REPORT: **Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex.**

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Table of Contents

1.0 Introduction

1.1 The Patient Transport Service is a Sussex-wide service jointly commissioned by the seven Sussex CCGs; as with all jointly-commissioned services, one CCG acts as lead commissioner. In the case of the PTS, the lead CCG is High Weald Lewes Havens (HWLH) CCG. All decisions, however, are jointly made by all the CCGs.

1.2 During 2014 the seven[1] Sussex Clinical Commissioning Groups (CCGs) designed and commissioned a new Patient Transport Service (PTS), after the existing provider South East Coast Ambulance Service gave notice that it wished to discontinue providing the service. Coperforma, the new Managed Service Provider (MSP) started to deliver the service from 01 April 2016 and experienced significant operational difficulties from day one, which resulted in a poor experience for many patients.

1.3 As part of their review of the mobilization and transition to the new contract, the CCGs commissioned an externally facilitated 'Lessons Learnt' event. This report collates and reflects the feedback from patient representatives and stakeholders on the commissioning process and service start, raised during and after the event.

1.4 This report also builds upon two reviews:

a) A review conducted by the Patient Safety Group (see paragraph 2.10) following the level 3 Serious Incident (SI) raised by High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG), on 4th April 2016.

b) An independent review conducted by TIAA Ltd, one of the leading providers of assurance services to the public sector, (June 2016)[2] looking into adequacy of the mobilisation arrangements for the new Sussex Patient Transport Service contract and resultant action plan agreed by the CCGs.

1.5 The event sought to establish whether there were any other additional significant matters which were not raised in the TIAA review and needed to be incorporated into the overall lessons learnt. Consistent with the TIAA review, this report is not designed to allocate blame but to ensure that the lessons learnt succeed in informing the future commissioning and provision of both Patient Transport Services and also other procurements.

1.6 It also acknowledges that the MSP only operated the contract for a very short period and that from the contract commencement date the CCGs, the MSP and the provider Trusts' attention was focused on addressing significant service delivery failures and as a consequence many of the arrangements relating to communications, engagement and similar which were incorporated into the contract for the MSP to lead on where not implemented as anticipated.

2.0 Background

2.1 Patient Transport is a service that helps people access NHS-funded healthcare appointments. The service is provided for patients who are unable to use public or other transport owing to their medical conditions and who would otherwise be

[1] The seven CCGs in Sussex are: Brighton and Hove CCG; Crawley CCG; Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG; Horsham and Mid-Sussex CCG; High Weald Lewes Havens CCG; Coastal West Sussex CCG.

[2] TIAA, *'Adequacy of the mobilisation arrangements for the new Patient Transport Service contract',* June 2016: http://www.highwealdleweshavensccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=439067

prevented from getting to their hospital appointments. PTS is free for people who meet the eligibility criteria.

2.2 In Sussex prior to the implementation of the MSP model, the PTS comprised the Patient Transport Bureau (PTB) who coordinated the bookings, and South East Coast Ambulance service (SECAmb) which provided the dispatch and transport. The transport function was supplemented as necessary by other private transport providers and volunteer drivers. In March 2014, SECAmb informed the commissioners that it did not wish to continue providing the transport element of PTS beyond the contract expiry date of 31 March 2015 under the existing terms of the contract.

2.3 The CCGs agreed a one year extension with SECAmb to deliver the service until 31 March 2016 to enable them to undertake a thorough procurement process. During this period the CCGs undertook widespread engagement with service users, members of the public, hospital Trusts and existing ambulance staff to learn about people's experiences of using PTS and how it could be improved.

2.4 In 2014, the CCGs launched a survey seeking views on the current service. This was followed by a range of public and staff engagement activities in early 2015, including nine open events across Sussex. The aim of this exercise was to better understand the experiences and needs of people using the service, to identify what they liked about it, and to highlight areas for improvement. The CCGs also sought to learn from other patient transport services in the country.

2.5 This engagement fed into the development of a new service specification and the contract was put out to tender under NHS procurement rules. There were 23 providers at the market-warming event; four of these providers submitted a pre-qualifying questionnaire (PQQ) and one, Coperforma, submitted a bid at the invitation to tender (ITT) stage.

2.6 The structured procurement and evaluation was led by a commissioning and procurement team, comprising patient, hospital Trust and GP representatives, as well as subject matter experts from communications, quality, safeguarding, risk, health & safety, information governance, information technology, and finance. Following this evaluation process, the seven Sussex CCG Governing Bodies awarded the contract to Coperforma in November 2015, to commence delivery of the new service from April 2016.

