

## ROYAL BERKSHIRE NHS FOUNDATION TRUST

## Invitation to tender for the Delivery of Royal Berkshire NHS Foundation Trust Non-Emergency Patient transport (Discharge transport.)

## **Reference C151699**

## Deadline for Tenders to be received: Noon 17rd May 2023

**SECTION B: TENDER** **SCHEDULES**

**TO BE COMPLETED AND RETURNED BY BIDDERS**

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SUMMARY TABLE

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| **Tender Schedules (to be returned by Bidders)** | |
| *[Option 1]**[Annex B1]**[[Eligibility Questions]* | [*You must remember to submit your responses to sections 1, 2 and 3 of the Eligibility Questions in accordance with the instructions set out in section 3 of Section A of the ITT]*[*Section 4 & 5: Economic and Financial Standing]* *[Section 6: Technical and Professional Ability]**[Section 7: Modern Slavery Act 2015: Requirements under the Modern Slavery Act 2015*][*Section 8.1: Insurance*][*Section 8.2: Skills and Apprentices*][*Section 8.3: Steel*][*Section 8.4: Supplier's Past Performance*][*Section 8.5: Project specific questions to assess Technical and Professional Ability*]*[You must remember to submit your responses to the Eligibility Questions in accordance with the instructions set out in section 3 of Section A of the ITT]* |
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**ANNEX B1**

**ELIGIBILITY QUESTIONS AND RESPONSES.**

**Part 1: Potential supplier Information**

Please answer the following questions in full. Note that every organisation that is being relied on to meet the selection must complete and submit the Part 1 and Part 2 self-declaration.

|  |  |  |
| --- | --- | --- |
| Section 1 | Potential supplier information | |
| Question number | Question | Response |
| 1.1(a) | Full name of the potential supplier submitting the information |  |
| 1.1(b) – (i) | Registered office address (if applicable) |  |
| 1.1(b) – (ii) | Registered website address (if applicable) |  |
| 1.1(c) | Trading status   1. public limited company 2. limited company 3. limited liability partnership 4. other partnership 5. sole trader 6. third sector 7. other (please specify your trading status) |  |
| 1.1(d) | Date of registration in country of origin |  |
| 1.1(e) | Company registration number (if applicable) |  |
| 1.1(f) | Charity registration number (if applicable) |  |
| 1.1(g) | Head office DUNS number (if applicable) |  |
| 1.1(h) | Registered VAT number |  |
| 1.1(i) - (i) | If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established? | Yes ☐  No ☐  N/A ☐ |
| 1.1(i) - (ii) | If you responded yes to 1.1(i) - (i), please provide the relevant details, including the registration number(s). |  |
| 1.1(j) - (i) | Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this procurement? | Yes ☐  No ☐ |
| 1.1(j) - (ii) | If you responded yes to 1.1(j) - (i), please provide additional details of what is required and confirmation that you have complied with this. |  |
| 1.1(k) | Trading name(s) that will be used if successful in this procurement |  |
| 1.1(l) | Relevant classifications (state whether you fall within one of these, and if so which one)   1. Voluntary Community Social Enterprise (VCSE) 2. Sheltered Workshop 3. Public service mutual |  |
| 1.1(m) | Are you a Small, Medium or Micro Enterprise (SME)[[1]](#footnote-1)? | Yes ☐  No ☐ |
| 1.1(n) | Details of Persons of Significant Control (PSC), where appropriate: [[2]](#footnote-2)  - Name;  - Date of birth;  - Nationality;  - Country, state or part of the UK where the PSC usually lives;  - Service address;  - The date he or she became a PSC in relation to the company (for existing companies the 6 April 2016 should be used);  - Which conditions for being a PSC are met;  - Over 25% up to (and including) 50%,  - More than 50% and less than 75%,  - 75% or more. [[3]](#footnote-3)  (Please enter N/A if not applicable) |  |
| 1.1(o) | Details of immediate parent company:    - Full name of the immediate parent company  - Registered office address (if applicable)  - Registration number (if applicable)  - Head office DUNS number (if applicable)  - Head office VAT number (if applicable)  (Please enter N/A if not applicable) |  |
| 1.1(p) | Details of ultimate parent company:  - Full name of the ultimate parent company  - Registered office address (if applicable)  - Registration number (if applicable)  - Head office DUNS number (if applicable)  - Head office VAT number (if applicable)  (Please enter N/A if not applicable) |  |

Please note: A criminal record check for relevant convictions may be undertaken for the preferred suppliers and the persons of significant in control of them.

Please provide the following information about your approach to this procurement:

|  |  |  |
| --- | --- | --- |
| Section 1 | Bidding model | |
| Question number | Question | Response |
| 1.2(a) - (i) | Are you bidding as the lead contact for a group of economic operators? | Yes ☐  No ☐  If yes, please provide details listed in questions 1.2(a) (ii), (a) (iii) and to 1.2(b) (i), (b) (ii), 1.3, Section 2 and 3.  If no, and you are a supporting bidder please provide the name of your group at 1.2(a) (ii) for reference purposes, and complete 1.3, Section 2 and 3. |
| 1.2(a) - (ii) | Name of group of economic operators (if applicable) |  |
| 1.2(a) - (iii) | Proposed legal structure if the group of economic operators intends to form a named single legal entity prior to signing a contract, if awarded. If you do not propose to form a single legal entity, please explain the legal structure. |  |
| 1.2(b) - (i) | Are you or, if applicable, the group of economic operators proposing to use sub-contractors? | Yes ☐  No ☐ |
| 1.2(b) - (ii) | If you responded yes to 1.2(b)-(i) please provide additional details for each sub-contractor in the following table: we may ask them to complete this form as well.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  |  |  |  |  | | Registered address |  |  |  |  |  | | Trading status |  |  |  |  |  | | Company registration number |  |  |  |  |  | | Head Office DUNS number (if applicable) |  |  |  |  |  | | Registered VAT number |  |  |  |  |  | | Type of organisation |  |  |  |  |  | | SME (Yes/No) |  |  |  |  |  | | The role each sub-contractor will take in providing the works and /or supplies e.g. key deliverables |  |  |  |  |  | | The approximate % of contractual obligations assigned to each sub-contractor |  |  |  |  |  | | |

**Contact details and declaration**

I declare that to the best of my knowledge the answers submitted and information contained in this document are correct and accurate.

I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.

I understand that the information will be used in the selection process to assess my organisation’s suitability to be invited to participate further in this procurement.

I understand that the authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I am aware of the consequences of serious misrepresentation.

|  |  |  |
| --- | --- | --- |
| Section 1 | Contact details and declaration | |
| Question number | Question | Response |
| 1.3(a) | Contact name |  |
| 1.3(b) | Name of organisation |  |
| 1.3(c) | Role in organisation |  |
| 1.3(d) | Phone number |  |
| 1.3(e) | E-mail address |  |
| 1.3(f) | Postal address |  |
| 1.3(g) | Signature (electronic is acceptable) |  |
| 1.3(h) | Date |  |

**Part 2: Exclusion Grounds**

Please answer the following questions in full. Note that every organisation that is being relied on to meet the selection must complete and submit the Part 1 and Part 2 self-declaration.

|  |  |  |
| --- | --- | --- |
| Section 2 | Grounds for mandatory exclusion | |
| Question number | Question | Response |
| 2.1(a) | **Regulations 57(1) and (2)**  The detailed grounds for mandatory exclusion of an organisation are set out on this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf), which should be referred to before completing these questions.  Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world of any of the offences within the summary below and listed on the [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf). | |
|  | Participation in a criminal organisation. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Corruption. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Fraud. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Terrorist offences or offences linked to terrorist activities | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Money laundering or terrorist financing | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Child labour and other forms of trafficking in human beings | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
| 2.1(b) | If you have answered yes to question 2.1(a), please provide further details.  Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction,  Identity of who has been convicted  If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents. |  |
| 2.2 | If you have answered Yes to any of the points above have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion ? (Self Cleaning) | Yes ☐  No ☐ |
| 2.3(a) | **Regulation 57(3)**  Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions? | Yes ☐  No ☐ |
| 2.3(b) | If you have answered yes to question 2.3(a), please provide further details. Please also confirm you have paid, or have entered into a binding arrangement with a view to paying, the outstanding sum including where applicable any accrued interest and/or fines. |  |

