



NHS HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP

Adequacy of the mobilisation arrangements for the new Patient Transport Service contract



June 2016

The matters raised in this report are only those that came to TIAA's attention during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report was prepared for NHS High Weald Lewes Havens Clinical Commissioning Group and was therefore prepared specifically for the benefit of NHS High Weald Lewes Havens Clinical Commissioning Group and the six other Clinical Commissioning Groups in Sussex. This report has been prepared solely for management's use. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and to the fullest extent permitted by law specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Adequacy of the mobilisation arrangements for the new Patient Transport Service contract

Executive Summary

INTRODUCTION

1. TIAA has carried out a review into the adequacy of the mobilisation arrangements for the new NHS Non-Emergency Patient Transport Service contract (PTS contract) which became effective from 1 April 2016. The review was commissioned by NHS High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) on behalf of the Sussex CCGs.

SUMMARY

2. The new PTS contract was clearly not successful in delivering the required level of service during April and early May 2016, the period covered by this review. A summary of our work in relation to the adequacy of the mobilisation arrangements is set out below:

Consideration of the transition arrangements set out in the contract specification, the tender submission, and the signed contract; and the extent to which compliance with these can be evidenced.

Assessment: The new PTS contract was not simply a case of a straightforward change of provider, but rather was the introduction of a new delivery model reflecting stakeholder and user feedback. There was a detailed and jointly agreed mobilisation transition plan, on which the CCGs received written and / or verbal assurances, of delivery against milestones. The monitoring arrangements put in place by the Sussex CCGs during the mobilisation period did identify potential issues which indicated that Coperforma may not be fully ready to deliver the service on 1 April 2016. However, Coperforma provided positive assurances that the mobilisation stage would be fully completed by 1 April 2016.

The handover arrangements from South East Coast Ambulance Service (SECamb) to Coperforma that were agreed with the Sussex CCGs, and the extent to which compliance with these can be evidenced.

Assessment: The handover arrangements required a balance between SECamb being able to continue to deliver the PTS service up until the handover day and the requests from Coperforma for the transferring staff to be released for training. We suggest that this is not unusual in a TUPE situation and Coperforma should have ensured there were appropriate mitigating actions in their mobilisation plan. The data requests from Coperforma were processed by the Patient Transport Bureau (PTB) and not SECamb and consequently we do not consider the handover process from SECamb to Coperforma to have resulted in insurmountable issues that could not have reasonably been expected to be addressed by Coperforma during this period.

Sample check of cases of non-performance by Coperforma to assess whether these were as a result of failures in the mobilisation and handover arrangements, or whether there were other factors which gave rise to these failures.

Assessment: From the information which has been provided to us it is clear that issues of non-performance were not limited to the initial start-up of the contract. It is clear that Trusts receiving patients have been assisting in mitigating some of the non-performance issues beyond the initial start of the contract, and that without this assistance the actual position during April 2016 would have been significantly worse. The fact that there were new

complaints being received by the CCGs, and formal incidents were being recorded by all of the Trusts during the third and fourth week of the contract indicates there may be underlying issues, rather than mobilisation-related issues that have yet to be fully addressed.

Establishing the reasons for the failure of the service delivery on commencement of the new contract by Coperforma, and whether these could have been reasonably anticipated prior to the contract commencement date.

Assessment: The processes put in place by Coperforma were markedly different to those operated previously by SECAMB and the PTB. We have examined the initial reasons stated by Coperforma as being the two principal causes of the poor performance, (high volume of calls and errors in the live data transferred), and we suggest both should have been capable of being addressed in a number of days, rather than weeks. The fact that significant service delivery issues were still being experienced six weeks after the contract start date therefore suggest that there were other reasons for the poor service delivery. Our findings indicate that the poor service delivery was a combination of a number of factors and that individually each of these factors would have been unlikely to cause such poor performance. It is therefore the combination of these factors which created the situation whereby on 1 April 2016 Coperforma had an insufficiently tested Sussex-wide infrastructure which was expected to be able to seamlessly bed in after the contract start date without any adverse impact on service delivery. Any concerns Coperforma may have had immediately prior to 1 April 2016 with these factors either individually or collectively on their readiness to deliver the PTS service were not raised with HWLH CCG. The combination of key factors which indicate the arrangements had not been bedded in are listed below in no priority order:

- **Data transfer of demand modelling:** The migration from a primarily paper-based system to a technology-based system required significant data analysis to determine future demand and capacity patterns. The data transfer for this was direct from the PTB to Coperforma, as the CCG was not authorised to have access to the data. Due to issues with the quality of data Coperforma was unable to use the data for level of detailed demand modelling they have anticipated. However, Coperforma did not formally raise this as a significant issue with the CCGs that this was a potential no-go for going live. The reasons for this was that Coperforma had anticipated their contingency cover would have accommodated peaks in demand and capacity.
- **Advance Modelling of likely demand patterns:** It is clear from the information we have been provided with that the opportunity to fully utilise historic data for advance modelling cannot have been utilised effectively to identify the potentially competing demands of the geographically dispersed Trusts.
- **Field testing of system prior to 1 April 2016:** We would expect there to have been comprehensive testing by Coperforma and its sub-contractors prior to 1 April 2016. We suggest such testing could have highlighted some operational issues which would have enabled an interim solution to be put in place on 1 April 2016 to mitigate their impact. Coperforma has verbally advised us that field testing was carried out, but we have not been provided with any supporting evidence on the nature and extent of their testing of the system across Sussex and with multiple Trust locations. We are therefore unable to comment on the adequacy of any field testing of their system.
- **Parallel running during mobilisation period:** It is clear that the intention set out in Coperforma's Mobilisation Plan of effectively running parallel to the PTB in the three month period prior to April 2016 was not achieved.

- **Commissioning of hub offices:** The hub offices at Durrington and Eastbourne were not ready for use until very shortly before the start of April, which was several months behind the schedule set out in Coperforma's mobilisation plan.
- **Drivers' access to Mobile Work App via PDA:** There was a 72% increase in the number of PDAs being used between the start and end of April which suggests there were insufficient in place at the contract start date.
- **Data Transfer of journeys required post 1 April 2016:** As this matter is subject to a separate investigation we have only been provided with limited data by Coperforma and we are therefore unable to establish the extent of these errors, the impact of this on service delivery in April 2016, or indeed how swiftly these errors were identified and removed.
- **Number of calls:** The records indicate there was a significant increase in the number of calls made to Coperforma during the first week of the contract. We suggest it would not have been unreasonable to expect an increase in calls at the start of a new contract and that appropriate resilience arrangements would have been made. However the number of actual calls was higher than we suggest could have been reasonably expected and this increase also was exacerbated by Coperforma's staff spending longer than planned in reassuring callers and as well as the knock-on impact of the failures in other areas of the service delivery.
- **Roll out of the online booking facility:** The opportunity to train up an adequate number of staff at the Trusts to make on-line bookings which would have assisted in reducing the number of calls was missed as evidenced by there being only 88 log-in rights on 1 April 2016 which had increased to 1,468 by the middle of May 2016.
- **Previous experience of mobilising for a similar size Patient Transport Service Contract:** Previous experience of commissioning a similar Patient Transport Service contract in terms of scale and complexity should have provided for a tried and tested mobilisation process and timetable which would then have identified and assessed in a timely manner the cumulative effect of slippages on being ready for the 1 April 2016. Prior to being awarded the Sussex PTS contract Coperforma's experience of delivering patient transport was through a number of significantly smaller value contracts.

The appropriateness and timeliness of the actions taken by HWLH CCG and Coperforma

Assessment: Poor performance and service issues impacting on patient experience and the delivery of the PTS were identified very quickly by both Coperforma and HWLH CCG. Once it became evident that the problems were not going to be rectified within a short number of days Sussex CCGs put in place arrangements designed to constructively assist Coperforma to improve its service delivery. HWLH CCG remained focussed that any remedial actions taken by the CCGs must not inadvertently further jeopardise patients being collected and delivered on time.

Any lessons learned which could be incorporated into other future major contracts let by HWLH CCG.

Assessment: There are number of lessons to be learned for future major projects which entail significant change in how the service will be delivered. The key lessons include:

- Engage a suitable independent professional consultant to oversee the technical aspects of the service.
- Ensuring there is a 'Plan B' (contingency plan) in place for all major procurements.

- Utilising a phased implementation where possible on any major procurements where there are significant changes to the contract and/or the service delivery model.
- Need to have in place a robust monitoring process to provide independent assurance to both the CCGs and the new provider that services will be ready to operate in accordance with the contract specification from the first day of the contract. e

CONCLUSION

3. The Sussex CCGs took a constructive dialogue approach to engaging with Coperforma during the PTS mobilisation process, an approach which has been successful on other contracts. The period of time between contract award and contract mobilisation was not unreasonable when compared with other patient transport services contracts let by other CCGs, however there appears to have been a slower than originally intended start by Coperforma which provided less time to demonstrate they were going to be ready to fully deliver from 1 April 2016. From the information we have been provided with, Coperforma was clearly very positive and confident throughout the mobilisation process that there would be a seamless and successful transition on 1 April 2016 without the need for any phased/staged transfer. Given the resulting failure to meet the required service standards, which were still not being met six weeks later, this confidence would appear to have been misplaced. Coperforma has advised us verbally that despite slippages in their timetable as set out in their original mobilisation plan they did not raise any major concerns about being fully ready for 1 April 2016. We consider that patient welfare needed to be the paramount consideration in any decision to confirm readiness to deliver.
4. We suggest that there are a number of factors which collectively created a situation whereby there was an insufficiently tested Sussex-wide infrastructure which was expected to be able to seamlessly bed in after the contract start date without any adverse impact on service delivery. Without a period of parallel running prior to the contract start date the potential impact on service delivery and patient welfare of the combination of these factors, which can now be seen in hindsight, would not have been so evident in the immediate run up to the contract start date. The service delivery issues subsequently experienced during April and May 2016 and in particular the failure to adequately factor in the conflicting demands of simultaneously servicing six Trusts from the first day of the contract indicates Coperforma should have been less confident and should have considered making a request to the CCGs that a phased implementation be considered, even if this was only days before 1 April 2016.
5. When adopting a constructive dialogue approach to future service changes, the Sussex CCGs may wish to consider requiring more tangible evidence of preparedness from providers (especially new ones) rather than accepting written and verbal assurances. HWLH CCG does not employ a professional patient transport expert, and it would have been appropriate to consider engaging one to oversee the mobilisation process for a contract of this scale and complexity. This expertise would also provide the critical independent friend role that we suggest would have benefited both the CCGs and Coperforma, and they would have been able to identify whether the confidence of Coperforma was demonstrably underpinned by supportable and sustainable evidence.

