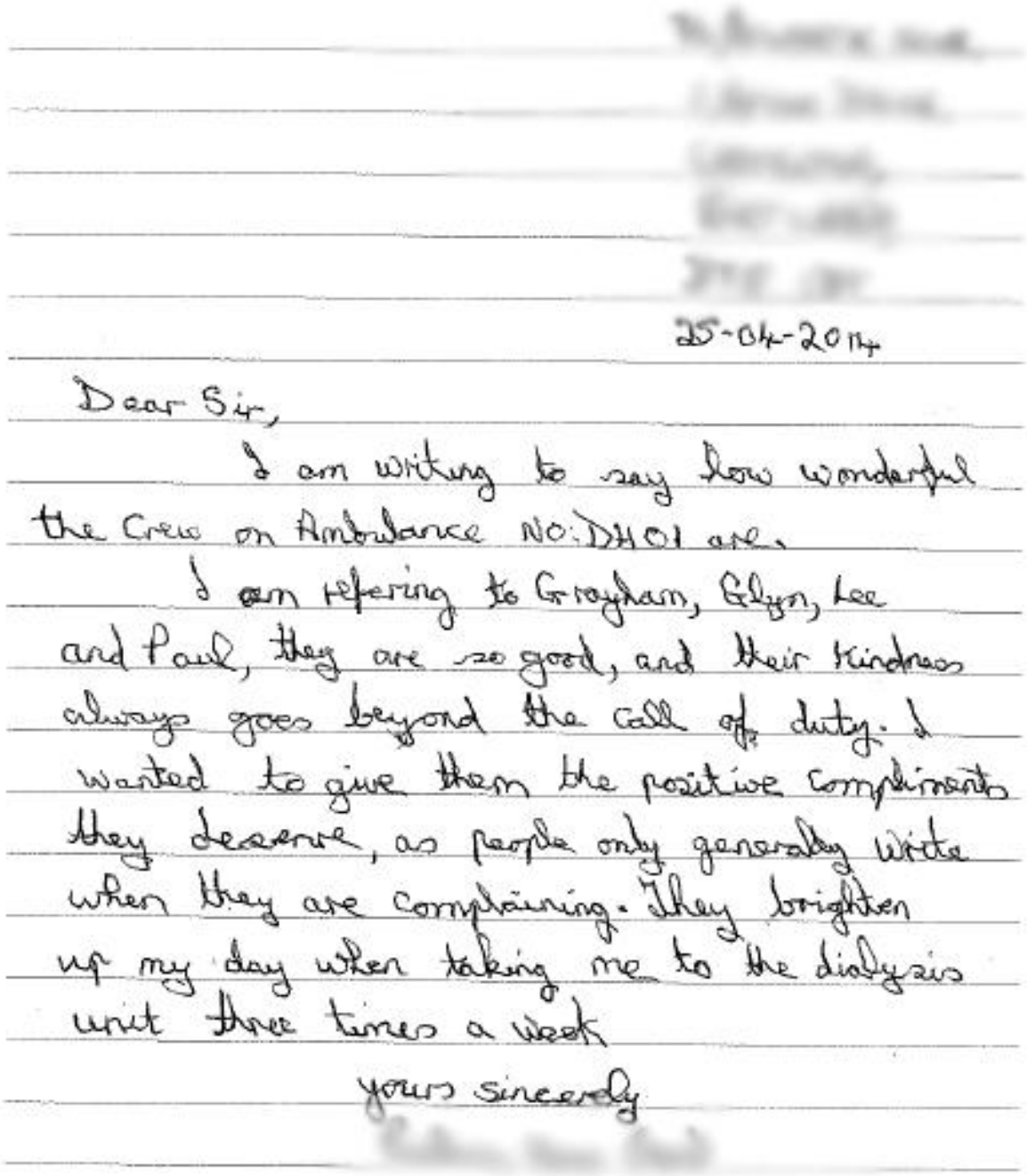
With the arrival of the additional fleet, vehicle configurations were changed. The new expanded fleet were moved around the county. This was to ensure that the appropriate vehicles were based in areas specific to actual and not forecasted demand. Multiple vehicles were placed onto split shifts in order to enable E-zec to deal with demand (early morning and late afternoon). Additional spare vehicles are now included in the fleet to allow for more contingency in the event of accidents or vehicle maintenance.

The Phone system has been amended to enable us to deal more efficiently with new bookings and enquiries in regards to pre booked transport. Mobility categories have been amended and reduced to allow greater clarity and avoid any confusion with regards to the appropriate vehicles needing to be dispatched to patients.

Appendices

Appendix 1: 25 April 2014 compliment letter

For data protection, the name and address have been blurred to protect the patient's identity.



[redacted]

25-04-2014

Dear Sir,

I am writing to say how wonderful the Crew on Ambulance NO: DH01 are.

