Arriva Transport Solutions
Quality Account 2017/18
Company information

459 employees
7 non-emergency patient transport service contracts across the UK
217 operational vehicles
10 operational bases
2 national control centres
69,000 miles travelled every week
More than 420,000 patient transport journeys carried out every year
1,578 calls answered a day
1,612 bookings made online a day
(Information accurate as of April 2018)

Where we operate:

Chesterfield
Nottinghamshire
Gloucestershire
Swindon
Bath and North East Somerset
Wiltshire
Homerton
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I am proud to publish the latest Quality Account for Arriva Transport Solutions, one of the country’s pre-eminent providers of non-emergency patient transport to the NHS.

We embrace this annual opportunity to demonstrate our mission to offer great patient experience and service quality, to provide an insight into the services we provide, and above all, to underline our commitment to scrutiny and transparency. We recognise that a truly responsible provider of healthcare services is one which is fully accountable. In 2017, the majority of the patients we transported had a great experience, both in terms of timeliness and on-board experience, but we are also clear that our mission is for every patient to have the same, consistently good experience.

Once again, every member of the workforce continues to be driven by four key objectives. It is critical that every employee understands their role and how their own work makes a contribution to the wider organisation. Our objectives for 2018 say that we will:

- Delight our service users.
- Cut waste and transform our efficiency.
- Cultivate an amazing place to work.
- Work hard to be a successful and sustainable business.

We hope that our service users will be delighted by the caring attitude of our staff, by the timeliness of our service and by the strength of our dialogue with those who travel with us, and those who care for them.

Behind the scenes, we will continue to ensure that as well as these more conspicuous signs of quality, our service is characterised by the highest levels of safety and staff capability, and by impeccable adherence to relevant regulatory standards.

In 2018, more than in any previous year, we will use our status as a high-profile and experienced provider in the sector to make the case for transformative change in patient transport. We believe that the sector is faced with four key structural challenges which together are inhibiting progress towards better quality, patient experience and value for money. These challenges are those of demand, measurement of performance, and...
mance, appetite for innovation and long-term sustainability. Whilst providers themselves must continue to be accountable for their own service delivery, the responsibility for improvement does not sit exclusively with them; the commissioning of patient transport services needs to undergo its own transformation.

We believe that the scale of change needed is so broad that individual commissioning authorities, usually CCGs, will struggle to achieve enough influence at national level. This is why we are calling, first and foremost, for the Department for Health and Social Care to designate a senior champion for patient transport who can set standards, promote change and provide the sector expertise that is desperately needed. The next step is to create a framework in which that champion, and key representatives from the patient transport sector, can develop a new model for Non Emergency Patient Transport (NEPT) which balances good service user experience with the realities of transport economics. And finally, we believe the government must provide a mandate to the sector in order to prove that the new model works by instigating controlled pilots and offering the right political support.

While throughout 2018 we will continue to work hard on the standards of our own service delivery, we will also be committing ourselves to this bigger agenda. We believe we can use our rich experience of patient transport to achieve real change for the benefit of patients, carers, healthcare professionals and the whole health system.

Statement of accuracy
by Glen Curry, Head of Quality and Standards

In preparing our Quality Account, the Head of Quality and Standards has ensured that:

• The performance information reported in the Quality Account is reliable and accurate;

• There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are regularly reviewed to confirm that they are working effectively in practice;

• The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;

• The Quality Account has been prepared in accordance with NHS guidance.

The Head of Quality and Standards confirms to the best of his knowledge and belief that he has complied with these requirements in preparing this Quality Account. This has been confirmed through validation with the Board.
Quality priorities for 2018/19

We have selected our priorities by considering the progress we have made this year. We want to continue our learning and development and have selected priorities based on wishing to increase our momentum and commitment to improving our service and patient experience.

ATSL’s priorities for improvement in 2018/19 are set out below

Priority 1: Patient Safety

Our priority:
We will identify patients who have had a fall or are at risk of sustaining a fall and will refer them for a multidisciplinary falls assessment where they will be able to receive support and assistance aimed to prevent future falls. We will create a closer link with fall prevention teams in our operational areas to ensure a referral pathway. We will also look to introduce additional training for our staff.

Why?
We recognise, through our incident trends, that some of our patients are at risk of falls and on occasions have supported patients in their own homes following a fall prior to our arrival. The safety of the patients we transport is paramount and we want to ensure that patients have the right level of care and support, especially if we identify patients that could be at risk of falls in their own home.

Who will be responsible?
Head of Quality and Standards

How will this be measured?
We will measure this through the number of referrals made to local fall prevention teams as a result of identification and referral by ATSL staff. This will be reported on our incident management system.
Quality priorities for 2018/19

Priority 2: Effectiveness

Our priority
We will implement a new training strategy for front line staff, including the launch of the Care Certificate for all new staff starting in a patient facing role. To enable a greater focus on work based training and assessment, including completion of the Care Certificate, a number of work based assessors will be recruited and trained from within our existing workforce who will provide one-to-one supervision and support to new staff members.

Why?
We are committed to providing our staff with high quality training. We have decided to introduce the widely recognised Care Certificate, which has been specially developed for staff working in health and social care roles. We believe introducing this into our business will allow staff to enhance their skills and knowledge to the same set of care standards recognised across the health and social care sector in order to provide high quality care. Many of our staff continue their career in this sector and this also provides a transferable qualification.

Who will be responsible?
Senior HR Business Partner

How will this be measured?
This will be measured by logging each training session in our specific training records database while quality audits will be recorded through our robust quality audit process.