2.7 The Sussex CCGs continued to work closely with the patient forum, local people, stakeholders, the current service providers (including SECAmb and the PTB), Coperforma, and NHS Trusts over the next four months to support a smooth transition to the new service from 1 April 2016.

2.8 Immediately from the start of the new contract there were unacceptable levels of performance, both in making bookings and with the transport provision itself. Patients and health professionals had difficulty getting through on the phone lines and many patients were collected late or not at all.

2.9 A level 3 Serious Incident[3] (SI) was raised by High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG), which manages the contract on behalf of the

[3] A level 3 investigation is defined as 'Required where the integrity of the investigation is likely to be challenged or where it will be difficult for an organisation to conduct an objective investigation internally due to the size of organisation or the capacity/capability of the available individuals and/or number of organisations involved'.

Sussex CCGs , on 4th April 2016, and a clinical review[4] analysing and categorising incidents raised by hospital trusts regarding PTS was conducted thereafter.

2.10 The Sussex-wide Patient Safety Group (PSG) (chaired by a senior GP and with membership including Healthwatch, Local Authority Adult Safeguarding, Provider Trust, NHS England and patient representation) undertook a review of these incidents and interviewed patients including those in high-risk groups to identify, and make recommendations on areas where further service improvements were needed, to assure patient safety in the future. This included the identification of patient groups and individuals who may have been affected and ensuring that appropriate follow up and support was in place and available to meet their needs. The patient safety report is at the time of writing being considered by NHSE. It is anticipated that the report will be published in full in March 2017.

2.11 The CCGs also commissioned TIAA in May 2016 to carry out an independent enquiry into the adequacy of the mobilisation arrangements for the new contract. Their report found that there were a number of factors which individually would not have been enough to cause such poor performance, but combined to create the problems that affected the start of the new contract. The CCGs accepted all TIAA's recommendations, including that the CCGs employ a transport specialist to oversee the contract. A specialist has been employed since August 2016.

2.12 High Weald Lewes Havens CCG used the national contractual performance levers[5] available and worked closely with Coperforma on tackling the issues, and performance did improve, although the improvements were not consistent across the whole of Sussex and some patients continued to experience problems.

2.13 In addition, from August there were a number of issues between Coperforma and some of its subcontractors, which raised concerns for commissioners about the broader sustainability of the service. In October 2016, Coperforma wrote to the CCG's seeking a managed exit from the PTS contract on economic grounds which was accepted by the CCGs.The CCGs announced that South Central Ambulance Service NHS Foundation Trust (SCAS) would take over the entire service for the remainder of the contract term..

2.14 In order to minimise disruption to patients, the transfer of service delivery is being phased and SCAS will take complete operational responsibility for PTS in Sussex from April 2017. The handover is being led by a dedicated programme team based within HWLH CCG, with oversight and input from the PTS specialist advisor, patient and hospital trust representatives, and the seven Sussex CCGs.

2.15 A 'lessons learnt' event was commissioned by HWLH CCG on behalf of the seven Sussex CCGs which was held on 14 November 2016. The workshop sought information and insights from almost forty stakeholders who had contributed in varying ways to the design, tendering, procurement and mobilisation of the new PTS contract.

2.16 The focus of the 'lessons learnt' event was not recapitulation of the history but collation of key findings which would guide the handover of PTS to SCAS and to inform future commissioning activities across Sussex and the wider NHS. The experiences of

[4] The review was conducted in line with the NHS England Serious Incident Framework (2015). This framework provides a structure for investigating any event where the potential for learning or the consequences to patients, families and carers, staff or organisations is significant.

[5] The NHS Standard Contract contains a number of levers to hold the provider to account for providing high quality services.

patients, carers, staff and associated services were referenced throughout the session and all parties acknowledged the importance of seeking and acting upon such feedback in the future. In addition, the external workshop facilitator followed up with all invitees, encouraging the submission of any further reflections following the event.

2.17 Attendees at the workshop are listed in Appendix A and came from CCGs, NHS providers of acute and community services, alongside patient representatives and members of Healthwatch. Other key partners helpfully contributed their experiences via the Patient Safety Group (see 2.10, above).