Please Note: The authority reserves the right to use its discretion to exclude a potential supplier where it can demonstrate by any appropriate means that the potential supplier is in breach of its obligations relating to the non-payment of taxes or social security contributions.

|  |  |  |
| --- | --- | --- |
| Section 3 | Grounds for discretionary exclusion | |
|  | Question | Response |
| 3.1 | **Regulation 57 (8)**  The detailed grounds for discretionary exclusion of an organisation are set out on this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf), which should be referred to before completing these questions.  Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation. | |
| 3.1(a) | Breach of environmental obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1 (b) | Breach of social obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1 (c) | Breach of labour law obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(d) | Bankrupt or is the subject of insolvency or winding-up proceedings, where the organisation’s assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(e) | Guilty of grave professional misconduct? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(f) | Entered into agreements with other economic operators aimed at distorting competition? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(g) | Aware of any conflict of interest within the meaning of regulation 24 due to the participation in the procurement procedure? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(h) | Been involved in the preparation of the procurement procedure? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(i) | Shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(j)  3.1(j) - (i)  3.1(j) - (ii)  3.1(j) –(iii)  3.1(j)-(iv) | Please answer the following statements  The organisation is guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria.  The organisation has withheld such information.  The organisation is not able to submit supporting documents required under regulation 59 of the Public Contracts Regulations 2015.  The organisation has influenced the decision-making process of the contracting authority to obtain confidential information that may confer upon the organisation undue advantages in the procurement procedure, or to negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award. | Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2 |

|  |  |  |
| --- | --- | --- |
| 3.2 | If you have answered Yes to any of the above, explain what measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self Cleaning) |  |

**Part 3: Selection Questions**

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| **Section 4** | **Economic and Financial Standing** | | |
|  | Question | Response | |
| **4.1** | Are you able to provide a copy of your audited accounts for the last two years, if requested?  If no, can you provide **one** of the following: answer with Y/N in the relevant box. | | Yes ☐  No ☐ |
| (a) A statement of the turnover, Profit and Loss Account/Income Statement, Balance Sheet/Statement of Financial Position and Statement of Cash Flow for the most recent year of trading for this organisation. | | Yes ☐  No ☐ |
| (b) A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position. | | Yes ☐  No ☐ |
|  | (c) Alternative means of demonstrating financial status if any of the above are not available (e.g. forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). | | Yes ☐  No ☐ |
| **4.2** | Where we have specified a minimum level of economic and financial standing and/ or a minimum financial threshold within the evaluation criteria for this procurement, please self-certify by answering ‘Yes’ or ‘No’ that you meet the requirements set out. | | Yes ☐  No ☐ |

|  |  |  |
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| **Section 5** | **If you have indicated in the Selection Questionnaire question 1.2 that you are part of a wider group, please provide further details below:** | |
| **Name of organisation** | |  |
| **Relationship to the Supplier completing these questions** | |  |

|  |  |  |
| --- | --- | --- |
| **5.1** | Are you able to provide parent company accounts if requested to at a later stage? | Yes ☐  No ☐ |
| **5.2** | If yes, would the parent company be willing to provide a guarantee if necessary? | Yes ☐  No ☐ |
| **5.3** | If no, would you be able to obtain a guarantee elsewhere (e.g. from a bank)? | Yes ☐  No ☐ |

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| **Section 6** | **Technical and Professional Ability** |
| **6.1** | **Relevant experience and contract examples**  Please provide details of up to three contracts, in any combination from either the public or private sector; voluntary, charity or social enterprise (VCSE) that are relevant to our requirement. VCSEs may include samples of grant-funded work. Contracts for supplies or services should have been performed during the past three years. Works contracts may be from the past five years.  The named contact provided should be able to provide written evidence to confirm the accuracy of the information provided below.  Consortia bids should provide relevant examples of where the consortium has delivered similar requirements. If this is not possible (e.g. the consortium is newly formed or a Special Purpose Vehicle is to be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or Special Purpose Vehicle (three examples are not required from each member).  Where the Supplier is a Special Purpose Vehicle, or a managing agent not intending to be the main provider of the supplies or services, the information requested should be provided in respect of the main intended provider(s) or sub-contractor(s) who will deliver the contract.  If you cannot provide examples see question 6.3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contract 1** | **Contract 2** | **Contract 3** |
| **Name of customer organisation** |  |  |  |
| **Point of contact in the organisation** |  |  |  |
| **Position in the organisation** |  |  |  |
| **E-mail address** |  |  |  |
| **Description of contract** |  |  |  |
| **Contract Start date** |  |  |  |
| **Contract completion date** |  |  |  |
| **Estimated contract value** |  |  |  |

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| **6.2** | Where you intend to sub-contract a proportion of the contract, please demonstrate how you have previously maintained healthy supply chains with your sub-contractor(s)  Evidence should include, but is not limited to, details of your supply chain management tracking systems to ensure performance of the contract and including prompt payment or membership of the UK Prompt Payment Code (or equivalent schemes in other countries) |
|  |  |

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| --- | --- |
| **6.3** | If you cannot provide at least one example for questions 6.1, in no more than 500 words please provide an explanation for this e.g. your organisation is a new start-up or you have provided services in the past but not under a contract. |
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| **Section 7** | **Modern Slavery Act 2015:** **Requirements under Modern Slavery Act 2015** | |
| **7.1** | Are you a relevant commercial organisation as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015 ("the Act")? | Yes ☐  N/A ☐ |
| **7.2** | If you have answered yes to question 7.1 are you compliant with the annual reporting requirements contained within Section 54 of the Act 2015? | Yes ☐  Please provide the relevant URL  No ☐  Please provide an explanation |

**8. Additional Questions**

Suppliers who self-certify that they meet the requirements to these additional questions will be required to provide evidence of this if they are successful at contract award stage.

|  |  |
| --- | --- |
| **Section 8** | **Additional Questions** |
| **8.1** | **Insurance** |
| a. | Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  Y/N  Employer’s (Compulsory) Liability Insurance = £5 000,000.00  Public Liability Insurance = £5 000,000.00  Professional Indemnity Insurance = £5 000,000.00 Product Liability Insurance = £5 000,000.00  \*It is a legal requirement that all companies hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Sole Traders. |

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| **8.2** | **Skills and Apprentices – (please refer to supplier selection guidance)** | |
| **a.** | Public procurement of contracts with a full life value of £10 million and above and duration of 12 months and above should be used to support skills development and delivery of the apprenticeship commitment. This policy is set out in detail in Procurement Policy Note 14/15.Please confirm if you will be supporting apprenticeships and skills development through this contract. | Yes ☐  No ☐ |
| **b.** | If yes, can you provide at a later stage documentary evidence to support your commitment to developing and investing in skills, development and apprenticeships to build a more skilled and productive workforce and reducing the risks of supply constraints and increasing labour cost inflation? | Yes ☐  No ☐ |
| **c.** | Do you have a process in place to ensure that your supply chain supports skills, development and apprenticeships in line with PPN 14/15 (see guidance) and can provide evidence if requested? | Yes ☐  No ☐ |

|  |  |
| --- | --- |
| **8.3** | **Steel[[4]](#footnote-4) – (please refer to supplier selection guidance)** |
| **a.** | | Please describe the supply chain management systems, policies, standards and procedures you currently have in place to ensure robust supply chain management |
|  | | |
| **b.** | | Please provide details of previous similar projects where you have demonstrated a high level of competency and effectiveness in managing of all supply chain members involved in steel supply or production so that there was a sustainable and safe supply of steel. |
|  | | |
| **c.** | | Please provide all the relevant details of previous breaches of health and safety legislation in the last 5 years, applicable to the country in which you operate, on comparable projects, for both:  (i) Your company  (ii) All your supply chain members involved in the production or supply of steel. |

|  |  |  |
| --- | --- | --- |
| **8.4** | **Suppliers’ Past Performance** | |
| **a.** | Can you supply a list of your relevant principal contracts for goods and/or services provided in the last three years? | Yes ☐  No ☐ |
| **b.** | On request can you provide a certificate from those customers on the list? | Yes ☐  No ☐ |
| **c.** | If you cannot obtain a certificate from a customer can you explain the reasons why? | Yes ☐  No ☐ |
| **d.** | If the certificate states that goods and/or services supplied were not satisfactory are you able to supply information which shows why this will not recur in this contract if you are awarded it? | Yes ☐  No ☐ |
| **e.** | Can you supply the information in questions a. to d. above for any sub-contractors [or consortium members] who you are relying upon to perform this contract? | Yes ☐  No ☐ |

ANNEX B2  
SPECIFICATION

This Specification will be inserted into Schedule 5 of the contract (Specification and Tender Response Document).