ACKNOWLEDGEMENT

6. We would like to thank staff and management from all the CCGs in Sussex, Coperforma, as well as local Trusts and SECAMB for their co-operation and assistance during the course of our work.

Recommendations

Rec.	Recommendation	Priority
1	An independent patient transport service specialist be considered to support the CCG to oversee Coperforma's remedial action plan and service resilience until the PTS is operating as 'Business as Usual'	1
2	Each of the Trusts in Sussex be requested to identify additional costs they have incurred and submit these to HWLH CCG for contractual discussion with Coperforma.	1
4	Consideration should be given to establishing whether there are grounds for financial recovery due to the contract failure in terms of number of journeys not properly delivered during April and May 2016.	1
8	Contingency arrangements be built into the planning process for major contracts where significant service changes are anticipated.	1
3	Consideration should be given to establishing whether there is legal entitlement to recover CCGs additional costs arising from Coperforma's failures of contract performance.	2
5	The terms of reference for any mobilisation Board or similar be agreed at the first meeting.	2
6	Failure to attend key mobilisation meetings should be noted and escalated appropriately (internally and externally).	2
7	Legal advice be taken to confirm that the tender and contract documentation can make it explicitly clear that the signature of the appropriate person from the lead CCG is legally binding and signatures from the other participating CCGs are not required before contract mobilisation can commence.	2
9	Consideration should be given to including within the contract specification for major contracts where significant service changes are anticipated that a phased transition approach by bidders would be welcomed.	2
10	Consideration be given to commissioning independent consultants to monitor and advise on the mobilisation for major contracts where significant service changes are anticipated.	2

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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RELEASE OF REPORT

7. The table below sets out the history of this report.

Date working draft report issued:	27 June 2016
Date draft report issued:	1 July 2016
Date revised draft report issued:	13 July 2016
Date management responses recd:	19 July 2016
Date final report issued:	19 July 2016

Detailed Findings**SCOPE AND LIMITATIONS OF THE REVIEW**

8. The review included consideration of the robustness and transparency of the mobilisation arrangements for the seamless transition of the Non-Emergency Patient Transport Services (PTS contract) from the South East Coast Ambulance Service NHS Foundation Trust (SECamb) to Coperforma. TIAA was commissioned by the CCG's Chief Finance Officer in April 2016 to carry out this investigation review. The scope of the review included:
- Consideration of the transition arrangements set out in the contract specification, the tender submission, and the signed contract; and the extent to which compliance with these can be evidenced.
 - The handover arrangements from SECamb to Coperforma that were agreed with HWLH CCG and the extent to which compliance with these can be evidenced.
 - A sample check of cases of non-performance by Coperforma to assess whether these were as a result of failures in the mobilisation and handover arrangements, or whether there were other factors which gave rise to these failures.
 - Establishing the reasons for the failure of the service delivery on commencement of the new contract by Coperforma, and whether these could have been reasonably anticipated prior to the contract commencement date.
 - The appropriateness and timeliness of the actions taken by HWLH CCG and Coperforma.
 - Any lessons learned which could be incorporated into other future major contracts let by HWLH CCG.
9. The scope of the review did not include consideration of the tender evaluation and award process unless it directly impacted upon the mobilisation arrangements. This review does not consider: any due diligence work carried out on Coperforma or its transport sub-contractors; the contract specification; or the changes in eligibility criteria. The integrity and completeness of data provided by Coperforma to HWLH CCG is outside the scope of this review. This review has only considered the actions taken by the CCGs, the Trusts and Coperforma to 15 May 2016.

10. Since this review was commissioned HWLG CCG has also commissioned TIAA to review the procurement process. The decision to carry this out as a separate review was to avoid any delays in the issuing of this report on the adequacy of the mobilisation arrangements.
11. The following matters limited our work:
 - We were unable to interview the Business Unit Manager for Coperforma, who was heavily involved with the mobilisation, as this person had left the employment of the company.
 - We were unable to meet with two previous Programme Managers who were employed by Coperforma as they have since left the employment of this company.
 - We have not reviewed the arrangements in place with the Coperforma's sub-contracted transport providers, and we have not interviewed any of these providers.
 - We were unable to meet with the Head of the Patient Transport Bureau (PTB), who was heavily involved with the mobilisation.
 - We have been unable to have sight of data held by the PTB prior to the data being transferred to Coperforma.
 - We have only had limited access to data held by Coperforma which has not enabled us to independently verify the issues relating to the data integrity.
 - There is a separate investigation commissioned by HWLH CCG into the patient live data transfer to Coperforma and to avoid compromising this investigation the data transferred has not been examined as part of this review.
12. There has been considerable press coverage both during the mobilisation and after the contract commencement date. We acknowledge that the press coverage has drawn attention to a number of problems being experienced with the PTS contract. We have not investigated any individual cases raised in these articles, or approached any of the press bodies, thereby ensuring that this press coverage has had no influence on our review. We cannot therefore comment as to whether collectively the press coverage has provided a balanced picture of the issues surrounding the service delivery problems experienced with the PTS contract.

BACKGROUND

13. The PTS is a Sussex-wide service that helps people access healthcare appointments. It is a non-emergency transport service, and is separate from emergency and other ambulance services. The service provides transport for eligible people who are unable to use public or other transport owing to medical conditions.
14. Sussex is part of the South East region that is characterised by its lack of very large cities, and instead has several regional hubs and market towns. The area of Sussex covers 934,900 acres, based on 1991 statistics, and a population in excess of 1.5 million. Within Sussex there are four Acute Trusts, a specialist hospital Trust, a Mental Health Trust and a Community Trust each of which require patient transport services.
15. Patients are transported via pre-booked journeys to and from Trusts, seven days a week, including Bank Holidays. The service is for people who meet certain medical criteria that would otherwise prevent them from getting to their appointment. The PTS is free at the point of use for all eligible patients. HWLH CCG has stated that the PTS provides "some 25,000 journeys per month for people who meet certain medical criteria that would otherwise prevent them from travelling to their appointment, and is free at the point of use".
16. The previous PTS contract was awarded to SECAmb by the Primary Care Trust (now disbanded) and was for a three year period and covered 1 April 2012 to 31 March 2015. The

contract was to provide the journey planning, dispatch and transport elements of the PTS. A separate journey booking service was provided by the Patient Transport Bureau (PTB). The PTB was directly managed by HWLH CCG and all PTB staff were employed by HWLH CCG.

17. SECAMB informed the seven CCGs in writing on 19 March 2014 that they did not wish to continue with the contract from 1 April 2015 under the existing terms and conditions. On 13 January 2015, SECAMB and the CCGs signed a one year extension to the PTS contract to cover the period 1 April 2015 to 31 March 2016 to enable the seven CCGs to undertake a robust and widespread review of NHS Patient Transport across the county and develop the service for future users.
18. The contract specification was drawn up following extensive stakeholder engagement. Consequently, a straight replacement of the existing service specification was not considered to be appropriate. There were a number of material changes made to the service delivery arrangements by the CCGs, and the key ones which impact upon the mobilisation are summarised below:
 - The service was transferring from two organisations (PTB and SECAMB) to a single fully accountable organisation.
 - The organisations providing the actual patient transport vehicles and drivers have to be separate legal entities in which the successful provider has no involvement.
 - Some of the eligibility criteria for being able to use the PTS for renal patients were changed, and these became effective on the contract start date.
 - The Key Performance Indicators included in the new contract were set at a higher level than those in the SECAMB contract.
19. On 1 April 2016, following a procurement process, responsibility for providing the PTS for Sussex was taken over by Coperforma. Coperforma is a private limited company based in Hampshire. Journey bookings and patient enquiries are dealt with by staff at Coperforma’s Demand Centres in Eastbourne in East Sussex, Durrington in West Sussex and Thruxton in Hampshire.
20. The transport services themselves are provided by other independent organisations under sub-contract agreements with Coperforma. The ambulance providers include Thames Ambulance Group, VM Langfords, PTS24/7 and a variety of other transport providers, including specialist ambulance and wheelchair-accessible vehicle providers, and voluntary and community providers who are available ‘on tap’ to meet fluctuating demand.
21. The contract award was made at the end of November 2015, which was four months before the actual contract start date. The key dates in the contract award process are summarised (Table 1) below:

Table 1 – Key Dates in the contract award process

Item	Date	Weeks before live date
Contract Award	23 November 2015	19
Commencement of Mobilisation (PTS Transition meeting)	26 November 2015	18
Contract Signature (HWLH CCG)	23 December 2015	14
Contract Signature (Coperforma)	23 December 2015	14
Contract Signed by all CCGs	28 January 2016	9

- 22. Within the first few days of April 2016 it became evident to the CCGs that there were significant service delivery issues with Coperforma’s delivery of the new PTS. There were a number of concerns raised publicly during the first month of the delivery of the service which indicated the transfer and mobilisation may not have not been seamless. This included cases cited in the local and national press of missed appointments due to failures to collect patients.
- 23. TIAA was commissioned by HWLH CCG to carry out this review to establish the extent of any failures in the robustness and transparency of the mobilisation arrangements for the seamless transition to Coperforma. At the time we were commissioned it was presumed that the service delivery issues solely related to initial mobilisation issues, and that these would have been fully rectified before completion of our review.
- 24. It has been difficult to obtain an accurate assessment of the actual performance during April and the first half of May 2016, and we have had to rely upon the performance figures provided by Coperforma to provide us with an overview (Table 2) below.

Table 2 – Key Performance Indicators (KPIs) reported by Coperforma

Performance Indicator	Target	Actual 8 April 2016	Actual 22 April 2016	Actual 13 May 2016
% of calls picked up within 60 seconds	95%	66%	72%	42%
% of renal patients to arrive between 45 mins before and the actual appointment time	100%	50%	55%	82%
% of renal patients to depart no later than 60 mins after booked time	100%	24%	21%	59%
% non-renal patients to arrive between 75 mins before and the actual appointment time for attendances	100%	22%	55%	81%
% non-renal patients to depart no later than 60 mins after booked time for attendances, 90 mins for planned discharges, and 180 mins for unplanned discharges	100%	32%	32%	43%

- 25. It is clear that the initial service delivery issues were not quickly resolved, and on 25 May 2016 the CCGs issued a letter to patients which advised that “The overall standard of the PTS managed by Coperforma Ltd has not been acceptable since its launch on 1 April 2016 and has fallen short of both the CCGs’ and Coperforma’s expectations in terms of overall patient experience. The service has experienced a series of operational issues that have impacted on the booking function, with patients and staff not being able to access phone lines in a timely way, and delays to transport provision, with patients not being picked up at agreed times and/or arriving at hospitals and clinics after the scheduled time of their appointment”.

FINDINGS

Area: The transition arrangements set out in the contract specification, the tender submission, and the signed contract; and the extent to which compliance with these can be evidenced.