3.0 Workshop methodology

3.1 The 'lessons learnt' workshop comprised the following elements:

- Expectations from the workshop
- Background and rationale (to the awarding of the contract to Coperforma and subsequently, to SCAS)
- TIAA report (June 2016), key recommendations and subsequent actions
- Identification of lessons learnt and consideration of issues/themes

3.2 The slide deck presented at the workshop is included at Appendix B.

3.3 In addition, in order to aid the future clarification of roles and responsibilities, the external facilitator encouraged the application of the RASCI* model when outlining forward plans. This model, incorporated within a broader project management methodology, assists in identifying the contributions of various stakeholders within the following categories:

*RASCI definitions:
Responsible - (Doer) - The body/team assigned to do the work
Accountable - (Buck stops here) - The body/team making the final decision with ultimate ownership
Supporting - (Here to help) - The functional body/bodies that will support the commissioner(s) in undertaking their quality assurance functions including ensuring there is timely performance management, reporting, learning and action planning undertaken by the provider.
Consulted - (In the Loop) - The body/team that must be consulted before a decision or action is taken
Informed - (For Your Information) - The body/team which must be informed that a decision or action has been taken

(Adapted from NHS England 'Serious incident framework; Supporting learning to prevent recurrence' (2015))

4.0 Expectations of participants at the workshop:

4.1 Workshop attendees were invited to identify themes and issues that required further exploration in the session. These included:

a) Service Model and Specification

b) Communication & engagement (all phases)

c) Procurement

d) Transition & Mobilisation (Pre- 01 April 2016)

e) Transition & Mobilisation (Post- 01 April 2016)

4.2 Workshop participants gave further consideration to the core issues via group discussions. Their conclusions, alongside the subsequent actions taken by the CCGs, are summarised in the next section.

4.3 In maximising the value of this review, the CCGs have identified where the key learning points apply to the PTS procurement alone and where wider lessons may be drawn for other procurements. Each of the relevant conclusions has been incorporated within the current programme, governing the transfer of PTS to South Central Ambulance Service by April 2017.

5.0 Lessons Learnt

5.1 The following table summarises the contributions and lessons learnt made by workshop attendees and those further submissions received from invitees who were unable to attend.

5.2 A number of the issues raised were addressed on the day in the workshop presentations and through reference to the TIAA report and the resultant action plan. A link to the TIAA report can be found at the foot of page 2. The presentation can be found at appendix B.

A) Service Model and Specification:		
Feedback from Workshop	Lessons Learnt	Applicable To
• Even though the procurement team consulted widely on the development of the service specification and the new model, problems with service delivery arose when the contract went live	• Ensure systems are in place for not only securing but testing feedback gained during the service model, specification and design phase in future procurements	ALL
• The introduction of a MSP and retention of the split between the booking and transport function was designed with service transformation in mind, to attract providers with innovative technical booking, dispatch and tracking platforms. • This benefit failed to materialise sufficiently via the chosen Managed Service Provider (MSP).	• New PTS provider contract combines booking and provision, allowing for sub-contracting to provide capacity where required. • To assist mobilisation, detailed discussions with the new PTS provider is supporting the phased implementation of the new service. (See TIAA recommendation 9.)	PTS
B) Communication & engagement (All Phases):		
Feedback from Workshop	Lessons Learnt	

• Communication and engagement was comprehensive pre-1 April 2016, but did not remain consistent post- 1April 2016 when the MSP assumed responsibility for patient communications and engagement. • Opposition to the transfer of services from a public sector provider to a private provider was raised in some quarters. • Communications were circulated widely but, in some instances, were not then cascaded appropriately within other organisations • Operational shortfalls in the new service resulted in a significant increase of enquiries from patients, NHS Trusts and the media, to which the MSP was unable to respond in full. Additional responsibilities fell to the CCGs to handle the communications, alongside the implementation of further contingency measures and actions.	• Commissioners should take a proactive role in ensuring effective patient and public engagement in all new contracts post-mobilisation, and especially through periods of transition • Application of a RASCI model (see paragraph 3.2) or similar, clarifying governance and responsibility issues with fellow CCGs and other partners with a joint communications plan with any new contractor • Promotion of reactive and proactive communications, supported by: 1. wide circulation of key messages to/within stakeholders (confirming onward dissemination responsibilities), and 2.effective feedback loops (the feedback received can often act as invaluable early warning of issues requiring resolution). • The system-wide communications plan should address: resourcing, collaboration across stakeholders, alongside pro-active and reactive management of media (print, TV, radio and/or social media.) • Patient representatives invited to contribute to design, evaluation, implementation and post-go live stages. • Ensure that an Memorandum of Understanding (MOU), agreed by all parties is in place that describes the lead/supporting commissioner and stakeholder roles & responsibilities for all aspects of the process, including communications and engagement. The MOU should ensure the requisite capacity, capability, engagement and decision-making and escalation process is explicit.	ALL
C. Procurement		
Feedback from Workshop	Lessons Learnt	
• Absence of specialist PTS provider expertise in informing the design of the new specification, KPIs and evaluation of the tender.	• Ensure specialist provider advice (in this instance PTS) is secured prior to the pre-qualifying questionnaire (PQQ) stage,	ALL