Note that references in this Annex B2 to schedules and clauses are to schedules and clauses of the contract.

**Note to Bidders:**

**The Bidder must respond to each row of the Specification below.**

**Write "Confirmed" to confirm acceptance of the row.**

**If not accepted, the Bidder must state why not and propose its alternative drafting. This must be full form drafting capable of being inserted into the contract.**

**Bidders proposing no amendments will score full marks. Bidders proposing alternative drafting will receive a lower mark, depending on the number of changes and their significance.**

**Note: the Bidder will not be permitted to add to this list or amend proposals to the Authority's detriment after the deadline for Tender submission.**

**Specification –** **Part 1: General**

**SCOPE OF THE CONTRACT**

The agreement is for the supply of same day out bound transport services for patients being discharged from the Royal Berkshire Foundation Trust.

The service will be provided 365/6 days per year, 7 days per week, on weekdays from 10.00 to 22.00 and at weekends from 10.00- 20.00

NEPTS is provided for the Patients and their escorts (where eligible to do do) that have a clear and genuine medical need for transport in line with the Department of Health guidance for eligibility. Appendix A Eligibility Criteria.

Journeys take place between the hospital or health and care facilities and patient’s place of residence, the place of residence is defined as any address specified at the time of booking, e.g. home, nursing home, hospice, hospital or treatment centre.

**SERVICE REQUIREMENT**

This contract is for the provision of same day patient transport from the Royal Berkshire NHS Foundation Trust only.

The Royal Berkshire NHS Foundation Trust is looking for a provider to provide Same Day Patient Transport Services from its key locations which are detailed in Appendix

The requirement is for a dedicated same day patient transport service for the collection of patients from Trust to their place of residence.

The service will consist of two elements:-

1. Stand by ambulances and crews based on the Royal Berkshire Hospital site.
2. Ad-hoc Ambulance journeys to cover long distance journeys and periods of increased demand.

The primary element of the service will be based on site, reporting to the site team, and respond to hospital discharges with a priority focus for Medical SDEC and Emergency Department (ED). To support hospital flow as directed by site management

To provide responsive transport service to support same day emergency care (SDEC) within responsive timeframes

The proposed contract is designed to provide complement the core Non-Emergency Patients Transport Service.

The provider will work alongside but not overlap with the prime provider of Non-Emergency Patients Transport Services, which is the South Central Ambulance service.

The proposed contract will only be for the provision of same day patient transport, carrying discharged patients from the Trusts sites to the patient’s place of residence (, e.g. home, nursing home, hospice, hospital or treatment centre).

The Trust catchment area is primarily the Reading and surrounding areas (Wokingham and West Berkshire) referral for transfers / discharges further afield, on local agreement only and includes the geographic area of West Berkshire from Hungerford in the west to Bracknell in the East a full list of locations are included in the attached appendix.

Although the majority of patient transfers will be within the catchment area of the Royal Berkshire hospital as defined above, there will be the occasional requirement to transfer patients further in what is described as a national journey.

The contract will require the service to be available seven (7) days a week (Christmas excluded).

The Optimal daily timeframe for patient discharge activity would be 09:00 to 21:30, the peak period of activity being between 13:00 and 18:30 each day.

Based on Trust activity the expectation is that an average of two crews will be based in the hospital to respond to same day demand for hospital transport on weekdays from 10.00 to 22.00 staggered with crossover between 14.00-19.00 and at weekends one crew from 10.00- 20.00.

The booking of patient transfer will be through site management team and will be referred on the day unless specified.

Patient transport will be provided by the Transport Provider to the home address, other hospital or care facility, nursing home, or such other address as determined by the Purchasing Authority.

This Contract covers all patient and transport types of all mobilities. The Purchasing Authority reserves the right to commission a range of requirements including all patient mobility types, specific patient mobility types; all service types or specific partial types. Each Purchasing Authority will specify their exacting requirements at the point of each new competition.

**LOCATIONS**

Patient collections will be from the Trust Main Site:-

The Royal Berkshire Hospital

Craven Road

Reading

Berkshire

RG1 4LN

This will be the location where the onsite Ambulances will be based and from where they will transport discharged patients.

**SERVICE CATEGORY**

Categories and definitions:

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **SERVICE** | **Supplier Notes** | |
| **Category 1**  **Booking & Eligibility Assessment** | This category enables the Contracting Authority to secure a full or partial booking and eligibility service and tailor this service to meet the unique local circumstances of each locality.  The service will include online and telephone booking and an assessment service that will work to the required localised eligibility criteria. The service will ensure the, collection and processing of all booking requests and securely transfer booking data in a confidential and compliant manner to the approved transport provider(s) in the wider patient transport pathway as required.  **(Please refer to Booking & Eligibility Assessment Specification)** | Suppliers for this category are expected to provide a full range of telephony and online booking services with assessment teams that are capable of undertaking eligibility checks and needs assessment for the correct categorisation and booking for each journey. | |
| **Category 2**  **Core Patient Transport Service (Includes Booking and Eligibility Service, Outpatient,**  **Discharge, On day, Renal)** | This category enables the Contracting Authority to secure a full or partial patient transport service and choose the main elements of the service that suit local operational requirements.  All parts of the patient transport pathway are covered in this category including: a booking and eligibility service for an on line and phone based booking and assessment part of the pathway; all outpatient services to include renal services, oncology and physiotherapy services sometimes referred to as enhanced PTS, standard outpatient clinic activity, discharge services from wards/units and A&E and transfer transport (site to site) as required.  **(Please refer to this document and Booking & Eligibility Assessment for full category specification)** | Suppliers for this category are expected to provide a full range of these services and will provide for patients with mobility needs that range from an unaided walking patient to a full two-person stretcher conveyance.  CQC Registration will apply for providers delivering services that are in scope of the CQC regulated services. | |
| **Mobility Types** | **Vehicle and other requirements** |
| Walker  Wheelchair  Stretcher | Car  WAV  Stretcher |
| **Category 3**  **Mental Health and Secure Patient Transport** | This category will not be conveyed. |  | |
| **Category 4**  **High Dependency Patient Transport** | This category enables the Contracting Authority to secure a transport service specifically designed for the purposes of High Dependency Unit transport where the skills of Registered Paramedics are required in a fully equipped Ambulance.    **(Please refer to this document and document HDU Specification for full category specification)** | Contracting Authority will be able to compliantly purchase a range of HDU transport services and will be required to specify skill set required for the transport service to ensure the correct scope of practice is matched to the identified transport need.  CQC Registration will apply for this category | |

**CONTRACT OBJECTIVES**

Quality –The provision of this service must be a patient centred service and be delivered in a safe, friendly and effective manner by appropriately trained staff in clean, comfortable vehicles

Flexible and Responsive –The service must provide flexibility to respond to changing levels in future activity and the patient needs (e.g. new healthcare locations, specialist requirements, on-the-day requests, flexible times for pick-up and delivery including evenings, weekends and bank holidays). Timeframe of implementation and redesigned elements to be agreed as part of monthly meetings. This includes seven day working where specified to do so.