Priority 3: Patient Experience

Our priority
We would like to explore further opportunities to engage more closely with users of our service and use individual experiences to develop our service improvement initiatives. We would also like to use this increased level of engagement to help ensure patients’ views are heard throughout the organisation, for example during training of our staff, or by senior leaders.

Why?
We have seen examples of successful engagement activities relating to specific projects (for example, introducing new pilot services or information on eligibility) as well as through our usual patient engagement work. We recognise the huge importance of hearing patients’ views in a structured and consistent way and how valuable these insights can be, especially when experiences are shared widely with staff and leaders. We wish to formalise this throughout 2018/2019.

Who will be responsible for this?
Head of Quality and Standards and Head of Communications

How will this be measured?
Through the creation of multi-media case studies to highlight the importance of transport in patients’ experience and healthcare outcomes. This will allow front line and senior leaders to remain focused and committed to continuous improvement and quality for all patients.
During 2017/18 ATSL provided Non-Emergency Patient Transport Services in the following areas:

- Chesterfield Royal Hospital NHS Foundation Trust
- Homerton University Hospital NHS Trust
- Sheffield (PTS & GP urgent transport) - ended August 2017
- Rotherham and Doncaster - ended August 2017
- Leicestershire - ended September 2017
- Nottinghamshire
- Bath and North East Somerset
- Swindon
- Wiltshire
- Gloucestershire

ATSL has reviewed all the data available on the quality of care in all these areas. The income generated by the NHS services reviewed in 2017/18 represents 100 per cent of the total income generated from the provision of NHS services by ATSL for 2017/18.

**Review of services**

During 2017/18 ATSL provided Non-Emergency Patient Transport Services in the following areas:

- Chesterfield Royal Hospital NHS Foundation Trust
- Homerton University Hospital NHS Trust
- Sheffield (PTS & GP urgent transport) - ended August 2017
- Rotherham and Doncaster - ended August 2017
- Leicestershire - ended September 2017
- Nottinghamshire
- Bath and North East Somerset
- Swindon
- Wiltshire
- Gloucestershire

ATSL has reviewed all the data available on the quality of care in all these areas. The income generated by the NHS services reviewed in 2017/18 represents 100 per cent of the total income generated from the provision of NHS services by ATSL for 2017/18.

**Participation in clinical audits**

During 2017/18, no national clinical audits and no national confidential enquiries covered NHS services that ATSL provides. During that period ATSL was not eligible to participate in any national clinical audits or any national confidential enquiries of the national clinical audits.

As ATSL was ineligible to participate in any national clinical audits and national confidential enquiries, no data collection was completed during 2017/18, and therefore no cases were submitted for audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

As no national clinical audits covered the services provided by ATSL no reports of national clinical audits were able to be reviewed by the provider in 2017/18.

**Care Quality Commission**

ATSL is required to register with the Care Quality Commission (CQC) and is currently registered (as of 31/03/2018) to provide transport services, triage and medical advice under the following registered locations:

- Arriva Transport Solutions – South West (covering Gloucestershire, Wiltshire, Swindon, BaNES)
- Arriva Transport Solutions – Canning Town (covering Homerton Hospital)
- Arriva Transport Solutions - Midlands (covering Nottinghamshire and Chesterfield)

Inspection reports relating to ATSL are available on the CQC’s website: www.cqc.org.uk.

Independent ambulance providers are not subject to the CQC’s rating system at this time. We welcome the changes in legislation to allow ratings to be applied.
Statements of assurance from the board

Local audits

ATSL undertakes rolling audits in areas associated with:
- Infection Prevention and Control;
- Health and Safety;
- Care Quality Commission compliance;
- Information Governance.

Audit schedules are maintained and reviewed monthly by our Quality and Standards teams and reported to the Board by the Head of Quality and Standards.

Research

No patients receiving NHS services provided by ATSL in 2017/2018 were recruited by ATSL to participate in research.

Use of the CQUIN payment framework

Only four of our contracts included a CQUIN scheme for 2017/18 relating to improving patient and partner communication, and measures relating to performance improvement.

Our achievements have been wide-ranging but include the following key initiatives:

- Implementation of a text ahead system for patients. This was aimed at reducing aborted journeys (by reminding patients of their upcoming transport booking) and to provide a prompt to patients when a vehicle was on route.
- Continued engagement with stakeholders, for example through work undertaken by our dedicated relationship management team.
- Training for healthcare staff in the use of our online booking management system, PTS online.
- Performance improvement initiatives, for example changes to the organisation of renal dialysis transport.
- Analysis of feedback received from complaints, patient surveys, friends and family test, and other methods.

For further details of the outcomes of these schemes please email arrivatransportsolutions@arriva.co.uk.
As an organisation we collect significant amounts of data in order to deliver our service effectively and we recognise this must be accurate, relevant and appropriately completed. Our Mobility Systems team provide monthly data quality reports to help managers monitor the data we collect. For example we monitor our operational crews’ data collection to ensure we have accurate data of each stage of a patient’s journey. This then provides us with a comprehensive and full picture on which we can measure our performance. This identifies data completeness against minimum data sets (MDS) which are specified within each service area along with appropriate levels of completeness (%). Data Quality Improvement Plans are developed where appropriate. Data is handled in accordance with strict information security controls.

ATSL did not submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because ATSL does not provide any of the three services that are required to submit reports.

The information governance toolkit is an online system, developed by the Department of Health, to allow organisations to assess themselves against information governance policies and standards.