- 26. The following matters were noted from the work carried out during this review:

Contract specification

- 26.1 The NHS Standard Contract 2015/16 Particulars for the Non-Emergency Patient Transport Services (NEPTS) for Sussex - Service Specification which was developed by the Sussex CCGs, sets out the criteria and the framework for the delivery of all aspects of the NEPTS. The schedules within the contract outline the requirements and actions to be carried out by both the CCGs and successful tenderer. Consideration of the appropriateness of this Standard Contract for the PTS for Sussex is outside the scope of this review.

Tender submission

- 26.2 The tender submission was received from Coperforma on 22 September 2015. Within the tender submission was a Sussex Non-Emergency Patient Transport Contract Mobilisation Plan whereby Coperforma had stated that they have significant and proven expertise in implementing an effective and thorough mobilisation plan. A Risk Statement was included which set out Coperforma's approach to managing the identified mobilisation risks. An initial Risk Register set out 12 risks and how these would be mitigated.

Transition arrangements - mobilisation plan

- 26.3 An initial mobilisation plan was included within the contract under 'Schedule 2-H. Transition Arrangements' which listed 72 actions (dated 14 December 2015).
- 26.4 We have been advised that the mobilisation requirements as set out in the contract specification were drawn up by Coperforma's original Programme Manager and that they were based upon Coperforma's understanding of what actions would be necessary during the mobilisation period. It was further advised that the Programme Board requested that Coperforma work in conjunction with the CCGs to expand this Mobilisation Plan and consequently, a more comprehensive document was provided to the Programme Board in January 2016 by Coperforma's second Programme Manager.
- 26.5 The most recent mobilisation plan has 423 actions listed. We have been advised that HWLH CCG had input to the updated plan. We have been unable to compare the original plan to the most recent plan as the actions required are significantly different.

Commencement of mobilisation

- 26.6 In November 2015 HWLH CCG website advised that "The Sussex CCGs will be working closely with local people, the current service providers (including SECamb and the PTB), Coperforma, and local NHS Trusts over the next four months to ensure a smooth transition to the new service from 1 April 2016".
- 26.7 Whilst the contract was signed by HWLH CCG and Coperforma on 23 December 2015 we understand that Coperforma was not prepared to commence the actual mobilisation arrangements until the contract had also been signed by the other six CCGs. The last signature was obtained on 28 January 2016. Coperforma has advised us that this did not adversely impact on their mobilisation arrangements.
- 26.8 In February 2016 Coperforma issued a statement advising that "Coperforma is working closely with the CCGs and NHS providers, together with community groups and charities across Sussex, to ensure a smooth transition to the new service and the

company is looking forward to delivering a transport service from 1 April 2016 that meets the needs of both patients and the NHS".

Mobilisation monitoring arrangements - Programme Board

- 26.9 A Programme Board was established to govern the procurement and transition phase. The Board's key duties and responsibilities being to monitor the mobilisation plan and take responsibility for the risk register. The Board consisted of four members representing the seven CCGs plus the Coperforma and the CCGs Project Managers. It was the responsibility of the CCG representatives to report back to their various Governing Bodies.
- 26.10 On 15 December 2015 the initial mobilisation plan was revised and was jointly agreed between Coperforma and the CCGs. Any further updates were to be approved by the Programme Board. The agendas for the Programme Board include a section on mobilisation, with an accompanying presentation provided by Coperforma outlining a high level summary of updates to the plan, which included a section on risks and issues.
- 26.11 Prior to Coperforma participating in the Programme Board a 'Risk and Issue Log' was maintained by the Project Manager of the Sussex Collaborative Delivery Team (SCDT) and shared with the Project Team. Ownership of the Risk and Issue Log transferred to the Coperforma Project Director once Coperforma joined the Programme Board in January 2016. Although a Risk Log was presented within Coperforma's tender submission mobilisation plan which highlighted 12 risks, it is not evident that these initial risks identified by Coperforma were actually transferred to the ongoing Risk and Issue Log.
- 26.12 Coperforma attended three mobilisation meetings between contract award and 31 December 2015 with representative from the CCGs, SECAMB and PTB. They first met with the PTS project team on 5 January 2016 and joined discussions at the 14 January 2016 meeting of the Programme Board when its Terms of Reference were redrafted to reflect their membership. These were formally agreed at the 10 March 2016 meeting, three weeks before the live date.
- 26.13 A review of the documented minutes provided for the Programme Board highlighted that attendance levels at the meeting declined from the initial meeting to the last meeting on 24 March 2016, one week prior to the live date, where the only representative for the seven CCGs was the HWLH CCG representative. A total of 20 action points were raised at this meeting, including actions such as ensuring there was access through the Trusts' firewalls for Coperforma's booking system. The need for the Trusts to validate Coperforma's site list to ensure nothing has been missed was raised as Coperforma had not been made aware of all of the Trusts' sites. An action point was raised for the Trusts' Chief Operating Officers to ensure Coperforma had been provided with a listing of all the Trusts' sites. It is a concern that this was five working days before the go-live date.
- 26.14 We have been advised by HWLH CCG that the CCG ensured that during the procurement, transition and mobilisation phases of the PTS project all issues and actions, both material and small were captured and collated, hence the volume. The 20 action points listed at the meeting on 24 March 2016 were discussed and assigned to appropriate leads for action. Most of these points were not 'mission critical' to a successful PTS go live, but necessary to capture to ensure good governance and effective ongoing productive operational delivery once the service was live. The actions

can be broadly themed into those relating to: 'IT preparedness', 'workforce and training' and 'transport provision'.

- 26.15 Whilst there are examples of Risk and Issue Logs being presented at various meetings and Boards, the content, risks and updates vary with no clear trail of how they are connected, nor how risks were noted as closed. In some instances, it is noted that actions from the Programme Board included updating the Risk and Issue Log, however, there was no evidence that the risks were included in the subsequent Risk and Issue Log.
- 26.16 HWLH CCG has advised that there were concerns around the level of IT readiness, in terms of the Trusts' firewalls allowing access to the Coperforma's PCS system and the Trusts' staff receiving training to enable them to access and use the on line booking system. The CCG took the action at the Programme Board to escalate these issues via the Trust PTS IT and generic PTS leads, and copied in the Chief Executive of each of the Trusts stating the required actions they needed to implement. Following this, assurance was received that the firewall issues were resolved.
- 26.17 With regard to training of Trust staff to utilise the new online booking system, the CCGs were assured with Coperforma's mitigating action which was to establish an overlay team to provide additional call centre capacity to compensate for staff not using the on line booking system immediately.
- 26.18 There was no independent specialist appraisal of the capabilities of Coperforma's systems and software to deal with the volume and range of demands which were likely to be placed upon them by the Sussex contract.

Mobilisation monitoring arrangements – Weekly Highlights Report

- 26.19 Coperforma was expected to provide weekly highlight reports detailing how they were delivering the key milestones outlined in the mobilisation plan. We have only obtained evidence of four such 'weekly' highlight reports although there should be eleven reports encompassing the period 14 January 2016 to 1 April 2016. The CCG Programme Manager has advised that these weekly reports were generally not provided, but matters were dealt with by the verbal presentations made by Coperforma. They were instead updated and presented monthly at the Programme Board meetings.

Mobilisation monitoring arrangements – Project Team

- 26.20 There was a Non-Urgent Patient Transport Service Clinical Commissioning Project Team (Project Team) with terms of reference dated October 2014. This Team was not specifically formed to monitor the effective implementation of the service as its primary role was service redesign and joint commissioning of PTS services. The only reference to the mobilisation stage was "to work with the Collaborative Delivery Team to support effective commissioning of PTS services and, ensuring clarity of roles and responsibilities between the two." The Project Team was accountable to the Programme Board via the membership of CCG's Programme Manager.

Mobilisation monitoring arrangements – Transition Meetings

- 26.21 Transition meetings took place between representatives from the seven CCGs, Coperforma, SECamb and the PTB, with the first meeting being held on 26 November 2015 and the last meeting being a teleconference held on 30 March 2016. A total of 29 actions were raised at the teleconference on 30 March 2016 including actions such as:

- final opportunity to flag any potential issues/problems Coperforma anticipate for the first two weeks to the CCGs by 10am on 31 March 2016 so that the CCGs and Coperforma can put in place any mitigating actions in readiness for these
 - obtaining confirmation that all the transport providers will have sufficient capacity to deliver assigned activity
 - obtaining confirmation that a contingency plan is in place if the Patient Ready system is not available for any satellites/renal units etc. for 1 April.
- 26.22 The CCG has advised that it received assurance from Coperforma via the mobilisation process, and assurance meetings that Coperforma were ready for go live. There were a number of outstanding actions to resolve listed as part of the formal contractual process in terms of conditions precedent, and mobilisation plan, which required attention, but HWLH CCG considered the outstanding issues logged would not materially impact on effective operational delivery.
- 26.23 Coperforma was requested to flag any final potential issues/problems they anticipate for the first 2 weeks to the CCGs by 10am on 31 March 2016 so the CCGs and Coperforma can put in place any mitigating actions in readiness for these. We have been advised that no written response was received from Coperforma as the verbal feedback was that there were no concerns / issues without mitigation.

Assurance Meetings

- 26.24 At the 14 January 2016 Programme Board meeting the Chief Operating Officer of HWLH CCG and Chair of the Programme Board raised concerns about the the tight timescale for the delivery of the mobilisation plan and the need for ownership be everyone involved to avoid the failure to deliver against the key milestones. These concerns had arisen following meetings with both SECAMB and Coperforma. Furthermore, as concerns had been raised by the HWLH CCG Programme Manager with regards to how the mobilisation was progressing, a decision was taken (at a meeting held on 5 February 2016) to hold a formal meeting with Coperforma in order to obtain assurances that action would be taken to ensure progress in line with the planned mobilisation targets.
- 26.25 The assurance meeting was held on 15 February 2016, and this was attended by members of HWLH CCG and Coperforma. The purpose of the meeting was to assess the state of readiness of Coperforma to deliver the contract for 1 April 2016. The assessment involved a review of the contractual conditions precedent, the mobilisation plan, the Risk and Issues Log and other material requested by HWLH CCG (supplied by Coperforma and SECAMB). In total there were 28 contractual conditions precedent, 21 Actions from the CCGs, 16 Mobilisation Risks and one Programme Risk discussed.
- 26.26 A follow up meeting was subsequently held on 1 March to further assess progress. We have been advised by HWLH CCG that there were no concerns raised at this meeting and satisfactory written and verbal assurances were provided by Coperforma that they would be in a position to deliver the contract by 1 April 2016.
- 26.27 **Assessment:** The new PTS contract was not simply a case of a straightforward change of provider, but rather was the introduction of a new delivery model reflecting stakeholder and user feedback. There was a detailed and jointly agreed mobilisation transition plan, which the CCGs received written and / or verbal assurances, of delivery against milestones. The monitoring arrangements put in place by the Sussex CCGs during the mobilisation period did identify potential issues which indicated that

Coperforma may not be fully ready to deliver the service on 1 April 2016. However, Coperforma provided positive assurances that the mobilisation stage would be fully completed by 1 April 2016.