Efficiency Savings – Public sector organisations are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. The Providers must demonstrate innovation in their approach using best practice to support the Contracting Authority to achieve their annual financial objectives. Any initiatives which impact on service delivery will be agreed prior to implementation with the Trust.

Communication and Performance Information – High quality communication with the Contracting Authority to discuss flexible and innovative approaches. Clear and complete information must be provided regularly on activity, finance and quality of service provision.

Value for Money – Services must be affordable and provide value for money.

Environmentally Sustainable – Services should be designed to minimise the likelihood of unnecessary journeys and to ensure maximum use is made of technology to reduce both carbon emissions and costs. This requires an analysis of the likely carbon footprint of the whole service with measures to control this and make reductions where there are opportunities. These opportunities relate to types of vehicles used, driving skills, flexible working arrangements, maximum use of electronic communications, procurement of equipment and management of energy and resources at premises. The Providers must abide by the Department of Health’s Sustainability Reporting Framework, see [www.sdu.nhs.uk/sd\_and\_the\_nhs/reporting.aspx](http://www.sdu.nhs.uk/sd_and_the_nhs/reporting.aspx).

Innovation and use of Information Technology – Services must be innovative in their approach using best practice to respond to future needs. They need to make the most effective use of technology for the booking and scheduling of journeys. As part of the move towards common digital standards, interoperable clinical information systems and a paperless NHS the PTS must comply with interoperability requirements for the NHS, specifically working with, but not limited to, the hospital PAS

**PATIENT EXPERIENCE**

During the term of the Contract it is expected that a common experience for patients and users of the transport will be in place. However, providers will need to be aware, and make provision for, the unique and specific requirements. As engagement with service users, patients and staff occurs over the term of the Contract, changing requirements may be identified. It is required that providers make provision for recurrent training in customer service and experience and that any unique requirements for an individual purchasing organisation will be understood, planned for and met.#

Providers will have to ensure the following core patient expectations are met when delivering this specification. These expectations will not be met without adequate investment in training, supervision of staff and a clear and evident commitment to quality improvement which is evident on a daily basis throughout the lifetime of any contract award.

Providers will be required to deliver:

* Friendly and courteous drivers who are contractually aware of the standards this requires
* Drivers who are trained to consistently deliver support to patients to get in and out of vehicles as required
* The correct vehicle type to support the specific type of patient mobility and mental health need
* A clear and auditable approach to overcrowding of vehicles. For the avoidance of doubt a standard saloon car must have a maximum of one patient in the front seat next to the driver and two patients on the back seat. Middle seat occupation is not accepted for standard car-based journeys due to the lack of stability for patients in this middle position and the impact this has on car entry and exit. Individual Purchasing Authorities, will, at their discretion be able to flex this requirement and this will be made clear at the point of each competition.
* Vehicles should have clear entry and exit height choices of vehicle and this must be available at point of patient booking. Patients must be able to request a high or low entry and exit vehicle to better support their mobility needs. Individual Purchasing Authorities, will, at their discretion be able to flex this requirement and this will be made clear at the point of each competition.
* Patients who have consented to do so must be notified every time when their transport is on its way to reduce call queries and distress to patients in location and timing of the transport collection.
* Patients and care settings who have consented to do so must be electronically notified in real time of any delays and likely waiting time impact for collection both for inward and outward journey
* Patients and care settings who wish to do so must be able to book and manage their transport journeys online for all journeys

**EXCLUSIONS**

* Patients who need emergency transport and are in scope for 999 Ambulance transport.
* Transport to primary care services provided under the NHS contract by General Medical Services/Personal Medical Services/General Dental Services/ Personal Dental Services, e.g. routine appointments at GP clinics/health centres and dental surgeries.
* Patients who require transport outside of the Contracted areas these journeys would be agreed on an individual pricing basis.

**PATIENT DIGNITY STANDARDS**

The way in which patients are treated and spoken to, is critical to the way in which the service is perceived as the transport journey is an integral part of the patient overall experience with the NHS. Patient dignity and privacy are at the core of this service and are required to be observed and adhered to at all time by the Providers’ staff.

The Provider will ensure that staff:

* Treat all patients with dignity and respect and should not discriminate or use language and/or behaviour which may be considered discriminatory or disrespectful on the grounds of a protected characteristic covered by the Equality Act 2010.
* present a positive attitude in interactions with patients, staff and the general public and have regard to the standards and reputation of the NHS and wider public sector as a whole
* are courteous, mild-mannered, and understanding when dealing with patients and proficient in these skills and competencies at all times to ensure behaviours are reflective of Contracting Authority’s own set of standards. Any sexist, racist, discriminatory or patronising behaviour will not be tolerated. Similarly, if a Provider is subjected to any of the above behaviour this must be reported to the Contracting Authority Contract Representative as an incident.

Radios/music players must be turned off during patient pick-up, conveyance, and drop-off, and should only be turned on at the request of the patient(s). When the radio is on it must not be so loud as to be uncomfortable for patients and should be turned off if requested. A notice to this effect must be placed within each Authorised Vehicle.

Should there be any discharge of bodily fluid from a patient whilst in transit the Transport Provider’s staff will be required to take precautions in order that it can be contained, made safe, cleaned and deodorised during the course of the journey. All spillages are to be thoroughly cleansed after any such incident occurs utilising the spillage procedure agreed with the Trust infection control representative (as outlined in Appendix F– Cleaning).

Patient dignity and privacy will be observed and adhered to at all times by the Transport Provider’s staff. If the Transport Provider’s staff arrives to pick up a patient from a ward/department and they consider the patient inappropriately dressed, they must identify this to the nurse in charge.

Patients must be carried in a stress-free environment where the focus must be on their welfare and wellbeing.

Staff will ensure that patient’s attire is secure, or protected to ensure that exposure likely to cause embarrassment, or distress is avoided. Particular attention should be paid to prevent exposure of wounds, drains, catheters etc. as well as patient bodily parts. Suitable single-use covers should be carried on vehicles.

There may be cases whereby, due to the nature of their condition, a patient’s attire cannot be secured sufficiently to prevent exposure of body parts, and/or attachments such as drips/catheters etc. in which case patients should be covered with a single-use cover and transported alone.

The Transport Provider will allow guide dogs and hearing dogs to travel on vehicles when or about the Trust’s business. No additional charge will be made. The Transport Provider must follow appropriate guidelines with respect to the Equality Act 2010 and any subsequent amendments or additions and appropriate organisations.

Routine and consistent achievement of these high patient experience standards is an important aspect of the Contract as it reflects against the reputation of the Contracting Authority. The Providers will obtain and use patient and staff feedback to continually improve service provision and through a number of different mediums, which may include:

• Printed leaflets and comments cards

• Universal email address/survey online

• In operation comments and feedback

• Complaints

• Annual surveys

Raw data obtained through patient feedback will be made available to the Contracting Authority through the reporting process

**PATIENT MOBILITY AND ESCORTS**

At the time of booking, the mobility classification of the Patient is defined in line with the table below. It is essential that the appropriate vehicle is used in respect of the Patient mobility, clinical or care needs, and notes detailed in the table below. This list of mobilities represents a core common set of definitions for mobility types. The Contracting Authority retains the right to amend these mobility categories to support local custom and practice and local terms that may already be in use. The booking system will be required to ensure that users are able to select appropriate mobility.

Eligible patients may be accompanied by no more than one eligible escort, An escort’s eligibility is defined by the Purchasing Authority at the point of booking and will include circumstances where more than one escort is required to travel with the patient.

No direct charges shall be made to eligible Patients or eligible escorts receiving the Service.