ATSL achieved Level 2 on the NHS Information Governance toolkit Assessment Report and was graded satisfactory.

This is the highest ATSL can achieve in this area due to the nature of our business.

Clinical coding is a method of coding specific NHS data.

ATSL does not provide any services that are applicable to clinical coding and therefore was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.
Review of quality performance

The review of quality performance contained within this year’s quality account represents statistics pertaining to the organisation as a whole and split by ATSL regions to provide a more local context.

We are committed to present the information in an agreed manner that is clear and meaningful to the reader.

Health and Safety

ATSL recognises and accepts its responsibilities under the Health & Safety at Work Act 1974, applicable regulations and all other relevant legislation to undertake all reasonable steps to protect the health, safety and welfare of staff, patients and members of the public.

The UK Managing Director assumes overall responsibility for health and safety and delegates to each operational Head of Service, the administration and implementation of all policies and procedures within their area of responsibility.

ATSL will ensure that:
• Health & safety issues and considerations are adequately resourced;
• An appropriate organisational structure is established that supports a safety culture and management of risk throughout the business operations with full engagement of employees;
• A systematic approach is employed to the identification of risk and the implementation of suitable and sufficient control measures to manage and minimise those risks;
• It provides adequate arrangements for local and organisational learning from all incidents, accidents and near misses identified within the business;
• Learning from incidents will be shared and communicated to staff across the organisation.

ATSL requires its employees to:
• Take all reasonable steps to protect their own safety and the safety of others who may be affected by their acts or omissions;
• Co-operate fully with management in all aspects of health & safety policy and procedure, this shall include all employees, volunteers and salaried staff;
• To follow all work instructions, safety rules and regulations as directed by ATSL;
• Not interfere with any equipment provided for the health, safety or welfare of themselves or others;
• Undertake any health & safety training provided as appropriate for their role.
Patient safety - incidents

We monitor and report externally on all incidents arising within our organisation and we use the information they provide to guide and direct our service improvement. We turn this vital feedback into measures that can make a positive difference to patient and employee safety wherever that may be. Our new Incidents and Complaints manager has developed new processes to ensure all incidents are dealt with effectively and actions and recommendations are implemented to improve our service to our service users.

Themes:
Our analysis of the last year’s incidents has shown that injury remains the highest reported category with nearly a quarter of all reports made in this category.

Most incidents in this category relate to unexpected medical conditions experienced by patients during transport. All of our ambulance staff are first aid trained allowing them to deal with these types of situations.

The second most common theme was minor injuries such as small cuts and bruises.

This category covers injuries to patients and staff. For clarity this includes incidents where patients have become unwell during their time with Arriva staff. This category also includes incidents in which our staff have taken action to assist patients’ relatives or carers and members of the public when they see they are in need of their support. Passing calls are also recorded in this category.

Safeguarding concerns were the second leading cause of reported incidents. This makes safeguarding the second highest category of incidents reported. The actual numbers reported mean that ATSL staff are being vigilant to the needs of patients and people within the community who may be being harmed in some way, or may need some assistance to improve their situation or their well-being.

The third highest category of reported incidents relates to patient slips, trips and falls, these incidents are reported if Arriva staff are present or if the incident occurred prior to our arrival. Our staff have the skills and knowledge to identify when they need to escalate an incident to the local NHS ambulance service.

Actions:
All incidents are monitored by the Incidents and Complaints Manager, which has enabled us to target those areas where we believe we can create improvements in the way we do things, which can then enhance the care and safety we can offer to patients.

During the last year, as a direct result of our incident analysis, we have enhanced our safeguarding training for all staff with further development planned, introduced revised incident reporting training for Control Centre staff, issued new reporting procedures for all staff, and introduced better scrutiny of incidents by managers.

Our Incidents and Complaints Manager has developed and delivered incident management training. This training has been delivered to all our Operations Managers and Operations Supervisors and has enabled our management teams to deal with incidents effectively.
Patient safety - incidents

Serious Incidents are incidents which are classified by the NHS according to the NHS national framework. This includes incidents which result in unexpected or avoidable serious harm to a patient or where a patient is alleged to have been subject to abuse.

We have split the data for patient safety incidents into two operating regions, as follows:

**Midlands** - Chesterfield Royal Hospital NHS Foundation Trust, Nottinghamshire, Rotherham and Doncaster, Sheffield, Leicestershire.

**South** - Birmingham Community Healthcare NHS Trust, Swindon, Gloucestershire, Wiltshire, Bath and North East Somerset and Homerton University Hospital NHS Trust.

### Serious incidents as reportable under the NHS framework

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<th>Apr</th>
<th>May</th>
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<th>Oct</th>
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<tr>
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<td>0</td>
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### Serious incidents as reportable under NHS framework involving patients per 1,000 patients

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<tr>
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<td>0.117</td>
<td>0.037</td>
<td>0.000</td>
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<td>0.000</td>
<td>0.000</td>
<td>0.117</td>
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Patient experience - patient contacts

We aim to provide everyone with a professional and personal response. Details of every contact are recorded whether it takes the form of a concern or a compliment. Our team also records comments and feedback where a contact does not wish to register a formal complaint. If a contact relates to dissatisfaction with the service it is assigned to a manager for investigation and registered as a formal complaint. All feedback is valuable and is used to drive improvements in the quality of the service we provide.