Area: The handover arrangements from South East Coast Ambulance Service to Coperforma that were agreed with HWLH CCG, and the extent to which compliance with these can be evidenced.

27. The following matters were noted from the work carried out during this review:
- 27.1 SECamb had advised the CCGs in August 2015 that it would not be submitting a tender for the new PTS contract. Consequently the CCGs were aware at least seven months before 1 April 2016 that there would be a requirement for a transition and handover to a new provider.
 - 27.2 It was noted that as part of a Mobilisation Plan dated November 2015 that the CCGs were to develop a protocol for managing the handover from SECamb and PTB to Coperforma. We have been advised that the CCGs adopted a procedure of a series of transition meetings between the incumbent providers and Coperforma, supported by the Commissioners' HR, Contracting and Finance Teams to manage the transition, mobilisation and handover period.
 - 27.3 In the Introductory Meeting between the CCGs and Coperforma held on 26 November 2015 the transfer of staff and TUPE matters were discussed, which concluded with the Chief Executive Officer of Coperforma stating that they would provide a written statement on how Coperforma was going to manage the transfer of staff. It was also noted that the CCGs stated their intention to discuss the potential for a phased transition.
 - 27.4 SECamb has advised that there was a disagreement by both parties on the release of staff for training. Coperforma wanted staff to be released for two weeks prior to the live date for training, whilst SECamb advised it could only reasonably release staff for two days each.
 - 27.5 In a meeting between the CCGs, Coperforma, SECamb and the PTB on 3 December 2015 it was noted that the PTB were to work with SECamb to provide a list of hospitals, clinics and departments (including community sites etc.) currently served by the PTS to Coperforma by 7 December 2015. It was also noted that SECamb and the PTB were to provide Coperforma with a full set of activity data from November 2015, however, a post meeting update noted that it was postponed due to information governance issues until after the contract was signed. Although this issue was raised at subsequent Programme Board Meetings, there is no evidence to suggest that this issue was formally flagged as resulting in a risk of failing to meet the mobilisation timescales.
 - 27.6 SECamb provided a report on the timeline of events and actions taken by SECamb regarding the transfer of the PTS. In a letter dated 7 December 2015 SECamb stated that they did not want a phased transition and that a full handover of services was expected on 1 April 2016. Additionally, SECamb requested a detailed contingency plan from the CCGs and Coperforma. On 15 December 2015 HWLH CCG's Accountable Officer gave assurance to SECamb that Coperforma would be able to deliver the service from 1 April 2016.
 - 27.7 **Assessment:** The handover arrangements required a balance between SECamb being able to continue to deliver the PTS service up until the handover day and the requests from Coperforma for the transferring staff to be released for training. We

suggest that this is not unusual in a TUPE situation and Coperforma should have ensured there were appropriate mitigating actions in their mobilisation plan. The data requests from Coperforma were processed by the PTB and not SECamb and consequently we do not consider the handover process from SECamb to Coperforma to have resulted in insurmountable issues that could not have reasonably been expected to be addressed by Coperforma during this period.

Area: Sample check of cases of non-performance by Coperforma to assess whether these were as a result of failures in the mobilisation and handover arrangements, or whether there were other factors which gave rise to these failures

28. The following matters were noted:
- 28.1 Coperforma provided us with a high level summary complaints analysis report which identified that the principal cause of the service delivery issues during the early weeks of the contract was “peak volume overload”.
 - 28.2 Due to the ongoing service delivery issues which became evident during the review it was evident that a sample check of cases of non-performance in the first few days of the contract to identify reasons for failures in the mobilisation and handover arrangements had been superseded as the issues of non-performance were continuing. It was therefore agreed with HWLH CCG that we would instead provide an assessment as to the extent to which the non-performance extended beyond the mobilisation and handover phase into the first six weeks of the contract.

Complaints received by the CCGs

- 28.3 We requested copies of complaints logs for each of the Sussex CCGs for the period from 1 April – 30 April 2016. The individual CCGs advised us that any complaints received in relation to the PTS were either forwarded to HWLH CCG or directly to Coperforma. We recognise there may be a time lag between the actual time of a service failure and it being recorded by HWLH CCG, however the number of complaints recorded (Table 3 below) indicate more than just initial teething problems in the first week.

Table 3 - Number of complaints logged by HWLH CCG

	HWLH CCG
No of complaints from 1 April to 15 April	67
No of complaints from 16 April to 30 April	44
No of complaints from 1 May to 15 May	10
Total	121

Incidents logged by the Trusts

- 28.4 On 3 May 2016 we requested information from six of seven Trusts in Sussex serviced under this PTS contract. We visited each of these Trusts during May. We also visited Sussex Partnership NHS Foundation Trust, the mental health trust for Sussex, however they advised us that Coperforma are seldom used for transporting their patients. We therefore excluded Sussex Partnership from our analysis of the impact of the new PTS. It is noted that there were four days of national junior doctor strikes during April 2016, and consequently this may have impacted on the number daily journeys required.

28.5 The Trusts have advised that during this period they collectively raised 512 adverse incidents on the DATIX (electronic reporting form) relating to Patient Transport. It should be noted Trusts advised us that, where possible, they endeavoured to address matters locally with Coperforma’s on-site staff. It was advised by many of the Trusts that during particularly busy times not all incidents were being formally logged given the time taken to do so. As a consequence, the true number of issues is likely to have been significantly higher than shown in Table 4 below.

Table 4 - Number of DATIX reports raised on Coperforma’s PTS

	Surrey and Sussex Healthcare	Brighton and Sussex University Hospitals	East Sussex Healthcare	Queen Victoria Hospital	Western Sussex Hospitals	Sussex Community	Total
No logged from 1 April to 15 April	6	1	105	4	29	70	215
No logged from 16 April to 30 April	17	11	100	14	22	32	196
No logged from 1 May to 15 May	6	17	35	3	23	17	101
Total	29	29	240	21	74	119	512

Note: It is possible that DATIX entries include some duplicates

Mitigating actions taken by the Trusts

28.6 When it became evident that patients were not being collected from hospitals each of the Trusts increased their existing local arrangements to provide additional transport. These local arrangements will have reduced the number of potential DATIX incidents which would otherwise have had arisen. These arrangements are summarised in Table 5 below.

Table 5 - Analysis of additional transport arrangements put in place by the Trusts during April 2016

Trust	Local transport arrangements
Surrey and Sussex Healthcare	Use of 47 taxi journeys and 200 discharge journeys using a directly contracted patient transport company.
Brighton and Sussex University Hospitals	Doubled the use of their Private Ambulance facility. Significant use of taxis for patients. This could not be quantified at the time of the visit.
East Sussex Healthcare	For April - 203 journeys undertaken by private vehicles (including 23 by relatives as transport not available).
Queen Victoria Hospital	Use of a directly contracted patient transport company whenever Coperforma failed.
Western Sussex Hospitals	4 dedicated vehicles provided by Coperforma.

Trust	Local transport arrangements
Sussex Community	Services book taxis currently at their expense (although it is often the case that a taxi is not an appropriate form of transport), or advise patients to book a taxi at their own expense.

Assessment of service delivery as at 13th May 2016

28.7 Table 6 below represents each Trust’s evaluation of the delivery service provided by Coperforma as at 13th May 2016 – 43 days after the contract commencement date. An Assessment Scoring Criteria (Table 6 below) was provided to the staff who were the contact points we were provided with for the Trusts and who were directly involved in the PTS at each Trust to provide a means of evaluating their assessment. These assessments are not formal evaluations by the Trusts, and were obtained by TIAA solely for the purposes of providing us with an indication from the ‘front-line’ as to whether service delivery issues solely related to the immediate contract commencement phase, or appeared to be longer term.

Table 6 - Trusts’ evaluation on Coperforma’s Delivery Service

Assessment	Surrey & Sussex Healthcare	Brighton and Sussex University Hospitals	East Sussex Healthcare	Queen Victoria Hospital	Western Sussex Hospitals	Sussex Community
<u>Daytime</u> Coperforma’s delivery service as at 13 th May is fit for purpose, with delays and failures to deliver or collect patients now being the exception between 09:00 and 17:00 Monday to Friday.	1	2	1	1	1	1
<u>Nighttime</u> Coperforma’s delivery service as at 13 th May is fit for purpose, with delays and failures to deliver or collect patients now being the exception between 17:00 and 09:00 Monday to Friday.	1	1	1	1	2	1
<u>Weekend</u> Coperforma’s delivery service as at 13 th May is fit for purpose, with delays and failures to deliver or collect patients now being the exception on Saturdays and Sundays.	1	2	1	Not Applicable	2	Not Applicable

Table 7 - Assessment Scoring Criteria

Score	Assessment
1	Service cannot be relied upon as are still a large number of failures every day to deliver or collect patients at the required times and there is no real sign of the causes of the failures being addressed in the foreseeable future.
2	Service cannot be relied upon as are still a number of failures every day to deliver or collect patients at the required times, but it has improved over the performance in April.
3	Service can now be relied upon, though there are still occasional failures to deliver or collect patients at the required times and these have to be addressed using local transport and similar.
4	Service can now be relied upon, though there are still occasional failures to deliver or collect patients at the required times but such failures are now exceptions and are quickly addressed.

28.8 We were also advised by a number of the Trusts that there were occasions when patients due for discharge had to be kept in overnight when transport did not arrive. We have not been able to quantify this.

Reasonableness of the length of the mobilisation period

28.9 We have looked at the mobilisation period for a sample of other recent PTS contracts in other counties (Table 8 below). This indicates that the mobilisation period of 4 months for the PTS contract in Sussex was in line with the sample. It is not clear, however, whether the extent of changes in the specification design/scope and delivery model at others in the sample were as significant as those involved with the Sussex contract. Likewise the mobilisation period at Sussex was effectively reduced to only 2 months with respect to certain aspects not progressing until the contract was fully signed at the end of January.

Table 8 - Length of mobilisation stage at a sample of other PTS contracts

County	Mobilisation period
Bristol	3 months
Devon	3 months
Essex	3 months
East Midlands	3 months
Sussex	4 months
Lincolnshire	5 months
Somerset	5 months
Kent	6 months
Norfolk	6 months
Surrey	6 months

28.10 **Assessment:** From the information which has been provided to us it is clear that issues of non-performance were not limited to the initial start-up of the contract. It is clear that Trusts receiving patients have been assisting in mitigating some of the non-performance issues beyond the initial start of the contract, and that without this assistance the actual position during April 2016 would have been significantly worse. The fact that there were new complaints being received by the CGGs, and formal

incidents were being recorded by all of the Trusts during the third and fourth week of the contract indicates there may be underlying issues, rather than mobilisation-related issues that have yet to be fully addressed.