The Transport Provider should provide a rate card based on the information provided in the commercial schedules

|  |  |  |
| --- | --- | --- |
| **Mobility Category** | **Definition** | **CODE\*** |
| Walker – Driver assist | Patients requiring assistance of 1 person, that may travel by a 4-door car and who may travel with a folding wheelchair. A people carrier or minibus may be utilised solely with the agreement of the Transport Provider. | W1 |
| Walker – Two assist | Patients requiring assistance of 2 people, that may travel by a 4-door car and who may travel with a folding wheelchair. A people carrier or minibus may be utilised solely with the agreement of the Transport Provider. | W2 |
| Own Wheelchair – Transferable – Driver Assist | Patients who travel with their own wheelchair who can be transferred to or from a seat or wheelchair with assistance of 1 person. These patients may require oxygen therapy. | CT1 |
| Own Wheelchair – Transferable – Two Assist | Patients who travel with their own wheelchair who can be transferred to or from a seat or wheelchair with assistance of 2 people. These patients may require oxygen therapy. | CT2 |
| Wheelchair Accessible Vehicle – Own Wheelchair – One Assist | Patients requiring assistance of 1 person, who must travel within a modified vehicle accompanied by their wheelchair (may travel within a fixed seat). These patients may require oxygen therapy | C1 |
| Wheelchair Accessible Vehicle – Own Wheelchair – Two Assist | Patients requiring assistance of 2 people, who must travel within a modified vehicle accompanied by their wheelchair (may travel within a fixed seat). These patients may require oxygen therapy | C2 |

Patients with who are not detained under the Mental Health Act but who are in receipt of mental health care will be conveyed according to the referrers clinical risk assessment which may impact on vehicle type, skill set or transport staff and mobility needs of the patient.

A Health and care professional escort will accompany any of the above categories if it is deemed necessary by the Contracting Authority. Such escorts will be requested on the booking form/process at the time of booking. When a Contracting Authority health and care professional acts as an escort the Transport Provider may need to return the professional and any equipment back to the hospital, which should be included within the service cost. Professional escorts are to be returned without undue delay.

Any patient that is known to be infectious has to be transported in a vehicle with sole use but charged at their mobility rate.

A parent or other responsible adult must accompany all children under the age of 18 years.

Patients with additional needs for all categories will be clearly identified in a “special instruction” section of the booking information.

* The Transport Provider will feedback to the booking team regarding any instances where patient mobility does not match the booking request.

Clinical requirements of the patient

* Patients may have a number of clinical requirements of varying levels of complexity which will be assessed by the PTS referring teams at the point of booking to ensure it fits within the scope of this contract. . These include:
* Oxygen required (intermittent and continuous) at varying levels of concentration. Drips and drains in situ (where possible, these will be disconnected for the journey but some may be required to be continued).
* Patients who require ongoing monitoring during the journey, for example cardiac or other equipment
* Immunocompromised patients or, due to other health issues, patients required to travel without other patients. Patients attending services that may be deemed confidential (e.g. sexual health services where details must be anonymous due to data protection, and may require an unmarked vehicle.)

The following risks will also need to be considered by the Providers to ensure that patients are conveyed appropriately and in a timely manner. These include:

* If the patient has been treated for, or is currently experiencing symptoms of, an infectious disease such as Norovirus, MRSA, C Diff or Swine Flu.
* 12.14.2 Whether the patient’s weight and mobility requirements require specialist equipment or the support of extra personnel.
* Whether there are any access issues at either the pick-up or destination which require a full risk assessment due to patient’s mobility. This includes steps and narrow corridors.

Whether the patient is considered at risk of cardiac or respiratory arrest during the journey and whether any Do Not Attempt Resuscitation (DNAR) record has been confirmed for the journey. If the patient has a DNAR record in place, the appropriate paperwork must be provided by the hospital team/referrer and a copy of the document must accompany the patient whilst travelling to destination. This information will be recorded on the booking notes and must be transferred securely to the patient transport crew on every instance this in place to ensure the correct paperwork is collected at point of pick up. <https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/>

* There may be occasions when a vehicle and crew are required to convey patients from one part of a hospital or care site to another for example theatre or X-Ray etc. to assist with operational issues as they may arise within hospital settings e/g. support if lifts become out of action. If the requesting area agrees for patients to be conveyed within the contract KPI times then the journey requests will be booked and charged under the contract agreement. If the journey requests are required with an immediate response, the journey requests may either be booked under the contract agreement and charged accordingly, or the Purchasing Authority may source a dedicated vehicle and crew via the Digital Marketplace. This should be authorised by the Contracting Authority Responsible Officer and budget holder.
* Patients who are required to travel without other patients in the vehicle such as immunocompromised patients, undergoing radioactive treatment or due to other health issues.
* Special medical needs such as the inability to sit/lay down for long periods of time, need for use of toilet after prolonged journey times, etc.
* When booking transport the ward team will inform the provider if the patient is receiving a package of care on discharge and the timing of the visit to enable the provider to schedule the journey. If the provider is unable to meet this they must contact the ward. This must be recorded in the transport booking,

Escorts

Eligible patients may be accompanied by no more than one eligible escort, An escort’s eligibility is defined by the Purchasing Authority at the point of booking and will include circumstances where more than one escort is required to travel with the patient.

No direct charges shall be made to eligible Patients or eligible escorts receiving the Service.

**TECHNICAL SUPPORT**

Due to the nature of the service the Provider is required to have a suitable Computer Aided Dispatch system for receiving bookings, dispatching vehicles and providing management information in the form of a minimum data set and performance reports. Ideally the CAD would have the functionality to attach documents to bookings such as risk assessment and other scanned paperwork.

The Transport Provider shall provide a service encompassing the following:

A transport booking service that allocates appropriate transport and support;

* A digital system that is fully compliant with all UK and NHS information security and resilience requirements to record, manage and transfer all relevant patient booking information and to provide all required data to the Transport Provider, to allow them to deliver the service;
* A transport and scheduling service that facilitates a timely and punctual transport service to avoid problems such as patients being kept waiting, missed appointments, and blocked beds;
* Systems and processes to ensure that patients travel safely and in comfort and that journeys are started and completed on time, with an appropriate vehicle and staff resource that is always matched to the assessed needs of the patient and escort where appropriate
* A system to collect and report management information such as activity data, exceptional journeys, information on service standards, delivery key performance indicators, complaint/compliment monitoring and mandatory data required by Department of Health and for inclusion in ERIC returns.
* Analytical support for the booking service and Transport Provider to enable accurate data reporting and data reconciliation.
* Software that is compatible with other Providers to allow data transfer, integrated reporting and reconciliation.
* Access to the Transport Providers live booking system and information dashboard to allow the Contracting Authority to view and monitor in real time the collection times, arrival times, driver information and the location of the patients in transit.

**JOURNEY CLASSIFICATION**

At the time of booking, journey types are required to be recorded in accordance with the classifications detailed below. However, each Purchasing Authority retains the right to modify this classification or change this classification at any point during the contract term at no cost to themselves. All providers must ensure sufficient flexibility in journey classification booking systems to enable this to be accommodated.

|  |  |
| --- | --- |
| Journey Category | Description |
| Outbound Journey | The requested journey is from a ward or departments of a hospital or care setting, at which the Patient has received NHS or Local Authority funded treatment and/or care, to the Patients place of residence, or to a designated ongoing care facility. |
| Transfer Journey (site to site) | The requested journey is a transfer of a Patient *between* health or care facilities appropriate for clinical or care purposes. |

## VEHICLE REQUIREMENTS

**Please refer to** [**APPENDIX G**](#_Appendix_G_–) **Vehicle Standard and Vehicle Equipment**

**PATIENT TRANSPORTATION STANDARDS**

This outlines the expected and required core operating standards that will be common across patient transport services where CQC registration applies. Providers must be aware that these are minimum and core standards to enable the NHS and wider public sector to achieve commonality of service experience and standards across all areas. The Authority reserves the right to supplement and add additional requirements that may be unique or locally required for their own service delivery. These additional requirements will be notified to providers in any final specification requirements documents that may be published to providers at the point of each competition.