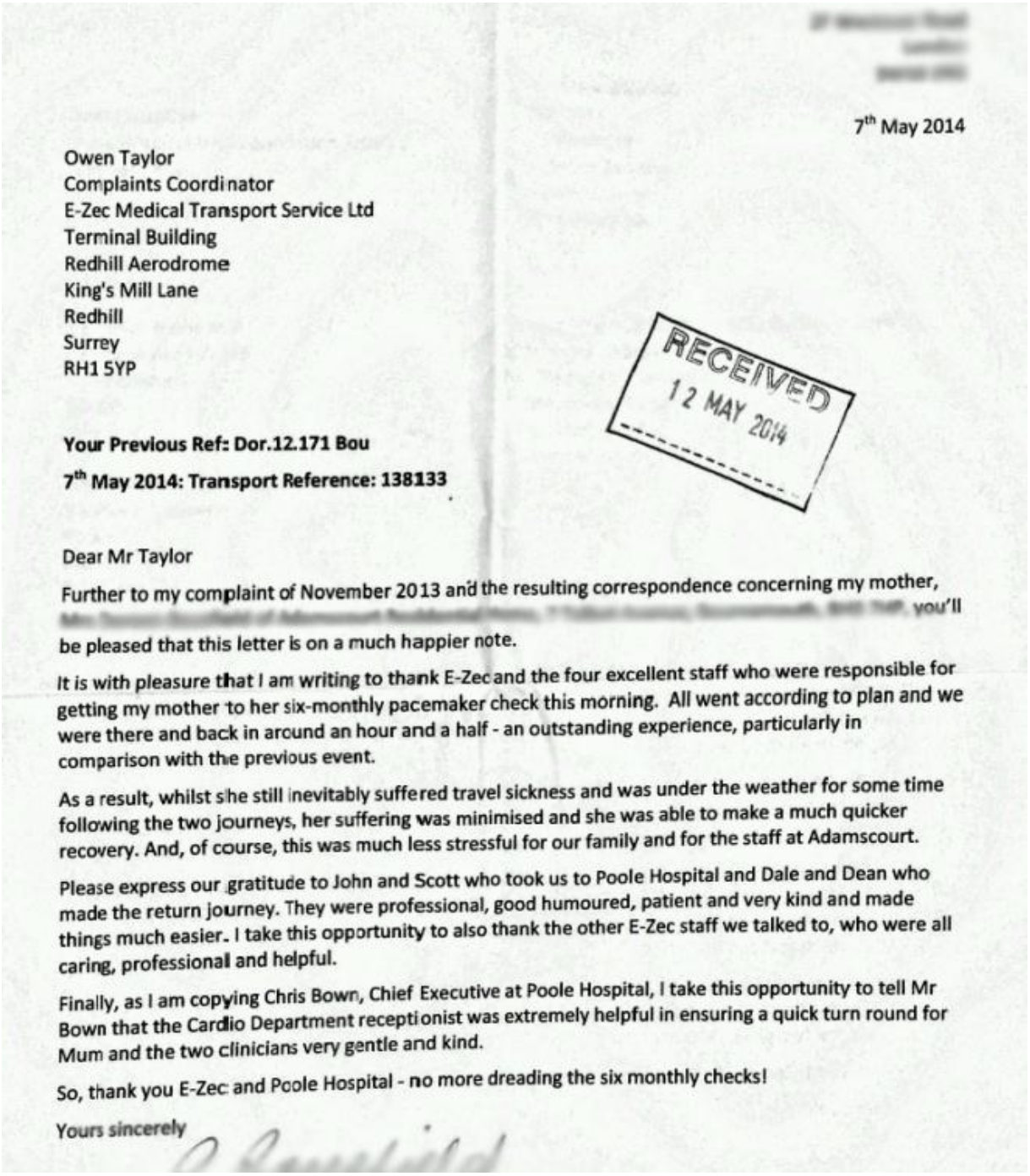
I am refering to Graysham, Glyn, Lee and Paul, they are so good, and their kindness always goes beyond the call of duty. I wanted to give them the positive compliments they deserve, as people only generally write when they are complaining. They brighten up my day when taking me to the dialysis unit three times a week

yours sincerely

[redacted]

Appendix 2: 7 May 2014 compliment letter

For data protection, the name and address have been blurred to protect the patient's identity.



[redacted]

7th May 2014

Owen Taylor
Complaints Coordinator
E-Zec Medical Transport Service Ltd
Terminal Building
Redhill Aerodrome
King's Mill Lane
Redhill
Surrey
RH1 5YP

RECEIVED
12 MAY 2014

Your Previous Ref: Dor.12.171 Bou

7th May 2014: Transport Reference: 138133

Dear Mr Taylor

Further to my complaint of November 2013 and the resulting correspondence concerning my mother, [redacted] you'll be pleased that this letter is on a much happier note.

It is with pleasure that I am writing to thank E-Zec and the four excellent staff who were responsible for getting my mother to her six-monthly pacemaker check this morning. All went according to plan and we were there and back in around an hour and a half - an outstanding experience, particularly in comparison with the previous event.

As a result, whilst she still inevitably suffered travel sickness and was under the weather for some time following the two journeys, her suffering was minimised and she was able to make a much quicker recovery. And, of course, this was much less stressful for our family and for the staff at Adamscourt.

Please express our gratitude to John and Scott who took us to Poole Hospital and Dale and Dean who made the return journey. They were professional, good humoured, patient and very kind and made things much easier. I take this opportunity to also thank the other E-Zec staff we talked to, who were all caring, professional and helpful.

Finally, as I am copying Chris Bown, Chief Executive at Poole Hospital, I take this opportunity to tell Mr Bown that the Cardio Department receptionist was extremely helpful in ensuring a quick turn round for Mum and the two clinicians very gentle and kind.

So, thank you E-Zec and Poole Hospital - no more dreading the six monthly checks!

Yours sincerely