Area: Establish the reasons for the failure of the service delivery on commencement of the new contract by Coperforma, and whether these could have been reasonably anticipated prior to the contract commencement date.

29. The following matters were noted:

- 29.1 On 5 April 2016 Coperforma advised that: "Coperforma accepts that the level of service it has been able to provide over the first few days of its Sussex provision is unacceptable. Whilst Coperforma takes full responsibility for the situation, a number of factors outside of our control at the takeover point contributed to a 'perfect storm' that have mitigated against as successful a start to the service as had been planned." The statement also provided details of reasons for the problems as being:
- 'Hundreds' of new journey bookings were 'unnecessarily withheld' until 11.15pm on Thursday night and the reasons for this are being investigated.
 - Patients being told that 40 to 50 per cent of renal patients would no longer be receiving NHS Hospital transport caused huge anxiety and understandably resulted in thousands of calls from anxious patients.
 - Patients being advised in the days before handover to call back after 1 April 2016, to make bookings and re-confirm their existing future bookings, has again caused unnecessary stress for patients and caused unnecessary call volume.
 - The 'late timing of the data' presented 'huge challenges' to its transfer into the booking system.
- 29.2 Coperforma also advised that "We have added 18 additional staff into our Demand Centres and are working hard to extend the on-line access to patients and clinical staff to ensure that going forward we deliver the service that all patients and NHS clinical staff expect and deserve."
- 29.3 On the same day HWLH CCG, on behalf of the Sussex CCGs, announced that the problems had been due to "a number of complex issues, including problems with data transfer and patient booking information". Apologising to all users of the service, they advised they were working with Coperforma "to ensure the service meets the needs of our population as quickly as possible".

Live Data Transfer

- 29.4 We have considered the extent to which the matters listed below, which were raised as problems by Coperforma, could have reasonably been anticipated:
- 'Hundreds' of new journey bookings were 'unnecessarily withheld' until 11.15pm on Thursday night and the reasons for this are being investigated.*
- The 'late timing of the data' presented 'huge challenges' to its transfer into the booking system.*
- 29.5 One of the conditions precedent set out in the contract outline was that a data transfer agreement needed to be in place between Coperforma and the incumbent Provider prior to the transfer of any patient data.

- 29.6 We have been advised that a Data Sharing Agreement was signed at the end of February or early March 2016. This Agreement allowed for post March 2016 activity data to be passed to Coperforma. Prior to this transfer taking place HWLH CCG undertook an Information Governance compliance exercise, and wrote to all patients requesting permission to send all their details for future bookings to Coperforma. These patients had up until the 22 March 2016 to respond and to state if they did not wish to have their details transferred. We understand the data transfer took place in February and on 22 March 2016.
- 29.7 A consequence of this late data sharing approval exercise meant that live data for the period from 1 April 2016 was only provided five clear working days before the start date of the service delivery by Coperforma. We have been advised the reason for this information governance exercise being carried out so close to the transfer date was that there was a delay at the Programme Board in agreeing the content of the letters as the feedback from the CCGs Patient Forum was that the initial wording was not suitable.
- 29.8 We have been unable to independently verify the details or the actual timing of these data transfers. However, we have been advised there was a third data transfer on the 30 March 2016 of all planned journeys for April - July 2016. We also understand there was a fourth data transfer on the 31 March 2016 of any additional bookings made since the third data transfer and a final fifth transfer immediately prior to the PTB system being switched off for the final time.
- 29.9 We have been unable to independently verify the details or the actual timing of the data transfer as the PTB is no longer in existence and we have not been provided with evidence of the dataset transfers that were provided to Coperforma during the implementation phase.
- 29.10 Issues regarding the completeness and accuracy of some of the data transferred from the PTB to Coperforma are subject to a separate investigation. We understand the number of records concerned is small in relation to the overall total number of records.
- 29.11 There was a clear need for this ongoing transfer of live data in the lead up to the contract start date as there was no parallel system running, and the PTB was continuing to take bookings for after 1 April 2016. It would not therefore have been possible to transfer the data for April bookings at a much earlier stage.

Increase in the number of calls received

- 29.12 We have considered the extent to which the matters listed below, which were raised as problems by Coperforma, could have reasonably been anticipated:
- Patients being told that 40 to 50 per cent of renal patients would no longer be receiving NHS Hospital transport caused huge anxiety and understandably resulted in thousands of calls from anxious patients.*
- Patients being advised in the days before handover to call back after 1 April 2016, to make bookings and re-confirm their existing future bookings, has again caused unnecessary stress for patients and caused unnecessary call volume.*
- 29.13 **Number of calls:** A review of the call volumes provided by Coperforma for the first two weeks of April 2016 identified the following:

- Number of calls received on Friday 1 April 2016 was significantly higher (4,484 calls) than the average number of calls per day received for the first two weeks of April (2,127 calls).
 - It is noted a similar high level of calls (4,516 calls) were received on Monday 4 April 2016.
 - During the first week of operation there were 17,936 calls compared to 11,838 calls during the second week of operation.
 - The records provided by Coperforma show that for the first two weeks of operation, out of the 29,774 calls received, 18,402 were not answered (38% answered / 62% unanswered).
- 29.14 We have been unable to establish what percentage of the calls to Coperforma were from renal patients who were concerned about whether they were still eligible for patient transport.
- 29.15 There are a number of factors which may have affected the volume of calls on both Friday 1 April and Monday 4 April 2016 and led to the higher than average number, compared to that for later in the month. We have been unable to assess these factors either separately or collectively:
- callers ringing back because they could not get through the first time
 - calls from Trusts because they were unable to book online
 - calls from sub-contractors' drivers because they were not yet fully experienced in using the mobile worker system
- 29.16 We have been advised that there were no formal instructions or guidance issued directly by the CCGs requesting that patients would need to call the new provider post 1 April 2016.
- 29.17 The PTB is no longer in existence so we have been unable to establish whether any formal instructions or guidance were issued by the PTB that, due to the change in provider, patients would need to call the new provider post 1 April 2016.
- 29.18 We have been advised that SECAMB did not provide any formal guidance to their drivers on how to respond to queries by their patients regarding the new contract delivery or the revised patient assessment process. It is not possible to establish whether any of their drivers may have conversed with patients which could have resulted in the increase in calls.
- 29.19 **Availability of Call Answering Staff:** As with any TUPE transfer the individual members of staff have until the actual date of transfer to decide whether they will actually transfer. We understand in the months leading up to the transfer there had been a moratorium on employing new staff at the PTB, and as a consequence the potential number of staff who were eligible to transfer to Coperforma was significantly less than that which was required to deliver the services being provided by the PTB. Coperforma has advised us they were satisfied they had the right number of on-line booking system and telephone responders in place for 1 April 2016, but that the actual number of calls received was far in excess of that which was anticipated and the situation was further compounded by the duration of the individual calls being longer than anticipated as Coperforma's staff wanted to allay individual callers concerns. We have been advised by Coperforma that as a consequence of these reasons there was an immediate lack of additional trained capacity to absorb this level of calls on subsequent days.

- 29.20 **Ability of the Trusts to make on-line bookings:** The on-line booking of transport by staff at Trusts was designed to reduce the number of calls made. Records provided by Coperforma indicate that the roll out of passwords for the Trusts' staff was not carried out in a timely manner, see Table 9 below. We have not been able to establish the extent that any issues relating to obtaining access to the individual Trust's ICT system impacted upon the small number of access rights which were in place at 1 April 2016. We consider this phase of the implementation could have been carried out during the months leading up to April 2016.

Table 9 - Number of password access rights provided to Trusts

Date	Number of access rights in place
1 April 2016	88
15 April 2016	363
30 April 2016	568
15 May 2016	1,468

- 29.21 A review of the access rights data highlighted the following position on 1 April 2016:
- Surrey and Sussex Healthcare NHS Trust had 70 users leaving only 18 users with access across the remaining Trusts.
 - There were no users with access rights at West Sussex Hospitals NHS Foundation Trust or Queen Victoria Hospitals NHS Foundation Trust.
 - There were only nine users with access rights at Brighton and Sussex University Hospitals NHS Trust

Possible Contributory Factor - Data Transfer for demand modelling

- 29.22 An Information Sharing Agreement was signed by Coperforma and the Head of the PTB on the 23 December 2015. Under the agreement all PTS patient and journey details for the year from 1 January to 23 December 2015 inclusive were provided by the PTB to Coperforma. We have been advised this data was to be used by Coperforma to stress test their PCS system, and also to provide modelling of demand patterns.

Data transfer

- 29.23 Coperforma initially advised us that they did not receive a full year's worth of data as requested in the data sharing agreement. Subsequently, Coperforma advised us that twelve months data was provided by the PTB on 24 December 2015, but that it contained such a high level of discrepancies that by 13 January 2016, after a number of attempts to resolve discrepancies Coperforma determined it could no longer wait for correct dataset and consequently created an estimate of the likely workload.
- 29.24 Coperforma has also advised that on 30 December 2015 they received via the PTB a sample month of SECAMB data.
- 29.25 HWLH CCG did not have right of access to this data as it included patient identifiable data. Consequently staff from HWLH CCG were not in a position to confirm the accuracy and completeness of the data transferred.
- 29.26 At the Programme Board meeting on 14 January 2016 Coperforma noted that circa 20% of journeys were missing, but no suggested remedial action was proposed. It is noted that Coperforma's response suggest it had the necessary data to carry demand

modelling and the comment did not indicate that Coperforma was awaiting a new transfer of the 12 month data for demand modelling purposes.

- 29.27 At the weekly Programme Board Coperforma's Highlight Report for 26 February 2016 includes the risk log, but there is no mention of issues in relation to the data provided for demand modelling purposes. HWLH CCG has advised us that Coperforma did not ask the CCG to provide any additional data for 2015 to supplement the PTB's data transfer or any request to receive a data transfer directly from SECAMB.
- 29.28 Coperforma has advised us that their Programme team considered the lack of 12 months clean data was considered to be an acceptable risk as no material progress had been made on resolving it since raising it in the Bid and subsequent project meetings. Coperforma further advised that by 26 February 2016 the time had passed to do anything about it due to the lead times involved with having vehicles and crews available.
- 29.29 Coperforma has advised that in their opinion the data required should have been provided from SECAMB's system as this data would have more easily supported the modelling of the six Trusts and the long distance journeys between them, plus the to and from other care providers within Sussex and journeys in and out of Sussex to be modelled discretely to capture the nuances across the county, within each Trust and variations on service scope.
- 29.30 Coperforma has advised us that the incompleteness of the transfer of patient and journey details data for the year from 1 January to 23 December 2015 prevented seasonality analysis and workload peaks from being modelled. Irrespective of whether there was a full or partial data transfer Coperforma did not formally raise with HWLH CCG that this was material or adversely impacted on their ability to model capacity requirements across Sussex. Coperforma has advised that this was because their project team was satisfied that their contingency cover arrangements would be adequate to accommodate any peaks in demand and capacity.