### Complaints:

<table>
<thead>
<tr>
<th>Complaints themes</th>
<th>Midlands</th>
<th>South</th>
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<tbody>
<tr>
<td></td>
<td>1. Timeliness</td>
<td>1. Timeliness</td>
</tr>
<tr>
<td></td>
<td>2. Communication</td>
<td>2. Communication</td>
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<th>Contacts per 1,000 patients</th>
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<th>Jun</th>
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<th>Sep</th>
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<td>1.75</td>
<td>1.99</td>
<td>2.61</td>
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</table>

### Complaints themes:

- **Midlands:**
  1. Timeliness
  2. Communication
  3. Journey
  4. Booking

- **South:**
  1. Timeliness
  2. Communication
  3. Journey
  4. Booking

### Actions

**Missed appointments:**
Our response to recordings of missed appointments has allowed us to focus on the implementation of relevant process within all of our control centres. This has allowed us to reduce the number of missed appointments, and to offer support when this is an inevitable outcome for the patient.

**Delayed transport:**
Delays for patients travelling both inbound and outbound continue to be the main theme in feedback. Many of these involve patients who receive regular renal dialysis and for whom timely travel is essential to ensure they receive their full period of treatment.

As a result of feedback we have pioneered an innovative transport scheme which is being piloted in the South West. This involves using a scheduled shuttle service with vehicles capable of carrying more patients. Initial results are encouraging and if successful this scheme could be rolled out in other areas.

**Customer service:**
We reshaped our patient experience team by embedding a new Quality Improvement and Audit Manager and Incidents and Complaints Manager into our regional team. This has allowed the team to participate efficiently and to become more engaged with all patient feedback. This includes the regular contact with not only patients but with healthcare professionals.

Our Patient Advisors, Relationship Managers, Relationship Assistant and Renal Relationship Leads, continue to enhance our relationship with our regular service users.
Priority 1: Patient safety

ATSL will ensure all staff receive updated safeguarding training. We will also monitor all safeguarding referrals made. We will monitor and review incident reporting numbers, themes and trends throughout the period.

Our priority was:
To conduct a full review of our processes for safeguarding and incident management. This will ensure that patients are protected from harm and abuse and also ensure that there are robust processes for reporting and investigating incidents to promote a culture of learning and improvement.

Why we chose this as a priority?
We must ensure that patients who travel with us are protected from harm or abuse and staff have a responsibility to ensure any concerns are reported. Although policies, training and processes are in place, we know these could be improved and we wish to roll out additional training to staff as well as ensuring our policies and procedures are up to date. Incident reporting is equally important to us because it enables us to learn lessons and make improvements. We therefore intend to review our reporting processes to facilitate staff reporting of all types of incidents.

Who was responsible for this?
Head of Quality and Standards

What we achieved
We conducted a full review of our processes for safeguarding and incident management.

Following this period of analysis we employed an Incident and Complaints manager to oversee and implement a new set of robust processes. These were introduced to ensure that our patients are kept safe from potential harm at all times.

We invested an increased amount of resource into our training courses for safeguarding so that our dedicated trainers could deliver more effective training to our employees. We rolled out the new Level 2 safeguarding training to all Ambulance Care Assistants and ensured that this was followed up by carrying out spot checks and staff awareness audits on our patient transport crews.

We also ensured that managers received level 3 safeguarding training and have designated safeguarding leads and champions in place to ensure that all safeguarding issues are reported and recorded appropriately.
In addition to this we also have regular monthly safeguarding meetings to discuss trends and themes and share the team’s best practice within the company.

The Incident Support Line is a dedicated external call centre that allows our staff to raise safeguarding concerns.

We made sure that our managers were suitably trained in Level 3 safeguarding and have designated safeguarding leads and champions in place so that all safeguarding incidents are reported and recorded appropriately.

The safeguarding leads hold regular meetings to discuss trends and themes and share best practice within the company. In addition to safeguarding training, managers also received Root Cause Analysis (RCA) training so that incidents are comprehensively investigated and lessons can be learnt.
Review of priorities 2017/18

Priority 2: Effectiveness

We will continue to monitor our operational improvement plans through our Key Performance Indicators (KPIs) however it is also important that these improvements are felt by our patients. As well as reporting and discussing KPI data with commissioners and we will also triangulate this information with patient feedback to ensure the operational improvements are reflected in improvements in patient experience.

Our priority was
To implement initiatives targeted at achieving internal service improvements. These initiatives include further development of our Prodometer app to support our crews in carrying out their compliance checks, ensuring effective use of their operational hours. It is also hoped that further improvements to our PTS Online booking system will allow for greater communication with healthcare colleagues and achieve more efficient pick up and handover practices at points of care.

Why we chose this as a priority
We know from multiple sources that timeliness and service delivery are the most important factors to patients. The main trend of complaints relate to timeliness and feedback gathered through the Friends and Family Test (FFT), patient surveys, and external engagement such as Healthwatch initiatives, reinforces this. Improving our service delivery will have a direct and positive impact on the service patients receive.

Who was responsible for this?
Director of Operations

How did we measure this?
As part of a managerial restructure, we appointed a National Head of Service Development who was tasked with developing a team to analyse data that would in turn identify and scope potential opportunities for improvements.

After considering feedback received through our communication channels from patients and healthcare professionals we worked in partnership with the CCGs and set up ‘Innovation working groups’ that meet frequently to consider new ways of working and developing plans to roll out improvements.