	ensuring that specifications are robust. (See TIAA recommendation 1.)	
• Needed to build in more due diligence to the pre-qualifying questionnaire (PQQ) & invitation to tender (ITT) stages including site visits and quality impact assessments.	• The specialist provider advisor to be involved in designing, conducting and evaluating the due diligence exercise.	ALL
• Limitations introduced as a result of receiving only one final tender.	• Fully scoped risk assessment undertaken, coupled with mitigation and contingencies, when faced with single tenders.	ALL
• Need to establish what could be done differently in the procurement process	• Conduct a post-procurement review for all procurements to ensure that lessons learned are incorporated into future procurements, and that a clear process is in place to support this.	ALL
D. Transition & Mobilisation (Pre- 01 April 2016)		
Feedback from Workshop	Lessons Learnt	
• Ownership & scrutiny of the mobilisation plan, with the new provider(s) having a desire to report positive messages to the CCGs.	• Reference: TIAA recommendation number 1 and subsequent action	ALL
• The transition phase (pre- 1 April 2016) of the project board did not have the added benefit of independent PTS expertise regarding the operational plan	• Reference: TIAA recommendation number 1 and subsequent action • Also, see first two bullet points in "procurement" lessons, above.	ALL
• Under the ICO guidelines, CCGs are not permitted to have direct access to activity data to assure themselves of data completeness and the accuracy of provider plans.	• This remains an outstanding issue relating to information governance and CCG access to data	ALL
• Consider a phased approach to mobilisation, supported by a clear set of contingency plans	• Reference: TIAA recommendation number 9 and subsequent action	ALL
E. Transition & Mobilisation (Post- 01 April 2016)		
Feedback from Workshop	Lessons Learnt	
• Under the ICO guidelines, CCGs are not permitted to have direct access to activity data to assure themselves of data completeness and the accuracy of provider plans.	• This remains an outstanding issue relating to information governance and CCG access to data which the CCGs will progress with NHS England	ALL
• Due to the service delivery failure of the MSP, significant additional demands were placed on clinical and managerial staff in all associated sectors (commissioners and providers). A great deal of clinical time was expended supporting patients, whilst managerial staff were faced with additional pressures as a result of: problem solving, conference calls, additional meetings,	• Reference: TIAA Recommendations 2, 3, 4 & 8 and subsequent action • Assess additional impact via Patient safety & "lessons learned" reviews.	ALL

complaints & incident management.		
F. Commissioner governance issues		
Feedback from workshop	Lessons learned	
• Commissioner, programme and project team resources allocated to the PTS procurement were, at times, stretched.	• Ensure that an MOU is in place that describes the lead/supporting commissioner and stakeholder responsibilities. The MOU should ensure the requisite capacity, capability & engagement throughout the process and should include an escalation framework to cover unforeseen contingencies.	ALL

6.0 Conclusion

6.1 The provision of patient transport services is an integrated part of some patients' care. The overarching principle of PTS is that patients who are eligible for transport will receive safe, timely, and clinically appropriate transport, without detriment to their medical condition. This principle guided the procurement of a new service provider in Sussex.

6.2 In procuring a new service the CCGs sought to commission a high quality, innovative approach which enhanced patient experience, improved patient outcomes and assisted whole system solutions. They worked with patients, clinicians, procurement, finance, quality and communication experts and the wider healthcare system in designing a service specification that addressed these objectives. From day one of the new service (1 April 2016) significant difficulties emerged as the MSP struggled to deliver services to the agreed specification. This resulted in detriment to patients and an adverse impact upon the wider healthcare system as outlined in the TIAA report (June 2016).

6.3 The TIAA report recognised that whilst there was a detailed and jointly agreed mobilisation plan on which the CCGs received written and verbal assurances of delivery against milestones during the pre-go live stage from Coperforma, the service still failed to deliver from the outset.

6.4 Contingency arrangements and improvements were enacted, which included the purchasing of additional patient transport provision by the acute trusts, some of which remain in place at the time of writing.