Advance Modelling of likely demand patterns

- 29.31 At a Project Team meeting on 5 January 2016 Coperforma advised the CCGs that their traffic-related contingency planning system included expected loading times, transit times between the clinic/home and vehicle, and travel times (based on average traffic levels) when scheduling collection times. Coperforma has provided us with:
- A Powerpoint presentation which we understand was prepared using the data provided at the tender submission stage. We were unable to establish from this Powerpoint how the geography and road infrastructure across Sussex were sufficiently factored into their modelling so as to give confidence that they would operate in accordance with the Key Performance Indicators regarding service delivery.
 - An Excel spreadsheet entitled 'Sussex Transport costing' which provides the assumptions made regarding average journey times per type of vehicle. This spreadsheet would appear to have been prepared for financial, rather than operational planning purposes. We note that this spreadsheet does not appear to factor in the resilience required to service six geographically dispersed Trusts. We have not tested the reasonableness of the assumptions made within the spreadsheet.

- 29.32 We have been advised by Coperforma that the 'Sussex Transport costing' is part of a more complex model used from the initial scoping for Bid/No Bid decisions through to Mobilisation planning.

Other possible Contributory Factors

- 29.33 It is clear from the ongoing issues being experienced during the second half of April and throughout May 2016 that data transfer problems and a high level of phone calls were not in themselves the principal underlying reasons for the initial failure to meet the contracted Key Performance Indicators regarding service delivery. This is on the basis that if these were the only issues we would have expected them to have been quickly resolved, and our findings indicate that service levels are still well below target six weeks after the commencement of the contract.
- 29.34 We have therefore considered other main elements of the service delivery which appear to have contributed most to this situation. It is noted that these were not cited by Coperforma in their statement on 5 April 2016 as reasons for the problems experienced during the first few days of the delivery of the PTS.
- 29.35 **Field trials of system prior to 1 April 2016:** Coperforma has not advised us of the timing or extent of their field tests of the new processes in advance of 1 April 2016. We cannot therefore comment upon whether the new service delivery processes were effectively tested at the contract start date.
- 29.36 **Parallel running during mobilisation period:** It is clear that the intention set out in Coperforma's Mobilisation Plan of effectively running parallel to the PTB in the three month period prior to April 2016 was not achieved. It was highlighted in Coperforma's tender submission that one of the risks associated with the transition was that there may be errors in the data provided by the current provider. To mitigate this they would therefore provide 100% contingency capacity for transport if needed and an overlay team for 100% additional capacity in the demand centres. We have seen no evidence that Coperforma raised the absence of a parallel run as preventing them being ready to operate on 1 April 2016.
- 29.37 **Commissioning of hub offices:** In the Mobilisation Plan provided by Coperforma on 4 December 2015 Coperforma outlined that they would be obtaining incremental weekly transfers of all patient bookings from SECAMB ready for the setup of 'the Hub' to enable Coperforma to become operational in January 2016. The planned start date for this process was 14 December 2015 with 'the Hub' being set up on 11 January 2016. Coperforma's initial plan was to use the Hub from 11 January 2016 to manage bookings post 1 April 2016. However, there were delays in signing the lease for the Hub, which did not take place until 29 February 2016. We have been advised by HWLH CCG that the reasons for the delay in setting up the Durrington office were associated with the lease, and kitting out the space to make it compliant with Information Governance requirements. Assurances were given by Coperforma that they would set up the demand centre in a nearby hotel if it was not ready. For the Eastbourne office, this was identified immediately because Coperforma was in conversations with SECAMB about potentially using their office space. When this option failed to materialise Coperforma identified and secured a base in Eastbourne which was kitted out in time. We have seen no evidence that Coperforma raised the delays in commissioning these hub offices as preventing them from being ready to operate on 1 April 2016.

- 29.38 **Availability of drivers:** The vehicles and their crews are being provided by a number of sub-contractors, over whom Coperforma does not have any direct management control. Coperforma provided assurances that it would have a 100% excess of drivers available on 1 April 2016 in advance of their final assurance meeting with the held by HWLH CCG. We have been advised by Coperforma that there were 296 drivers available on 1 April 2016, though it is not clear how many vehicles were available and whether collectively the number of drivers and vehicles equated to a 100% effective excess cover.
- 29.39 **Drivers' access to Mobile Work App via PDA:** Drivers are provided with a PDA through which transport bookings are received, and they can input their current status (e.g. available, picked up patient, delivered patient, etc.). Coperforma has provided us with the following information (Table 10 below) regarding availability of this PDA which shows that many drivers did not have a PDA at the start of the contract. We have been advised by Coperforma that drivers without PDAs were contactable by mobile telephones.

Table 10 - Number of driver PDAs issued

Date	Number of driver PDAs provided
1 April 2016	110
28 April 2016	190

- 29.40 Coperforma provided us with the following information regarding journeys carried out by their different sub-contractors (Table 11 below). It should be noted that we have been advised by Coperforma that PTS24/7 drivers do have PDAs but their journeys are booked via the sub-contractor's booking system which does not directly interface with the PCS system.

Table 11 - Number of Journeys carried out by the subcontractors

Sub-contractor	1 April 2016	28 April 2016
ELITE	4	21
FAST	0	11
MEDICAR	15	42
PTS24/7	855	517
Southern Ambulance	25	33
Thames Ambulance	17	122
VM Langfords	67	350
Totals	983	1,096

- 29.41 **Previous experience of mobilising for a similar size PTS Contract:** We have been informed by Coperforma that they their "PCS system & Mobile Workers application have been running for the last four years in Hampshire and London" and that they cover all of Hampshire excluding Southampton and therefore they already covered a geographical area compatible with Sussex. These contracts are each individually significantly smaller in terms of financial value than the Sussex PTS. We have also

been advised that they have experience of a larger TUPE transfer than occurred in Sussex. We have established that this previous experience relates to contracts with individual Trusts, rather than a pan-county contract with a number of Trusts. Coperforma has advised us that in hindsight the Sussex PTS contract should have been mobilised as though it was six different sub-contracts. This indicates that the Sussex mobilisation was significantly larger in terms of scale and complexity than had been previously experienced by Coperforma.

29.42 **Service Delivery officers:** We acknowledge the significant positive contribution made by the Coperforma liaison staff based at the Trusts. This is reinforced by the Trusts indicating that the service delivery declined markedly when these staff have completed their working day.

29.43 **Assessment:** The processes put in place by Coperforma were markedly different to those operated previously by SECamb and the PTB. We have examined the initial reasons stated by Coperforma as being the two principal causes of the poor performance, (high volume of calls and errors in the live data transferred), and we suggest that these were the only factors they should have been capable of being addressed in a number of days rather than weeks. The fact that significant service delivery issues were still being experienced six weeks after the contract start date therefore suggest that there were other reasons for the poor service delivery. Our findings indicate that the poor service delivery was a combination of a number of factors and that individually each of these factors would have been unlikely to cause such poor performance. It is therefore the combination of these factors which created the situation whereby on 1 April 2016 Coperforma had an insufficiently tested Sussex-wide infrastructure which was expected to be able to seamlessly bed in after the contract start date without any adverse on service delivery. Any concerns Coperforma may have had immediately prior to 1 April 2016 with these factors either individually or collectively on their readiness to deliver the PTS service were not raised with HWLH CCG. The combination of key factors which indicate the arrangements had not been bedded in are listed below in no priority order:

- **Data transfer of demand modelling:** The migration from a primarily paper-based system to a technology-based system required significant data analysis to determine future demand and capacity patterns. The data transfer for this was direct from the PTB to Coperforma, as the CCG was not authorised to have access to the data. Due to issues with the quality of data Coperforma was unable to use the data for level of detailed demand modelling they have anticipated. However, Coperforma did not formally raise this as a significant issue with the CCGs that this was a potential no-go for going live. The reasons for this was that Coperforma had anticipated their contingency cover would have accommodated peaks in demand and capacity.
- **Advance Modelling of likely demand patterns:** It is clear from the information we have been provided with that the opportunity to fully utilise historic data for advance modelling cannot have been utilised effectively to identify the potentially competing demands of the geographically dispersed Trusts.
- **Field testing of system prior to 1 April 2016:** We would expect there to have been comprehensive testing by Coperforma and its sub-contractors prior to 1 April 2016. We suggest such testing could have highlighted some operational issues which would have enabled an interim solution to be put in place on 1 April 2016 to mitigate their impact. Coperforma has verbally advised us that field testing was carried out, but we have not been provided with any supporting evidence on the

nature and extent of their testing of the system across Sussex and with multiple Trust locations. We are therefore unable to comment on the adequacy of any field testing of their system.

- **Parallel running during mobilisation period:** It is clear that the intention set out in Coperforma's Mobilisation Plan of effectively running parallel to the PTB in the three month period prior to April 2016 was not achieved.
- **Commissioning of hub offices:** The hub offices at Durrington and Eastbourne were not ready for use until very shortly before the start of April, which was several months behind the schedule set out in Coperforma's mobilisation plan.
- **Drivers' access to Mobile Work App via PDA:** There was a 72% increase in the number of PDAs being used between the start and end of April which suggests there were insufficient in place at the contract start date.
- **Data Transfer of journeys required post 1 April 2016:** As this matter is subject to a separate investigation we have only been provided with limited data by Coperforma and we are therefore unable to establish the extent of these errors, the impact of this on service delivery in April 2016, or indeed how swiftly these errors were identified and removed.
- **Number of calls:** The records indicate there was a significant increase in the number of calls made to Coperforma during the first week of the contract. We suggest it would not have been unreasonable to expect an increase in calls at the start of a new contract and that appropriate resilience arrangements would have been made. However, the number of actual calls was higher than we suggest could have been reasonably expected and this increase also was exacerbated by Coperforma's staff spending longer than planned in reassuring callers as well as the knock-on impact of the failures in other areas of the service delivery.
- **Roll out of the online booking facility:** The opportunity to train up an adequate number of staff at the Trusts to make on-line bookings which would have assisted in reducing the number of calls was missed as evidenced by there being only 88 log-in rights on 1 April 2016 which had increased to 1,468 by the middle of May 2016.
- **Previous experience of mobilising for a similar size Patient Transport Service Contract:** Previous experience of commissioning a similar Patient Transport Service contract in terms of scale and complexity should have provided for a tried and tested mobilisation process and timetable which would then have identified and assessed in a timely manner the cumulative effect of slippages on being ready for the 1 April 2016. Prior to being awarded the Sussex PTS contract Coperforma's experience of delivering patient transport was through a number of smaller value contracts.

Area: The appropriateness and timeliness of the actions taken by HWLH CCG and Coperforma

30. The following matters were noted:

- 30.1 On 5 April 2016 Coperforma advised on its website that "currently our phone lines are extra busy due to calls coming in from patients booking appointments weeks ahead, stopping calls getting through to us from those requiring urgent transport to attend daily dialysis or radiotherapy clinics. Our system is designed to work on this shorter booking timeframe, with Coperforma calling 24 hours ahead of the booking to reconfirm each journey." "If patients and clinical staff could help in this way, we will be able to clear the

current backlog much faster thus helping to ensure no-one misses their regular treatments.” On the same day Coperforma also advised that it had “added 18 additional staff into our Demand Centres and are working hard to extend the on-line access to patients and clinical staff to ensure that going forward we deliver the service that all patients and NHS clinical staff expect and deserve.” It is noted that at this time there was no indication of the likely timespan for the remedial actions to be effective.

- 30.2 During April 2016 HWLH CCG took the following actions to expedite an improvement in service delivery by Coperforma:
- Weekly calls with all Trusts, Coperforma and CCGs
 - Remedial Action Plan (RAP)
 - Weekly Highlights Reports from Coperforma to report on progress against the RAP
- 30.3 As a means of attempting to address these issues, a Remedial Action Plan (RAP) has been developed jointly between HWLH CCG and Coperforma. (This is the first step of the formal contract monitoring process CCGs must follow under the terms of the standard NHS contract in response to a breach of contract by a service or provider). There are a total of 14 Improvement Objectives set out in the RAP, supported by a total of 35 specific actions.
- 30.4 HWLH CCG and Coperforma are also holding weekly Remedial Action Plan Review (RAPR) meetings as the forum for formally recording progress and developments under the agreed RAP. The RAP sets out:
- Actions required and which party is responsible for completion of each action
 - Improvements in outcomes and other key indicators required
 - The date by which an action or improvement is to be achieved
 - Consequences for any party failing to achieve/maintain the improvement required
- 30.5 A Weekly Highlight Report is now also being produced, setting out performance against the improvement plan targets. Although it was recognised that issues existed within the first few days of the contract, the RAP was formally prepared in early May and the first RAPR meeting was held on 13 May 2016, six weeks after the contract start date. We have not reviewed the effectiveness of the RAP arrangements.
- 30.6 As a result of the continued poor performance a formal complaints process was set up by the CCGs in April 2016 with a designated Complaints Lead available for each CCG to record and respond to all complainants. It was also noted that Coperforma established a complaints procedure, whereby Coperforma would provide an initial response within 15 working days of receipt of the complaint and close the complaint within 25 working days. We have not reviewed whether these deadlines have and are being met.
- 30.7 At 13 May 2016, it was reported that, whilst there are some areas of improvement, the PTS continues to operate below standard. This is supported by feedback obtained by TIAA in mid-May from Trusts’ representatives.
- 30.8 On 25 May 2016 the CCGs issued a collective statement that the “CCGs in Sussex are working with local hospitals and Coperforma to support the implementation of immediate actions to address the data, Information Technology, vehicle and workforce issues we know have impacted on the service to date. Coperforma’s performance is also being monitored by HWLH CCG, on behalf of all the Sussex CCGs, against agreed

improvement targets for phone call waiting times, outward journeys from a patient's home and pick-up times after outpatient appointments or a hospital stay”.

Recommended remedial actions

- 30.9 The current focus of the CCGs and Coperforma is on ensuring that service delivery becomes contract and KPI compliant at the earliest opportunity. In addition to the actions being agreed and monitored as part of the RAP we suggest there are a number of additional remedial actions which should also be carried out concurrently.
- 30.10 **Assurance that there will be a consistent and full achievement of the KPIs:** We are unable to warrant that the remedial actions being taken by Coperforma will fully address the service delivery issues by July 2016. There is a need for the CCGs, Trusts and patients to be reassured that remedial actions being taken are will achieve a full rectification of the service delivery such that the KPIs are consistently and sustainably met by Coperforma at the earliest opportunity. We recommend that this can best be achieved by the consideration of the appointment of an independent patient transport service specialist to support the CCG in overseeing Coperforma's remedial action plan and service resilience until PTS is operating as 'Business as Usual'.

Recommendation: 1

Priority: 1

An independent patient transport service specialist be considered to support the CCG to oversee Coperforma's remedial action plan and service resilience until the PTS is operating as 'Business as Usual'.

- 30.11 **Recovery of Trusts' costs associated with the failures to perform the contract in accordance with the KPIs:** The contract specification provides that sanctions will be applied in relation to under-achievement of KPIs up to a maximum of 2% of the contract value, apportioned over a twelve month period of under-achievement. The contract specification would not appear to have foreseen a situation in terms of failures in service delivery of the extent which occurred during the first six weeks of the contract. It is clear that Trusts have suffered financial costs associated with the non-performance of the service, both in terms of proving additional transport, and also overtime and rescheduling of cancelled appointments. Each Trust should be requested to prepare a schedule of their additional costs incurred. These schedules, less any of these costs which have already been submitted to Coperforma, should be submitted to HWLH CCG. HWLH CCG should then take appropriate legal advice regarding their ability to recover these costs, before deducting the direct costs incurred by Trusts (which have not already been passed on to Coperforma) from the next stage payment to Coperforma.

Recommendation: 2

Priority: 1

Each of the Trusts in Sussex be requested to identify additional costs they have incurred and submit these to HWLH CCG for contractual discussion with Coperforma.

- 30.12 **Recovery of the CCGs costs associated with the failures to perform the contract in accordance with the KPIs:** In addition to the Trusts, HWLH CCG has also incurred costs arising from the failures of the service delivery by Coperforma which exceed that which could have been reasonably expected for the ongoing supervision of the

contract. Legal advice should be taken regarding whether such costs can be recovered from Coperforma.

Recommendation: 3

Priority: 2

Consideration should be given to establishing whether there is legal entitlement to recover CCGs additional costs arising from Coperforma's failures of contract performance.

- 30.13 **Failure to carry out all required journeys:** It has not been possible to quantify the number of patients who made their own alternative arrangements to attend hospital appointments, or for their subsequent return journey from hospital in the first six weeks of the contract. We have also been unable to establish how many patients did not attend hospital appointments as transport was not provided. We suggest that consideration is given to waiting until a typical month in terms of patient journeys can be accurately calculated, and with this information the shortfall in the number of journeys delivered by Coperforma in April and May 2016 can be assessed. Legal advice should be taken regarding whether restitution can be made from Coperforma for the shortfall in actual journeys performed against the number that were actually required.

Recommendation: 4

Priority: 1

Consideration should be given to establishing whether there are grounds for financial recovery due to the contract failure in terms of number of journeys not properly delivered during April and May 2016.

- 30.14 **Assessment:** Poor performance and service issues impacting on patient experience and the delivery of the PTS were identified very quickly by both Coperforma and HWLH CCG. Once it became evident that the problems were not going to be rectified within a short number of days Sussex CCGs put in place arrangements designed to constructively assist Coperforma to improve its service delivery. HWLH CCG remained focussed that any remedial actions taken by the CCGs must not inadvertently further jeopardise patients being collected and delivered on time.

Area: Any lessons learned which could be incorporated into other future major contracts let by HWLH CCG

31. The following matters were noted during this review:

Programme Board

- 31.1 The terms of reference for the Programme Board were amended to reflect the addition of Coperforma representatives in January and formally ratified at the Programme Board meeting in March, three weeks prior to the actual contract commencement date. Whilst we do not consider that this had any significant bearing on the overall monitoring arrangements it would be good governance to have terms of reference agreed at the first meeting.

Recommendation: 5**Priority: 2**

The terms of reference for any mobilisation Board or similar be agreed at the first meeting.

- 31.2 Where contracts are being implemented on behalf of a number of CCGs then regular attendance levels at the meetings of the Programme Board for the contract should be required.

Recommendation: 6**Priority: 2**

Failure to attend key mobilisation meetings should be noted and escalated appropriately (internally and externally).

Prompt signing of contracts when carried out jointly with a number of other CCGS

- 31.3 The contract for the PTS was awarded by the seven CCGs and it is noted that it took a month to get the contract signed by all of the CCGs. We suggest that for jointly procured contracts it is confirmed by legal advisors that the documentation can make it explicitly clear that the signature of the appropriate person from the lead CCG is legally binding and signatures from the other participating CCGs are not required before contract mobilisation can commence.

Recommendation: 7**Priority: 2**

Legal advice be taken to confirm that the tender and contract documentation can make it explicitly clear that the signature of the appropriate person from the lead CCG is legally binding and signatures from the other participating CCGs are not required before contract mobilisation can commence.

Absence of a 'Plan B'

- 31.4 The Tender Ratification Report (dated 23 October 2015) raised this as one of the main risks associated with awarding this contract:
- There is a risk that procurement sign off will not be achievable if one or more of the CCGs decided it is not satisfied with the recommendation of the preferred bidder status following the procurement process. If this was to occur, the procurement process would be halted; which could result in being unable to award the contract and therefore have a new service in place from 1 April 2016. If this was to occur, the CCGs would have to consider and put forward a contingency plan to ensure that provision was not affected and patients received continuity of service. The options for this would include re-negotiating a further extension with the incumbent provider or an interim arrangement with the PTB's framework providers.
- 31.5 There was no evidence to show that this risk had been formally considered and/or appropriate contingency plans put forward at this stage, as a decision was taken to award the contract to the preferred bidder.

- 31.6 Reference is also made to the need for the CCGs to develop a contingency plan in the Risk and Issues Log dated 24 November 2015, which was owned by the Project Team. Additionally, it is outlined in the tender documents provided by Coperforma that they had included a contingency plan for the transition phase of the contract in case there were any issues with the data. We have been advised by HWLH CCG that a contingency plan was never actually prepared, as HWLH CCG received assurance of Coperforma's readiness to mobilise and deliver the service from day one.
- 31.7 SECamb outlined in a letter to HWLH CCG on 18 February 2016 that they were concerned that Coperforma may not be able to deliver the service from 1 April 2016, and that SECamb was willing to work with HWLH CCG to mitigate any risks.
- 31.8 We have been advised that representatives from HWLH CCG met with SECamb to discuss the content of the letter. At this time, the CCGs were completing a two-stage assurance meeting process with Coperforma, and were focused on gaining assurance of delivery of outstanding actions. We understand HWLH CCG offered to hold an additional meeting with SECamb after the additional assurance meeting, but this was not required due to the assurance received at the meeting on 1 March 2016 and was therefore postponed.
- 31.9 The HWLH CCG Programme Manager has advised there was no formal consideration given to a 'Plan B' as it was not considered to be required and would be difficult, given that the PTB was being disbanded and that SECamb could not deliver both the booking and scheduling activities and that all booking and dispatch staff were being TUPE transferred from the PTB and SECamb to Coperforma on 1 April 2016.
- 31.10 In an email from the HWLH CCG Programme Manager dated 30 March 2016, which was sent to Coperforma, it is noted that the CCGs were requesting that Coperforma confirm their contingency plans if the Patient Ready System is unavailable. We have been advised by HWLH CCG that Coperforma did not provide a contingency plan in response to this request, nor did they provide a list of any potential risks and issues that faced the service in the first two weeks delivery, as requested from Coperforma's Programme Manager on 30 March. It was further advised that Coperforma gave verbal assurance that all potential risks and issues had been addressed by mitigating actions, and they had no concerns about the delivery of the service from 1 April 2016.

Recommendation: 8

Priority: 1

Contingency arrangements be built into the planning process for major contracts where significant service changes are anticipated.

Failure to consider a phased implementation

- 31.11 The changes in service delivery being implemented under the new contract were significant, and were compounded by the implementation of new eligibility criteria for renal patients. We suggest that a phased implementation could have been considered. Whilst we acknowledge that there could be practical difficulties in enacting this could have included continuing to operate the PTB as business as usual, albeit with the staff TUPE to Coperforma. The PTB operation could then have been gradually phased out as the new call centres became proficient and experienced with the delivery of services in Sussex. Also, SECamb could have been invited to provide transport as required for a short interim period, whilst Coperforma ensured all of its sub-contractors' drivers were

fully trained, PDA's issued, Trust staff issued with system passwords and the appropriate number of vehicles were available in the right locations.

- 31.12 At the Introductory Meeting between the CCGs and Coperforma on 26 November 2015 the CCGs stated their intention to discuss the potential for a phased transition. HWLH CCG has advised that a phased implementation was not considered necessary because they had received assurances from Coperforma that all of the required actions had been completed to facilitate full mobilisation on 1 April 2016. We understand that retaining the PTB after 1 April 2016 would also have been problematic due to staff reductions experienced during the last few weeks of the service, which had resulted in limited available capacity.
- 31.13 In a letter to the Accountable Officer at HWLH CCG, dated 7 December 2015, SECAMB stated that they did not want a phased transition, and that a full handover of services was expected on 1 April 2016.
- 31.14 The booking system operated by the PTB belonged to HWLH CCG. Consequently, it would appear that the systems infrastructure to implement a phased transition of the PCS system was present. However, at 23:00 on 31 March 2016 the PTB booking facilities at the Durrington office were switched off and the ICT equipment was removed. We suggest that this then precluded any opportunity to revert to a phased implementation of the new arrangements, however we acknowledge by this time it would have been too late to have put in place the necessary links for this to interface with Coperforma's booking system.

Recommendation: 9

Priority: 2

Consideration should be given to including within the contract specification for major contracts where significant service changes are anticipated that a phased transition approach by bidders would be welcomed.

Monitoring the key operational 'go-no go' elements of the new service

- 31.15 There were a number of key operational aspects of the Coperforma service delivery model, each of which were fundamental to being able to provide a fully fit for purpose service from 1 April 2016. It is noted that whilst these key operational aspects required for the successful delivery of the service were individually raised either by the CCGs or Coperforma during the mobilisation phase, there does not appear to be any connecting up of these aspects to obtain a bigger picture perspective. As the Coperforma solution is dependent upon ICT solutions, which were not previously in place in Sussex, there should have been much more robust monitoring, both collectively and individually, of these key operational elements of the service.
- 31.16 The mobilisation phase was conducted in a mutual assistance, rather than an adversarial, manner. The CCGs were working in an open and constructive manner to facilitate a seamless and successful commencement of the new contract. We understand that a constructive dialogue has been used successfully by HWLH CCG on a number of other major contracts. Throughout the mobilisation stage Coperforma therefore had ample opportunity to raise any concerns regarding practical issues emerging, with a reasonable expectation that HWLH CCG would work with them in a constructive manner to resolve them. The effectiveness of a constructive dialogue approach is reliant upon all parties being open and transparent.

Reliance upon assurances from Coperforma

31.17 Coperforma's initial Risk Statement included three core assurances in relation to a successful mobilisation. For each of these we have considered whether Coperforma raised any concerns in these areas with HWLH CCG prior to 1 April.

- **Readiness Audits:** *Three formal audits from Coperforma "peers" to the Mobilisation Team, to support the team and determine if anything may have been overlooked or that could be a risk to a successful implementation. We have only had sight of one of these Readiness Audits. This was provided to us by Coperforma and comprised of a single side of A4 and it does not indicate who carried out the audit. HWLH CCG has advised that Coperforma was expected to submit readiness audits within its weekly dashboards, but that these were provided as part of progress updates within the presentations submitted to the Programme Board, rather than as standalone reports. HWLH CCG has advised that in the month leading up to the contract commencement Coperforma did not indicate these independent audits had highlighted any significant issues or concerns which may impact on their readiness to deliver from 1 April 2016.*
- **Data Quality:** *Coperforma will obtain incremental weekly transfers of all patient bookings from SECamb. This will eliminate the data quality risks that have been identified and enable the Patient Transport Bureau/Hub to become operational in January 2016. This will enable renal Dialysis patient bookings to be transferred to eliminate the risks to patients and avoid disruption for clinical teams. We understand there was no weekly incremental data transfers, and HWLH CCG has advised that in the month leading up to the contract commencement Coperforma did not indicate the absence of these weekly transfers had caused any significant issues or concerns which may impact on their readiness to deliver from 1 April 2016. Furthermore, we have seen no evidence that Coperforma raised any concerns with HWLH CCG that the initial year's worth of data transferred by the PTB was so incomplete as to preclude Coperforma from being ready to deliver on 1 April 2016.*
- **Staff Transfer:** *Poor or late engagement by the current contracted provider. Creating unnecessary anxiety for staff, delays their access to vital update training and threatens the 'go live date'. The mitigating actions advised were: managing the current Provider closely so that any slippage is clearly identified and managed; engaging with staff-side representatives at a national and local level to access staff; and having sufficient contingent transport capacity to run the service without any of the TUPE staff. HWLH CCG has advised that in the month leading up to the contract commencement Coperforma did not raise any significant issues or concerns relating to staff transfers which might impact on their readiness to deliver from 1 April 2016, and on a number of occasions repeatedly confirmed there were sufficient resources earmarked to cover situation if no staff actually TUPE transferred.*

Assurances obtained directly by CCGs

- 31.18 We have seen no evidence of any mobilisation meetings being held at Coperforma sites, or any checks by HWLH CCG to evidence that both Coperforma and its sub-contractors were ready and validate the assurances being given by Coperforma. There does not appear to have been any independent checks commissioned by the CCGs to confirm that assurances being provided by Coperforma were robust.
- 31.19 We were advised that the only representatives from HWLH CCG to visit Coperforma's office who viewed the PCS in operation were from the PTB. There appears to have been no formal feedback from that meeting, which we understand was principally for discussing the transfer of the PTB staff to Coperforma.
- 31.20 It was advised that whilst the contract/service evaluation panel included clinicians, patients and experts in areas such as IT, this panel did not include any officers with particular expertise in transport or patient transport operations.
- 31.21 CCGs are relatively small organisations in terms of number of staff, and it is clear that the mobilisation for a new contract can be labour intensive. This PTS contract reinforces the need to consider engaging independent consultants to manage the mobilisation phase of large contracts where new arrangements are being introduced.

Recommendation: 10**Priority: 2**

Consideration be given to commissioning independent consultants to monitor and advise on the mobilisation for major contracts where significant service changes are anticipated.

- 31.22 **Assessment:** There are number of lessons to be learned for future major projects which entail significant change in how the service will be delivered. The key lessons include:
- Engage a suitable independent professional consultant to oversee the technical aspects of the service.
 - Ensuring there is a 'Plan B' (contingency plan) in place for all major procurements.
 - Utilising a phased implementation where possible on any major procurements where there are significant changes to the contract and/or the service delivery model.
 - Need to have in place a robust monitoring process to provide independent assurance to both the CCGs and the new provider that services will be ready to operate in accordance with the contract specification from the first day of the contract.

CONCLUSION

32. The Sussex CCGs took a constructive dialogue approach to engaging with Coperforma during the PTS mobilisation process, an approach which has been successful on other contracts. The period of time between contract award and contract mobilisation was not unreasonable when compared with other patient transport services contracts let by other CCGs, however there appears to have been a slower than originally intended start by Coperforma which provided less time to demonstrate they were going to be ready to fully deliver from 1 April 2016. From the information we have been provided with, Coperforma was clearly very positive and confident throughout the mobilisation process that there would be a seamless and successful

transition on 1 April 2016 without the need for any phased/staged transfer. Given the resulting failure to meet the required service standards, which were still not being met six weeks later, this confidence would appear to have been misplaced. Coperforma has advised us verbally that despite slippages in their timetable as set out in their original mobilisation plan they did not raise any major concerns about being fully ready for 1 April 2016. We consider that patient welfare needed to be the paramount consideration in any decision to confirm readiness to deliver.

33. We suggest that there are a number of factors which collectively created a situation whereby there was an insufficiently tested Sussex-wide infrastructure which was expected to be able to seamlessly bed in after the contract start date without any adverse impact on service delivery. Without a period of parallel running prior to the contract start date the potential impact on service delivery and patient welfare of the combination of these factors, which can be now be seen in hindsight, would not have been so evident in the immediate run up to the contract start date. The service delivery issues subsequently experienced during April and May 2016 and in particular the failure to adequately factor in the conflicting demands of simultaneously servicing six Trusts from the first day of the contract indicates Coperforma should have been less confident and should have considered making a request to the CCGs that a phased implementation be considered, even if this was only days before 1 April 2016.
34. When adopting a constructive dialogue approach to future service changes, the Sussex CCGs may wish to consider requiring more tangible evidence of preparedness from providers (especially new ones) rather than accepting written and verbal assurances. HWLH CCG does not employ a professional patient transport expert, and it would have been appropriate to consider engaging one to oversee the mobilisation process for a contract of this scale and complexity. This expertise would also provide the critical independent friend role that we suggest would have benefited both the CCGs and Coperforma, and they would have been able to identify whether the confidence of Coperforma was demonstrably underpinned by supportable and sustainable evidence.