What we achieved
We have listened to what our renal patients considered priorities during their journeys with us. Following this exercise, we implemented dedicated renal routes to offer a more consistent and timely service for these frequent users of transport. This was successfully piloted in Bath in April 2017 and the ongoing success has seen this concept also implemented for renal patients in Nottingham and Gloucester. It will shortly be introduced in Lings Bar in Nottinghamshire and Bristol.
In all cases, we have seen significant improvement in KPI performance for this cohort of patients without any impact upon other groups. Patients in receipt of this new way of working have been surveyed with positive results. One patient said: “The ambulance is really good, I have been dropped off on time and then after my treatment I was picked up and I was not waiting. I was first to go home and I’m really happy.”

Working in partnership with BaNES and Wiltshire CCGs, we piloted a ‘patient-flow’ project, which assessed the impact of the relatively reactive inpatient activity upon the planned outpatient activity. Having dedicated resources for discharge activity meant that planned activity performance improved by almost 25 per cent. This can be seen in the chart below.

We have also piloted a system of using sophisticated ‘through-put’ times, which means that our PTS system will be in a better position to recognise how long patients are likely to be whilst they are attending certain appointments and therefore enable better planning for return journeys. This will provide more certainty for patients around their collection times. This approach has seen an 11 per cent improvement in KPI performance.

Chart showing improvement in patient flow statistics from BaNES and Wiltshire project
Review of priorities 2017/18

Priority 3: Patient Experience

ATSL recognises that patient feedback is vital and in turn it was decided to set up a number of engagement sessions/initiatives with Healthwatch groups in all contract areas.

Our priority was
Roll out Healthwatch engagement model from the south west area to all Healthwatch groups nationally, including quarterly meetings and contact reports as well as setting up direct channels of communication with regional ATSL Patient Advisors.

Why we chose this as a priority
Throughout 2017/18 we implemented a highly successful engagement initiative with Healthwatch Gloucestershire and Healthwatch Swindon. This allowed Healthwatch to provide us with information on patient contacts so that we can investigate and provide feedback. The quarterly meetings have also allowed us to update Healthwatch on our work so that they can have a real influence on our future improvement plans.

Who was responsible for this?
Head of Communications

How was this measured?
We arranged meetings in phone and in person with Healthwatch groups from across the areas where we operate our service. In Nottinghamshire, ahead of the roll out of the dedicated renal service, we invited Healthwatch to our engagement event at the hospital where patients were able to speak to representatives regarding our new service.

What we achieved
These meetings provided us with a great opportunity to inform the Healthwatch groups of any changes in our service. In Nottinghamshire we met with Healthwatch Nottinghamshire, before their merger with Healthwatch Nottingham, where we were able to discuss the new eligibility criteria that was due to be introduced. This enabled Healthwatch to have a greater understanding of the reasonings behind bringing in the new eligibility criteria and help cascade this information to patients. This was particularly useful for Healthwatch when they were contacted by patients who were not eligible for the service.
**Friends and Family Test**

Patients were asked how likely they would be to recommend our service to their friends or family, should they ever need it. This graph shows the FFT results from April 2017 to April 2018.

**Patient Experience Survey**

The patient experience survey is conducted nationally twice a year using CFEP - an independent company - to provide comparable feedback from patients to feedback we gather and monitor through internal methods. This graph details the data from the survey held in October 2017.
2017/18 has seen ATSL enhance its patient experience programme to ensure there are clear channels of communication for patients and other stakeholders to provide valuable insight into the service.

Three major ways this has been done during 2017/2018 are:

- Increased numbers of responses for the Friends and Family Test (FFT)
- Increased engagement with patient representative groups
- Patient Survey Workshops with Operations Managers in the South and the Midlands

### Friends and Family Test (FFT)

In order to ensure FFT data is collected efficiently and used to inform service improvements, a number of actions have taken place during 2017/18.

An internal campaign has taken place to ensure managers are aware of the importance of FFT and the process for collecting responses. Training sessions have taken place with new Operations Supervisors and Operations Managers so they understand the importance of maintaining a high number of FFT returns.

FFT data is now also discussed at monthly meetings involving the Senior Leadership Team along with complaints and other quality data.

### Increased engagement with patient representative groups

Channels of communications and partnership working have been strengthened with a number of Healthwatch groups during 2017/18.

Examples of this include quarterly feedback meetings taking place between ATSL and Healthwatch representatives to discuss feedback they have received from patients. These meetings have also allowed ATSL to talk to Healthwatch about the improvement plans that are being implemented and how Healthwatch can support them.

Healthwatch groups can also provide quarterly feedback reports that allow ATSL to respond to individual patient contacts. This also helps to identify trends and themes for complaints.

The feedback reports also often act as the basis for discussions on how poor patient experience can be addressed and improved - this can be through operational improvement by ATSL or improved sharing of information with patients to ensure they are empowered to get the very best out of the patient transport service.

We have also provided Healthwatch groups with direct channels of communication with our regional Patient Advisors so urgent patient contacts can be escalated and resolved as quickly as possible.

We would like to share this model of engagement with other Healthwatch groups across contract areas and welcome the opportunity to discuss this further.
Patient experience programme

Patient Survey Workshops

As part of a desire to understand the information we receive from our patient feedback surveys, we have held workshops with our Operations Managers in our bases across the country to improve the way we analyse the results.

The workshops take place in the Midlands and the South following the completion of the bi-annual patient feedback survey. During the workshops, the Operations Managers are asked to create action plans to improve elements of the service we provide that have been highlighted by patients in the survey. These action plans are then created and forwarded to our Commissioners so they can understand how we are improving the service we provide.

Renal Engagement with charities

During February we welcomed representatives from Age UK and Kidney Care UK to our Control Centre in Bristol to talk to them about patient transport and our efforts to bring innovation to the service.