6.5 The recommendations from the TIAA report were accepted by the CCGs and incorporated within the programme managing the transfer of PTS to South Central Ambulance Service by April 2017.

6.6 By commissioning this additional review, alongside the review of patient experience, the CCGs committed to both applying any key lessons that might relate to their ongoing management of the PTS contract and any other relevant procurements that may be undertaken in the months and years ahead. Section 4 of this report summarises the key lessons learned as a result of the procurement and re-provision of PTS in Sussex. In taking forward these findings, HWLH CCG propose the following actions:

a) Continue to apply the TIAA report recommendations to the PTS service transfer to SCAS

b) Incorporate the additional "lessons learnt" from this event within the programme guiding the transfer to SCAS

c) Apply the wider "lessons learnt" when undertaking other service procurements

d) Review the MOU that supports and underpins the pan-CCG commissioning arrangements across Sussex

e) Discuss with NHS England the benefits of commissioners gaining access to relevant patient level data from providers to inform accurate modeling

f) Invite NHS England to share this report with other CCG commissioners who may be undertaking similar procurements

6.7 Finally, the CCGs are grateful to all individuals and organisations who contributed to this important set of reflections. By working together, the focus will helpfully remain the delivery of the best experience for patients.

7.0 APPENDICES

Appendix A: Attendees at 14 November workshop
Alan Beasley, Chief Finance Officer, HWLH CCG
Wendy Carberry, Chief Officer, HWLH CCG
John Child, Chief Operating Officer, Brighton and Hove CCG (B&H CCG)
Glynn Dodd, Chief of Development and Transformation, Coastal West Sussex CCG (CWS CCG)
Graham Griffiths, Associate Director Delivery and Performance, Eastbourne, Hailsham and Seaford CCG (EHS CCG) and Hastings and Rother CCG (HR CCG)
David King, Interim Chief Operating Officer, Crawley CCG and Horsham and Mid Sussex CCG (HMS CCG)
Sally Smith, Director of Delivery and Primary Care, HWLH CCG
Carol Ainsworth, Delivery Support Manager, EHS CCG and HR CCG
Penny Blackbourn, PTS Patient Forum representative
Jackie Brown, Commissioning Manager – Urgent Care and Resilience, CWS CCG
Andrew Elliott, Procurement Manager, NHS South of England Procurement Services
Liz Fellows, Assistant Director Operations, East Sussex Healthcare NHS Trust (ESHT)
Matthew King, IM&T Lead, CWS CCG
Mike Lander, Deputy Director – Contracts, Sussex Partnership NHS Foundation Trust (SPFT)
Geoff Lowry, CWS CCG
Katie Merrien, Programme Manager, HWLH CCG
Kate Parkin, Sussex Collaborative Delivery Team representative
Sara Reeve, Logistics Coordinator, East Surrey Hospital NHS Trust
Kim Rickard, Programme Manager, Crawley CCG and HMS CCG
Salli Roddis, Principal Associate - Human Resources, South East CSU
Rob Sims, Deputy Director Provider Management, NHS South, Central and West CSU
Chris Tait, Head of Finance, HWLH CCG
Julie Fitzgerald, Healthwatch
Jo Habben, Senior Quality and Patient Safety Manager, HWLH CCG
Derek Laird, Patient Transport Service Advisor, HWLH CCG
Andrew Townsend, Managing Director, TIAA
Maninder Dulku, PTS Programme Director, HWLH CCG
Keith Hoare, PTS Programme Manager, HWLH CCG
Cheryl Smith, Administrator, High Weald Lewes Havens CCG (HWLH CCG) - minutes
Brendan Ward, External Facilitator

Apologies were received from:
Ashley Parrott, Associate Director of Governance, East Sussex Healthcare NHS Trust
Kevin Green, Head of Procurement, NHS South of England procurement services
Paul Gable, Business Manager – Clinical support services, Queen Victoria Hospital, East Grinstead
Sally Allum, Director of Nursing, NHS England South (South East)
Penny Bolton (Head of Therapies) & Allan Brown (Divisional General Manager) – Sussex Community NHS Foundation Trust (SCFT)
Sarah Richards, Chief of Clinical Quality & Performance, HWLH CCG
Clair Harris, Commissioning Manager Urgent Care, Brighton & Hove CCG
Lesley McIlrath, Director of Operations - Medicine; Western Sussex Hospitals Foundation Trust (WSHFT)

Appendix B: Presentations made at 14 November workshop: