



MEETING TITLE Trust Board in Public		MEETING DATE 31/08/2017	
TITLE of PAPER	Patient Transport Service – Embedding the Learning from Feedback Received	PAPER REF	Item 4.6
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	<p>The purpose of this paper is to provide assurance to the Trust Board that robust systems and processes have been put in place to further improve the service which we provide to our renal patients. To include lessons learned.</p> <p>To demonstrate that we are working closely with Clinical Commissioning Groups (CCGs), renal clinics, patients and Kidney Patients Association (KPA) on a regular basis.</p> <p>To demonstrate lessons learnt have been implemented.</p>		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Chris Dexter, Managing Director, PTS	ACCOUNTABLE DIRECTOR	Dr Philip Foster Director of Planned & Urgent Care
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
<ul style="list-style-type: none"> • 16 May 2016 communication to all West renal patients that changes were being made to the way we plan their transport. • 23 May 2016 introduced changes in the way we operate our PTS in Leeds only combining two separate renal rotas and core PTS rotas. • 20 June 2016 replicated the above to the whole of West Yorkshire. • 18 July 2016 further communication to patients giving updates. • 5 August 2016 advised patients that we had taken the decision to reintroduce the practice allowing nurses to forecast in advance when they will be ready for collection. • 31 August 2016 met with Leeds City Council Scrutiny Board. • On-going meetings formal and minuted with renal clinics, CCGs, patients and KPA. • Follow up meeting with Leeds City Council Scrutiny Board on 4 October 2016. 			
PREVIOUSLY AGREED AT:	Committee/Group:		Date: Click to enter date

RECOMMENDATION(S)	It is recommended that: <ul style="list-style-type: none"> • PTS continue to provide a service with continuous improvement to increase efficiency within the financial envelope but also to compete with other providers in the market. • Continue to micro manage performance for both renal and core PTS patients on a daily basis. • Extended use of sub-contractors for patients for Seacroft and St. James's. Look at introducing this to the Beeston unit once costing has been received and reviewed. • Review staff rotas within our communications centre in order that a full review if courtesy calls can be implemented. • Consider mini-tender opportunities. • Initiate "run-mask" or/and "carry-by" options upon auto planning work stream development – support and funding required. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)			
NHSI Single Oversight Framework Choose a THEME(s)			

Patient Transport Service Embedding the Learning from Feedback Received

1. PURPOSE/AIM

- 1.1 The purpose of this paper is to provide assurance to the Trust Board that those robust systems and processes have been put in place to further improve the service which we provide to our renal patients. To include lessons learned.
- 1.2 To demonstrate that we are working closely with Clinical Commissioning Groups (CCGs), renal clinics, patients and Kidney Patients Association (KPA) on a regular basis.
- 1.3 To demonstrate lessons learnt have been implemented.

2. BACKGROUND/CONTEXT

- 2.1 Yorkshire Ambulance Service NHS Trust has embarked on a programme to modernise its PTS in order to create a service that provides high quality, safe, efficient care to its patients whilst remaining competitive and sustainable for the future.
- 2.2 Work has been on-going for the past 12 months on the PTS Service Delivery Model and the PTS Change Programme looking at ways in which we could improve the patient experience of all our patients. We have recently introduced a Resource Department function which has brought together staff from our PTS Communications Team to work on standardising the way we organise the right number of staff, vehicles, sub-contractors and volunteer car service drivers to meet the activity demand.
- 2.3 On 23 May 2016 we introduced a number of changes in the way we operate our PTS in Leeds only which included:
 - Combining two separate Renal Rotas and Core PTS Rotas into one rota to provide a greater pool of staff and vehicles.
 - Two planning desks (controllers, planners and call handlers) were combined into one planning desk for Leeds but there is the same number of staff as before with the same level of knowledge.
 - We started to utilise our PTS system's auto planning to help plan our staffing and vehicle requirements more effectively.
- 2.4 At the same time Auto Planning was introduced to our PTS which is closely linked to the Resourcing and Logistics functions.
- 2.5 On 20 June 2016 we replicated the above changes for the whole of West Yorkshire.

3. PROPOSALS/NEXT STEPS

3.1 YAS will improve its communication and engagement methods by way of investing more time to communicate with patients and other stakeholders and raise awareness of its initiatives. A dedicated communications resource is now in place for PTS transformation and a comprehensive plan is in development.

A more effective use of data will be put in place for feedback from patients and staff, thus proactively engaging with patients and staff. This will include reviewing patient surveys and all feedback received to highlight any emerging trends and address any breaches.

The Renal Transport Charter will be refreshed to include: Patient and Carers' Responsibility, Dialysis Unit Responsibility, Leeds Teaching Hospitals NHS Trust's Responsibility, Transport Provider's Responsibility and Commissioner's Responsibility.

It will be ensured that there is accessibility to staff within PTS when renal staff and patients need to report transport problems or have enquiries relating to transport times.

The dialogue between Ann-Marie Kelly (the dedicated YAS PTS Renal Engagement Lead) and the Renal Units will continue and a review will be undertaken of what works well and what needs to be improved.

4. RISK ASSESSMENT

4.1 Impact of PTS risk register. Letter sent out to patients explaining changes to service. Action completed 17.05.16. Daily sitreps implemented to review performance. Action completed 25.07.16.

4.2 Lessons Learned

- More formalised and evidenced evaluation criteria required prior to any go/no go decisions for PTS transformation.
- Planned communication and engagement activity with key stakeholders – patients, renal unit staff and commissioners, which are coordinated with partner organisation input.
- Evidence-based engagement; ensuring all parties involved confirm they understand what/why/when.
- If it is deemed that proposed changes do not require engagement activity, this should be logged with an explanation as to why.

5. RECOMMENDATIONS

5.1 PTS continue to provide a service with continuous improvement to increase efficiency within the financial envelope but also to compete with other providers in the market.

- 5.2 Continue to micro manage performance for both renal and core PTS patients on a daily basis.
- 5.3 Extended use of sub-contractors for patients for Seacroft and St. James's. Look at introducing this to the Beeston unit once costing has been received and reviewed.
- 5.4 Review staff rotas within our communications centre in order that a full review if courtesy calls can be implemented.
- Consider mini-tender opportunities – QIA, Cost/Benefit analysis
 - Initiate “run mask” or/and “carry-by” options upon auto planning work stream development – support & funding required
 - Ensure YAS PTS transformation changes meet NHS/OSC engagement requirements.

6. APPENDICES/BACKGROUND INFORMATION



05 August 2016
merged.docx



18 July.docx



Running Action
log.xlsx