This was an extremely important meeting as it provided both charities with a valuable insight into the service so that we can work together to bring further improvements for our patients.

ATSL has been lobbying to bring transformation and innovation to the commissioning and delivery of patient transport and we firmly believe that collaboration with groups such as Age UK and Kidney Care UK is a powerful step forward in this process.

The transformation we believe is necessary for the patient transport sector requires the support of all stakeholders and by inviting both Age UK and Kidney Care UK in to one of our control centres, this gave us a great opportunity to show them how our daily operations function.
A year in the life at ATSL

OUR staff are the heart of our business and in the 2017/18 Quality Account we would like to highlight their achievements over the past year. ATSL has made several changes in how it communicates with its staff. We have introduced an ‘Employee of the Month’ competition and relaunched our in-house magazine. This section will highlight some of our achievement.

Employee of the Month - Star Performers

ATSL operates an ‘Employee of the Month’ award, which sees members of our team nominated by their peers for actions that deserve special praise and recognition.

We have had some fantastic nominations and winners over the past year with two members of staff being named as our Employee of the Year.

Our employees of the year were Paula Morton and Pam Lyons, from Chesterfield, who were lauded for the care they gave to a cyclist who had collapsed at the side of the road.

The man had suffered a medical incident and needed help, so the pair carried out CPR and First Aid and waited with him until paramedics arrived.

Sue Bond, Operations Manager at Chesterfield, said she was ‘immensely proud’ of both of them.

Further highlights from our monthly competition included an Ambulance Care Assistant from Salisbury who came to the rescue of stranded colleagues following the severe weather that took place in March 2018.

Gary Roberts, pictured left, opened up his home to two Keynsham colleagues when they were left stranded in Salisbury as the snow fell.

“Gary was our knight in shining armour and hearing our news he offered to home us for the night, giving us food, numerous cups of tea, a comfy sofa, a duvet and even a brand new toothbrush.

“He was the perfect host and looked after us extremely well.”

Ashley Lane, Gary’s Operations Manager, hailed him as a ‘superstar’ who had gone ‘above and beyond the call of duty’.

It’s not only the winners - who each receive vouchers to spend as a result of their achievements - that are honoured. We also recognise the nominees who just miss out on the top prize, with a ‘Silver’ and ‘Bronze’ commendation. Each winner receives a certificate highlighting their achievement as well as an official record being placed on their personal file.
THE work of the ATSL family attracted interest from the media during 2017/18.

Two Ambulance Care Assistant’s from Mansfield made the local and trade press after they helped to deliver a baby girl in the middle of a hospital car park.

Ambulance Care Assistants Helena Exton and Gary Martin were speaking to colleagues in the reception area of King’s Mill Hospital in April 2018 when they were approached by the panicking father-to-be.

After heading out to the car park, Helena guided the mother through the incredibly emotional experience while Gary gathered towels and rang for midwives from the hospital’s maternity department.

The pair delivered the little girl safely and popped back the next day to make sure mother and baby were recovering well.

The story featured in the local press in Nottinghamshire, as well as in industry magazine ‘Ambulance Today’.

It was not just the actions of staff members that resulted in the company receiving column inches in 2017/18.

In September, together with Blue Light Services and London Hire, we launched our new ambulance, which is now in service in Nottinghamshire.

Mark Feather, National Head of Operations, was on hand at the launch along with Johnny Fieldhouse from Blue Light Services, (both pictured on the right). Blue Light Services converted the vehicle especially for our needs.

The vehicles, leased via London Hire Ltd, feature a Renault Master chassis and can accommodate seated patients, wheelchairs and a stretcher in a range of configurations.

The stretcher and stretcher locks can be removed to allow up to six seated passengers or a combination of seats and wheelchairs.

Our patients have been very complimentary regarding the new vehicles and in turn this has helped to improve our patient experience survey results.

The story featured in ‘Ambulance Today’ as well as trade magazines associated with the vehicle leasing trade.

Gary Martin and Helena Exton

Mark Feather, National Head of Operations at ATSL, right, with Johnny Fieldhouse, from Blue Light Services at the launch of the new ambulance at the Emergency Services Show at the NEC in Birmingham.
IN November 2017, ATSL and the Community Transport Association (CTA) published a report that identified how Non-Emergency Patient Transport (NEPT) can be made more effective through innovations in practice by commissioners and providers.

The report focussed on the provision of non-emergency patient transport (NEPT) and considered how innovations in NEPT could improve the quality and reliability of services.

In producing this report, both CTA and ATSL interviewed a range of stakeholders across the health service, third sector, and private sector.

The report highlighted the actions needed by commissioners, transport providers, and our communities, to improve patient transport provision.

It found that there are six key areas that need to be considered further to bring about improvements in Non-Emergency Patient Transport.

These are:
• Creating an Environment of Innovations
• Commissioning Practices
• Patient Involvement in Service Design
• Contribution from Stakeholders
• Greater Involvement of Community Transport
• Collecting Data
A year in the life at ATSL

A round-up of Arriva Now!

THIS year saw ATSL change the frequency of its in-house publication, ‘Arriva Now!’ Previously, the magazine had been produced three times a year, but following discussions with the Senior Leadership Team, it was decided to produce a monthly edition. This has resulted in the company being able to communicate key messages with its workforce in a timely manner. We have also seen some great staff stories feature over the year and we will highlight a few of these below.

We featured the news that a Paralympian had brought his winning credentials to the Arriva Transport Solutions team in the South West.

Ben Rushgrove joined our Keynsham base as an Ambulance Care Assistant following a previous career that involved competing in the elite tier of world athletics.

Ben, who has cerebral palsy and a hearing impairment, won a silver medal in the T36 100m at the Paralympic Games in Beijing 2008 in a time of 12.35 seconds despite suffering from a broken foot. He crowned his career with a Bronze medal at his home games in London in 2012.

Arriva Now! also gave us the perfect opportunity to inform staff of our highly successful roadshows, that took place at the beginning of 2018.

The events saw the Senior Leadership Team, led by Managing Director, Ed Potter, visit bases across the country giving an opportunity for colleagues to listen to the aims and objectives for the year ahead.

These meetings were incredibly insightful and have helped shape the performance of the business, with ATSL employees bringing ideas, which have since been implemented and helped to improve the day-to-day operation of the company.

The new monthly format of Arriva Now! also enabled the company to pass on some well deserved praise for our team.

Operations Director Steve Law, pictured, used the magazine to hail the commitment of the entire ATSL family following the severe weather experienced in early March.

As the country was blitzed by the ‘Beast from the East’, ATSL staff showcased their dedication as they mobilised themselves in the terrible conditions.

Steve was able to speak to staff through Arriva Now! where he revealed his admiration for the contributions of so many of the ATSL family.

“It really was an incredible team effort from everyone,” he said.

“The team across the business showed an enormous amount of commitment to the cause, and impressive initiative in finding solutions to challenging situations whilst trying to ensure they attended all the emergency calls requested by the trusts in all areas. I would like to pass on my thanks for everything they did during the severe weather.”
Healthwatch Wiltshire welcomes the opportunity to comment on Arriva Transport Solutions Quality Account for 2017/18.

Healthwatch Wiltshire is an independent organisation that promotes the voice of patients and the wider public with respect to health and social care services.

Healthwatch Wiltshire hears regularly from patients using ATSL and so are pleased to see that improving patient experience is a priority. The majority of the feedback we have received is around inconsistent information about eligibility for the service and dissatisfaction with timeliness, which has led to patients missing their appointments.

We are encouraged to see that staff training has been improved and that you have made improvements to your Online booking system. We hope that these changes will lead to increased patient satisfaction in these areas.

We are pleased that you have reshaped your patient experience team to allow improved engagement with patient feedback. We are also pleased Patient Advisors have been appointed to allow issues to be escalated and resolved quickly. We will be interested to see how this develops and the impact it has on patient experience.

You have also listened to feedback from specific patient groups and implemented changes as a result in the form of a scheduled shuttle. This is a positive step for those patients and demonstrates the importance of them sharing their views and that these were listened to.

Healthwatch Wiltshire would encourage this to continue and roll out to a wider geographical area.

During 2017/18 you have enhanced your patient experience programme and this has led to increased numbers of responses for the Friends and Family Test (FFT) and closer working with local Healthwatch. We would be keen to see the FFT results broken down by area to see if there are local trends.

Healthwatch Wiltshire would value working with ATSL in the future to ensure that the experiences of patients, their families and unpaid carers continue to be heard and responded to.

Healthwatch is pleased to read that in 2018 Arriva Transport will make the case for a transformative change in patient transport and will call for the Department for Health and Social Care to designate a senior champion for patient transport.

Healthwatch is concerned to see that there were five serious incidents in the South during the year, and read with interest that most related to unexpected medical conditions experienced by patients during transport.

Healthwatch has noted ATSL’s quality priorities for 2018/19 and look forward to hearing how these are progressed during the coming year.

**Priority One: Patient Safety**
Healthwatch are pleased that a priority will be to identify patients who have had a fall and are at risk of a fall and to refer them for a multidisciplinary falls assessment.

**Priority Two: Effectiveness**
Healthwatch applaud the priority to provide staff with training including the Care Certificate. Healthwatch would like to see in the 2018/19 Quality Account how many staff have undertaken the training in the coming year.

**Priority Three: Patient Experience**
Healthwatch are always happy to read that service users will be engaged to develop service improvements. Service users are able to feedback both positive and negative experiences that can be used to develop a better and consistent service.

**Review of Qualities**
Healthwatch B&NES and Healthwatch Swindon have heard issues from patients during the year about delayed transport, for example, where
Statements

patients have arrived late for their appointments and in some cases have had to reschedule appointments. From the patient experience survey, it was noted that 6 per cent of respondents were dissatisfied with the timeliness of the transport crew’s arrival and 11 per cent were dissatisfied with the time waited to be collected from hospital/clinic.

One caller to Healthwatch B&NES explained that in the end the receptionist at their clinic phoned for a taxi (charged to ATSL), just so that they could go home on time as their patient transport had not arrived.

During 2017 a volunteer from Healthwatch B&NES worked with BaNES Clinical Commissioning Group (CCG) to understand people’s experiences of patient transport at the Royal United Hospital in Bath. We heard positive patient experiences about the transport crew, however we also heard, and continue to do so, issues regarding missed pick-ups and long waits for return journeys.

This is mirrored in this year’s Quality Account with the complaints themes of:
- Timeliness
- Communication
- Journey
- Booking

Healthwatch would like to see a real improvement in these areas during 2018/19.

Review of Priorities for 2017/18

It was interesting to read that Arriva have employed an Incident and Complaints manager to oversee and implement new processes. Also noted was the increase in trainers to deliver safeguarding training to employees.

Healthwatch was pleased to read that feedback about the Patient Transport Service has encouraged partnership working with the CCG to set up an ‘Innovation working group’ to consider new ways of working and developing plans to roll out improvements.

The work with BaNES and Wiltshire CCG’s on the pilot ‘patient flow’ project and the piloted system of using ‘throughput’ times has seen an 11 per cent improvement in the key performance indicators.

Healthwatch hope to see these ‘pilots’ becoming mainstream in the coming year. Engagement with Healthwatch in the south west area rolled out nationally is welcomed and Healthwatch B&NES hope to engage to continue to hear of any changes within the Patient Transport Service.

Health in Hackney Scrutiny Commission

Thank you for inviting Health in Hackney Scrutiny Commission to submit comments on your draft Quality Account for 2017/18.

We note that you provide services across the country including a service for Homerton University Hospital NHS Foundation Trust in Hackney.

We have never had representations to our Commission about the quality of your specific service but have made an enquiry with the local commissioners and received this feedback:

“The integrated discharge service (a joint service comprising health and social care staff) is aware that transport for discharging patients does cause delays because of a lack of availability, timeliness and flexibility. This is the case across a range of transport providers.”

We have no other specific comments to make on your draft Quality Account, noting that most of it relates to services provided outside of the borough.
Bath and North East Somerset, Gloucestershire, Swindon, and Wiltshire Clinical Commissioning Groups (CCGs)

Bath and North East Somerset, Gloucestershire, Swindon and Wiltshire Clinical Commissioning Groups (CCGs) are joint commissioners of patient transport services from Arriva Transport Solutions Limited (ATSL) in the South West. This statement is jointly provided by the four CCGs (referred to as ‘the commissioners’) who have reviewed the ATSL Quality Accounts for 2017-18.

The quality priorities identified by ATSL for 2018-19, focusing on further improving patient safety, effectiveness and patient experience are welcomed. The commissioners note the focus on falls prevention as a response to incidents reported by ATSL and we will work collaboratively with ATSL to ensure appropriate assessment and referral pathways are developed to meet patients’ needs.

The commissioners are pleased that ATSL plan to launch the Care Certificate to support and develop staff skills to deliver improved care to patients. The commissioners are committed to ensuring collaborative working with ATSL to achieve improvement in patient experience and outcomes, through effective working with all healthcare partners.

An open and transparent culture is essential to ensuring patient safety and the commissioners welcome ATSL’s reporting of themes and trends from incidents. The commissioners note that safeguarding incidents, where ATSL have identified concerns for patients in the community, are the second highest reported incident.

The commissioners recognise the work undertaken so far to improve safeguarding. The Safeguarding Leads for the CCGs look forward to working with Arriva to continue to strengthen their safeguarding knowledge, processes and application to practice.

ATSL have reported 8 serious incidents for the south west region, which have been monitored by the commissioners to ensure a robust investigation and associated learning and improvements have been implemented. In future quality accounts, commissioners would welcome further examples of learning and quality improvements implemented from intelligence gathered from incidents and local audits.

Commissioning for Quality and Innovation (CQUIN) schemes for 2017/18 in the south west focused upon improving performance and patient communication. The introduction of a text ahead system for patients was introduced resulting in positive outcome changes. However, numbers are low and therefore the scheme did not make the impact that commissioners would have hoped.

The commissioners will continue to support ATSL in enhancing in these areas further in 2018/19, to improve performance and patient experience. This will be supported by ATSL’s quality priority and the contractual requirement focused on enhancing engagement opportunities with patients.

The commissioners recognise that delayed transport has an impact on the experience of patients utilising ATSL services, which is reflected in the complaint themes outlined in the quality account. This is an area where ATSL needs to continue to focus its attention to improve patient experience, including evidencing how they have improved services based on feedback provided, including comments received via the friends and family test.

ATSL (south west) received a Care Quality Commission (CQC) inspection in December 2017. This final report published in March 2018 identified areas where ATSL are required to improve the quality of services provided. The commissioners are committed to work with ATSL and continue to review and monitor progress against the areas identified within the formal action plan.

The commissioners look forward to working with ATSL during 2018/19 on the identified quality priorities.
Healthwatch Gloucestershire

This statement is provided on behalf of Healthwatch Gloucestershire. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we are pleased to have had the opportunity to review the Quality Accounts for 2017/18 for ARRIVA Transport Solutions.

We are pleased to see that patient safety remains a priority for Arriva Transport Solutions in the coming year. In particular, that stronger links will be made with local fall prevention teams.

It is good to see that initiatives are to be introduced over the coming year that are targeted at improving timeliness and service delivery. These are issues that are consistently raised in the feedback that we receive from local people in Gloucestershire. We will be interested to see the outcomes of the processes around missed appointments and the impacts this will have on patients.

It is encouraging to note that transport schemes for renal patients are developing and it will be important to continue to listen to the patient experiences to further develop this service. Healthwatch Gloucestershire would be happy to support with the collection of this patient feedback.

The experience of patients is of prime importance to Healthwatch Gloucestershire, and it is encouraging that Patient Experience is a priority for 2018/19. We will continue to monitor feedback from local people and work closely both with Commissioners and with Arriva Transport Solutions through their Healthwatch engagement model, to ensure that the voice of those who use their service is heard and their issues acted upon.

Healthwatch Gloucestershire look forward to developing the relationship with ARRIVA Patient Transport Services over the coming year and supporting them to ensure that the experience of patients, their families and carers are heard in order to inform service improvement.

If you would like to provide feedback or request further information on the Quality Account, please email arrivatransportsolutions@arriva.co.uk.