* The Transport Provider shall ensure that staff will:

• Park in a safe position as close to the collection address as possible

• Introduce themselves to the patient

• Ensure that patients are appropriately dressed for warmth and dignity.

• Provide assistance as required to patients (with or without the use of aids) to undertake the journey. Assistance may be required at both the patient’s residence and health department.

• Carry patients’ equipment and belongings, ensuring they are secured safely for transporting, e.g. wheelchair, Zimmer frame, medical notes, artificial limbs, crutches and personal possessions. Some discharge patients may carry boxes of feed or medication this should be accommodated where possible.

• Return all equipment to the designated location if the journey has left the site, as agreed with the healthcare facility.

• In the event of any delay, e.g. vehicle breakdown, the Transport Provider will inform their office control as soon as possible to allow control staff to inform the receiving healthcare site or residence. Alternative arrangements for the transportation of the patient(s) will be made.

• Provide an improved supportive response for patients who are deaf or have language, learning difficulties or other conditions which require higher levels of support or those whose first language is not English.

The Transport Provider will appropriately schedule patient pick-up times taking account of any specific mobility relating patient loading times for both the start and end of each journey. The appointment time will be the measurement point for the KPI adherence in relation to ensuring patients arrive at the appointment time on time at a % compliance rate that will be indicated by each Purchasing Authority as part of wider KPI targets.

**STANDARDS FOR PATIENT COLLECTION (PICK UP)**

* The Provider shall collect Patients:
* For transfers or discharges from Treatment Centres at the time for which the booking is specified by the Purchasing Authority
* The Provider must collect Patients:

(a) On home to Treatment Centre journeys from the door of the Collection Point, or from inside their place of residence if the Patient requires such assistance.

(b) On Treatment Centre to home journeys the Collection Point may be the ward, the clinic, or waiting area detailed on the booking.

(c) Using an authorised vehicle appropriate to the Patient’s mobility

classification.

(d) The Provider’s personnel must show appropriate identification to the Patient being collected and to any other individual who may reasonably request it.

The Provider’s personnel must:

• If any patient is found in a life-threatening situation at any time while the Provider’s personnel are in attendance outside of a clinically staffed setting they must immediately contact the Emergency Ambulance Service, dialling 999

* Ensure that when collecting a Patient from their home (or another approved address pick up location), where appropriate, household appliances have been switched off, the premises are locked, and the patients have their keys.
* Check the patients carry medication, any necessary medical equipment, appointment card, doctor’s letter, etc
* Help patients, where required to put on their outer garments, particularly during cold weather, and ensure that Patient dignity is maintained at all times.
* Ensure Patients are not left unattended whilst negotiating footpaths, roads, steps, stairs or ramps when leaving the property and/or entering the vehicle, if necessary, assist the patient
* If applicable, ensure that when the patient is picked up from the healthcare facility; liaise with healthcare staff on who to transfer and how to transfer the patient from the bed or chair to the stretcher or wheelchair

Prior to leaving with a discharge or transfer patient, report the departure to a healthcare professional in the department.

**STANDARDS FOR PATIENT CONVEYANCE (DURING JOURNEY)**

Patient comfort and safety should be ensured at all times during transportation. The Provider’s personnel are expected to take reasonable action to ensure this happens.

Ensure that patients are comfortable during their journey and that the vehicle is kept at a comfortable temperature and is well ventilated.

The Provider must ensure that all patients travelling in an Authorised Vehicle wear fitted seat belts (or other safety restraints/devices appropriate to their mobility classification) and that all vehicles are able to safely secure equipment by means of restraints/straps.

Patients refusing to wear seat belts (or other safety restraints/devices appropriate to their mobility classification) must produce appropriate documentation that authorises the non-use of such safety devices. Where appropriate documentation has been produced, the provider is required to record such and advise the Purchasing Authority immediately. Failure of a patient to comply shall result in their transportation being refused by the operator of the Authorised Vehicle. In such circumstances the Provider is required to inform the Purchasing Authority immediately.

In the event of a Patient becoming unwell during the journey, personnel of the Provider must:

• Inform the Purchasing Authority, which shall in turn inform the Patient’s destination department.

• In the event of a Patient becoming seriously unwell, such that their condition appears life-threatening, personnel of the Provider must: Immediately stop the journey and summon assistance by dialling 999.

Where the Provider is notified that a patient must travel alone (for reasons such as MRSA, norovirus, blood borne viruses etc.), that patient must be transported without other patients present, unless otherwise specified, and the Authorised Vehicle must be removed from Service and cleaned in accordance with robust decontamination procedures as agreed with Purchasing Authority prior to commencement of the Agreement.

* Providers should plan the order of pickup from NHS or care sites to minimise the time patients may be left on the vehicle whilst collecting other patients.
* Following departure from the NHS or care site, patients should not be left unattended whilst in transit except whilst providing assistance to other patients exiting and/or entering Authorised Vehicles and buildings.
* Where purchasing authority requests patients travel together, the Provider must follow this request unless specifically agreed in writing.

**STANDARDS FOR PATIENT DELIVERY (DROP OFF)**

Upon arrival at the intended destination:

• Patients shall be transported to the waiting area(s) for the designated clinic or care centre in line with the Patient’s booking. Where there are no designated waiting areas, Patients will be conveyed to the relevant clinic, unit, care setting or ward and report their arrival to the department reception or designated healthcare professional.

• Recipients of Services such as Renal or Oncology shall not be left unattended by the Provider, in any waiting area, ward, or clinic prior to the opening time of their destination ward or clinic.

At home:

• The Provider’s personnel must ensure that the patient gains entry to their home following the return journey. It is not acceptable to leave patients in stair wells or lift wells if they request door to door support.

• The Provider must offer patients appropriate help exiting and/or entering Authorised Vehicles and buildings as required, regardless of their mobility or classification, prior to, during and immediately following their journey(s).

• Personnel of the Provider must ensure patients are not left unattended whilst negotiating steps or stairs when alighting the Authorised Vehicle.

**ACTIVITY LEVELS AND DEMAND MANAGEMENT**

100% will be “on the day travel” which will have a cut off time of 21:00 to be able to be responded to on the same day, this includes “on the day discharge”. This is indicative and likely to vary due to seasonality and wider system pressures through the life of the contract.

National Journeys or “out of area” journeys will occasionally be required. The Transport Provider will have a suitable dedicated vehicle available to allow for “out of area” discharges.

The Providers should be aware that there are seasonal and daily peaks and troughs in demand. The Providers will need to have adequate resource to cope with short notice demand or have access to additional resource if required.

The Purchasing Authority reserves the right to allocate any on-day, short notice and additional activity support onto the Digital Transport Marketplace or to allocate to their own in house provision and services.

The Purchasing Authority will require however that where short notice bookings are made that they will be responded to at a maximum response time in line with the standards and key performance indicators specified.

The Providers will assist the Contracting Authority in actively managing demand. This will include providing systematic feedback on patients, discussing modifications to existing procedure, and piloting new or innovative schemes including technology.

The Supplier is responsible for planning all journeys and allocating vehicles accordingly, to ensure patients are delivered and collected in accordance with KPIs. For the avoidance of doubt, this includes any activities associated with route planning, traffic mapping and demand management.

**OPERATIONAL PLANNING**

The Booking Service and the Contracting Authority must be able to send live bookings by electronic transfer to the Transport Provider in an agreed data system and must ensure requests can be sent by alternative methods in the event of system failure.

The Providers and the Contracting Authority will agree any systems needed for processing booking information for each tier of service – which includes planned and “on the day” bookings.

* + The Transport Provider will only accept bookings that have all mandatory information completed. Any incomplete booking must be queried and full details completed within the agreed timeframe.

* + The booking service must identify, and the system must record, all the details necessary to schedule the patient journey. The booking system must also be able to make post-travel enquiries in order to investigate complaints, accidents and appeals; and produce accurate reports as agreed with the Contracting Authority.
  + The Providers must have storage for all paper and electronic records and aim to minimise paper use. The procedures and cut-off time for exporting pre-planned journeys to the Transport Provider must be agreed between Providers, care providers and Contracting Authorities to ensure an efficient service.
  + The Providers will work cooperatively with current suppliers regarding data migration support from existing booking/record systems to the new system to ensure a seamless transfer of journey scheduling, as well as allowing for migration of data to future systems, should this become necessary.
  + The Providers are required to ensure that all data has been correctly migrated before the service commencement date to ensure that all existing patients are screened and migrated data is validated and signed off prior to commencement of the new service. User acceptance testing must be completed and evidenced to ensure the data is correct. The Providers must ensure that appropriate Data Sharing Agreements are in place prior to migration of any information.
* The Providers’ systems will ensure the transfer of any special information concerning a patient’s travelling needs will be given to the driver undertaking the journey.
  + The Providers’ systems will need to be able to add additional data such as aborts, cancellations and measurement of KPIs. CO2 emissions
  + The Contracting Authority shall have the right to access to the Providers’ live booking systems.

**CONTINGENCY PLANNING**

The Supplier must supply the Authority with relevant business continuity plans, including details of in hours and out of hours escalation that facilitates direct contact with the Supplier’s senior staff,

prior to the Services Commencement Date and must participate in the Authority’s major incident and business continuity exercises as required under the Contract.

The plans will require the full co-operation of the Supplier to meet the demands of the situation and the supplier shall:

* + demonstrate robustness of emergency planning and business continuity arrangements/ contingency plans for all situations and demonstrate their ability to deliver a suitable service for unplanned “on the day” requests, where outside the expected levels

Ensure that contingency plans are, and remain, in place to ensure continuity of the required Services, including in the following situations:

* Personnel shortages/industrial dispute (to include pandemics of flu and other contagious diseases).
* Vehicles out of Service
* Damage to, destruction of, or disrupted access to operational base(s) used connected to the delivery of the Service.
* Computer (or other systems failure), directly affecting the delivery of the Service.
* Severe weather.
* Contingency plans shall ensure that Patients whom may be higher clinical risk (as defined by the Purchasing Authority) are prioritised, with plans developed to ensure that such individuals are not placed at clinical risk.
* The immediate site evacuation of patients and, if necessary, liaison with the emergency services until notified to stand down.

Escalation plans to be agreed locally with each care provider in advance of service commencement. This must be in agreement with the local system escalation plans, and ensure the essential services continue to be delivered. These plans must be tested with the Contracting Authority and community providers and reported on at least annually.

## **TRANSPORT TIMING**

The booking service will be accessible via a single point of contact (using telephones, email, and a web based solution). A single local rate telephone number shall be used, and web based routes/connectivity (sufficient in terms of Information Governance and speed), so that patients are not required to repeat personal information. The booking service will operate a dedicated line for use by clinicians.

If the patient is eligible for transport, with additional questions about home risks (such as steps and steep driveways), the booking service will then immediately transfer the data to the Transport Provider’s booking system where this service may be separate to the transport providers provision of service.

The booking service will confirm acceptance of the patient’s booking and advise the caller of the

earliest time at which the patient must be ready, and the need for them to have prerequisites such

as their appointment documents and any required medicines ready in advance.

* The required service standards for timeliness are detailed in the **Appendix D – Booking Service KPIs** and [**Appendix I**](#_Appendix_I_–) **- Transport Providers KPIs**.
* Timeliness in picking up and dropping off patients is a crucial element of the service.
* The Transport Provider should give due consideration to destination, distance, journey times, local traffic conditions, etc., to ensure patient punctuality at all times.
* If there are delays to pick-ups outside the standards of the KPIs, every attempt will be made to contact the healthcare facility and patient.

Breaches to the pick-up/ drop off times will be recorded in real time; the reason in addition to recording the length of any delay will be recorded. Waiting longer than **[15]** minutes must only be completed at the request of Purchasing Authority.

The specified operating hours require the Transport Provider’s staff to be on board their vehicles and on the road to collect patients so they arrive at their appointments on time. Therefore, vehicle checks, cleaning, refuelling, etc., will be carried out outside of these hours.

The majority of operating hours will be between [09:00] to [21:30]. Out-of-hours pick-ups are detailed in the Contracting Authority’s indicative activity levels. Long distance patients may require earlier and later pick-up and delivery times. In all cases, it is the Transport Provider’s responsibility to ensure that the patient is collected in good time to meet the KPIs and minimise any distress to patient

The Contracting Authority may make alternative arrangements, where the Transport Provider fails to meet the required quality and performance standards. Any additional costs to the Contracting Authority will be borne by the Transport Provider plus a 10% of journey cost administrative charge.

The Transport Provider will be required to be flexible in the planning of journeys.

Where a patient journey is (due to length/ miles) greater than 2 hours the driver will ensure that:

* The patient is made aware at the outset of the approximate duration of the journey.
* The driver will offer to the patient on a regular basis, and as a maximum after the first 2 hours travelling time the opportunity to stop for a "rest break", and the use of facilities.
* Any particular special needs of the patient, detailed at the time of booking, are fully catered for.

## 

## **ORDERING TRANSPORT**

When a request for transport is received by the Booking Service, a baseline set of demographic data will be captured ([**Appendix A**](#_Appendix_A_) **– Eligibility Criteria**).

If the patient is eligible, the following details will be captured at a minimum ([**Appendix B**](#_Appendix_B_Booking) **– Booking Process**):

Patient details:

* Name
* Collection address
* Date of birth
* NHS number/hospital number
* GP
* Journey date
* Appointment time
* Destination address
* No. escorts (clinical/non-clinical)
* Contact information

Mental health:

* The patient’s name, NHS number or other identifying information (e.g. gender, age). (NB the patient’s name may be withheld if, for example, information about infectious diseases is to be given).
* If the ambulance is pre-booked (for example in relation to the admission of a recalled patient subject to a Community Treatment Order), a rendezvous point and time for the ambulance to meet the AMHP/HCP for a briefing to take place.
* The patient’s condition (not necessarily a diagnosis, e.g. whether they have been sedated or whether there is another medical condition of which the ambulance crew should be aware).
* An indication of the patient’s likely attitude to admission, e.g. whether they are likely to be violent or be distressed.
* Who will be accompanying the patient
* Whether the police will be in attendance.

Mobility:

* Mobility type
* Any barriers to access at collection or destination points
* Has own wheelchair
* 1, 2, 3 or 4 staff member assistance required
* Stretcher required

Escort/s:

* Minor/end of life
* Vulnerable adult
* Patient lacking physical or mental capacity
* Non-English speaker needing translator
* Specified by the treatment unit (escalate to clinician)
* Mobility assessment

Transport:

* Oxygen required
* Restraints required
* Any equipment/luggage
* Wheelchair required

If a patient, their carer or HCP has made a request before for that patient, existing records should be called up from within the Booking Service handling system and the new episode added to the existing record.

Patients will need to be informed that the conveyance of up to one (small) bag of property owned by each eligible patient transported is allowed to be conveyed on the same vehicle as the patient,at no additional cost.

The carriage of additional quantities of patients’ property shall be at the discretion of the Provider but, if accepted, shall be without charge.

The conveyance of special feeds or dialysis fluids, provided to patients during their appointment or at the time of discharge, shall take place without additional charge.

Other medical equipment provided to or used by the patient (e.g. wheelchairs, walking frames, etc.) shall be conveyed, subject to safe stowage, at no additional cost.

Any patient who requires to carry an oxygen cylinder or requires the use of piped during the journey must be conveyed in a suitable vehicle designed for the purpose of this transfer with adequate access, safety and storage procedures in place.

**PATIENT ELIGIBLE**

Eligible patients are those:

* Where the medical condition of the patient is such that they require the skills or support of Patient Transport staff on/after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means.
* Where the patient’s medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or if would be detrimental to the patient’s condition or recovery to travel by other means.
* Recognised as a parent or guardian where children are being conveyed. Full details of the current national eligibility guidance can be found at:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_078373](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078373)

Where a patient does not meet the initial eligibility requirements, the booking service will need to demonstrate a robust appeals process. The booking service is required to ensure this happens effectively and that the needs of the Contracting Authority are being met, while ensuring patients are treated fairly.

* Patient records should be matched to the PDS to verify the NHS Number. Each Suppler will required to enter into a data sharing agreement with the Contracting Authority to agree the data transfer processes in line with Contracting Authority Information Governance requirements.
* The booking service must be able to accept batches of bookings from all sites covered under this contract, listed in [**Appendix E**](#_Appendix_E_Maps/Addresses)in a safe, Caldicott and GDPR compliant method.
* The booking service will identify, and record in the Transport Provider’s system, all the details necessary to schedule the patient journey and deliver the service standards required. Where PURCHASING AUTHORITY requests patients travel together, the Provider must follow this request unless specifically agreed in writing.

The Transport Provider must notify any changes to an outpatient journey, change in patient details or eligibility to the booking service immediately via electronic means or telephone. The process for this will be agreed with the Providers and Contracting Authority during mobilisation.

* The Provider must provide the appropriate vehicle and equipment to reflect the booking made for a patient. No changes to the vehicle can be made unless authorised by the Contracting Authority
* All scheduling of vehicle pick-ups and loading will be determined by the Transport Provider. In exceptional circumstances however the Contracting Authority may instruct the Transport Provider to perform a specific journey. In certain circumstances the Contracting Authority will require the Transport Provider to provide forecasted accurate home arrival times for discharged patients.

Booking requests may be accepted only from the Booking Service, authorised Contracting Authority staff, or from GP Practices, specified by the Contracting Authority as updated from time-to-time.

* The Transport Provider will confirm receipt (e.g. booking and estimated arrival time) with the booking service within **[15]** minutes of receipt of the booking.
  + The Transport Provider must provide the appropriate vehicle and equipment to reflect the booking made for a patient. No changes to the orders can be made unless authorised by the Contracting Authority.
  + The Contracting Authority and the booking service will advise the Transport Provider of cancelled patient journeys. If the journey is cancelled before collection time no charge will be made for the journey and these will not be included in the calculation of the number of journeys made per month.
  + All booking areas will be required to book the patient as ‘ready’ to travel. The booking service will ensure that all bookings areas are fully trained with the booking ready process via the online booking system. This training will be provided throughout the term of the contract to ensure appropriate and effective booking.

Providers will not allow bookings in excess of [3] months prior to the date of the journey, with the exception of long term bookings, to be defined and agreed with the Contracting Authority.

* In the event of a vehicle breakdown, the Transport Provider will inform the booking service as soon as possible to inform those involved in the transfer and receipt of the patient. The Transport Provider will also make alternative arrangements for the transportation of the patient(s).

**PATIENT NOT READY**

The Contracting Authority has an expectation for sufficient flexibility to be embedded within the Transport Providers real-time systems to manage a situation where a patient proves not ready for collection from a ward or department (despite having been confirmed as being ready to travel).

The Transport Provider’s staff must take appropriate action to ensure no impact to “follow on patients”.

Ensuring an efficient and effective discharge service is of the essence. The tendency to concentrate primarily on OPD during OPD peak service times at the expense of meeting the Contracting Authority’s discharge needs is not acceptable. Where the patient is at a ward or department, the Contracting Authority will have a discharge plan to allow for patients to be ready on time**.**

Where a patient proves not ready for collection from a ward or department the Transport Provider will be required to:

* + Wait up to [15] minutes before aborting the journey (resultant charges will not exceed standard abort charge).
  + Arrange to return (at no cost to the Contracting Authority).
  + Other arrangement as directed by the Contracting Authority authorised person.

In all instances, both the patient and the Contracting Authority clinical service in which the patient was due to attend should be kept informed.

**BOOKING SYSTEM FUNCTIONALITY**

The Supplier must agree with the ContractingAuthority in writing, and set out in the Mobilisation Plan, prior to the Commencement Date of the Contract the specifications of the booking and dispatch system they propose to use in delivery of the Service as well as any other software platforms or systems that the Supplier intends to use in the provision of the Services. Any changes to the specification of the booking and dispatch system (including but not limited to the identity of the booking and dispatch system provider and any major systems updates) must be approved by the Authority's Authorised Officer prior to implementation of the Supplier’s booking and dispatch system and the Authority in its absolute discretion may attach conditions to any such approval including in respect of testing and implementation of any changes to the Supplier’s booking system prior to the implementation of any such changes;

The Providers’ booking systems must facilitate:

* + Ease and efficiency of booking transport.
  + Confirmation of booking to the Patient Transport Office or Patient Transport Lounge using a booking reference number, including confirmation that suitable arrangements are in place.
  + Functionality for regular, repeat bookings.
  + Confirmation of booking to the user at the time of booking entry, including confirmation that suitable arrangements are in place.
  + Highlighting and investigation of repeat bookings.
  + Highlighting and investigation of aborted journeys/cancellations.

22.2.7 Highlighting and investigation of any patient who regularly refuses to travel, and has not cancelled their booked transport.

22.2.8 Recording and reporting of patient information and delivery against quality measures.

22.2.9 Highlighting relevant patient specific details.

22.2.10 The ability to send out alert messages.

22.2.11 The facility to book patients as ready.

22.2.12 Any upgrade or changes will not impact on the Contracting Authority financially.

**TECHNOLOGY**

Technology should be fully compliant with relevant regulations (e.g. Data Protection Act 1998,GDPR) and internal policies (e.g. a Contracting Authority's Information Sharing Agreement) and should be used where possible to enhance the experience of patients using the services. The Providers are expected to demonstrate innovative use of technology. This should be in the following forms, but not limited to:

* + The Providers must clearly indicate the tracking and booking/ management system they propose to use and be prepared to give access to the Contracting Authority appointed officer.
  + A full and detailed management information report must be downloadable each month that gives details of agreed activity on the contract from the Providers’ web sites.
  + PTS information system to be used for contract management.
  + Telematics – Technologies including but not limited to Vehicle tracking functions which can track driver & vehicle behaviour, GPS Systems and Smart Phones applications

A requirement to demonstrate live operational performance

**INFORMATION GOVERNANCE**

The Providers’ will be responsible for the provision and management of IM&T hardware and software. Secure broadband network connections must be compliant with HSCN, which replaced the centrally managed N3 national private network. Providers with legacy N3 connections will need to migrate to HSCN and new providers will need to sign up. Details can be found at <https://digital.nhs.uk/services/health-and-social-care-network> .

* The Providers’ IT system should be interoperable with the Contracting Authority’s PAS and EPR systems, which will be restricted to the approved administrator(s).
* Where it has been agreed that such information sharing is necessary and legitimate, the relevant Contracting Authority will enter into an information sharing protocol with the Provider. The benefit of such information sharing protocols is that the decision of whether to share information has already been made (removing the need for the case by case consideration). The benefits to the patient are a faster, safer and integrated provision of care.
* Appropriate information management and governance systems and processes to safeguard patient information and compliance with confidentiality and Data Protection laws/regulations and Confidentiality Codes of Practice (such as DOH code) will be required. This will need to be supported by appropriate training for all staff. All information must be secure in any form or media, e.g. paper or electronic copy. Any physical exchange of personal/sensitive data must be via an encrypted memory stick unless an alternative method is agreed.

## **GENERAL DATA PROTECTION REGULATION (GDPR).**

The minimum personal data and special categories data will be shared with the Provider to fulfil the contract provided.

* The Provider must take appropriate measures to ensure the security of data processing.
* The Provider must assist the Purchasing Authority in providing subject access and allowing data subjects to exercise their rights under GDPR.
* The Provider must notify the Purchasing Authority of any data breaches and data protection impact assessments.
* Access to all data will be terminated at the end of contract and any data must be returned to the Purchasing Authority at the expense of the Provider.

## **CONFIDENTIALITY**

All data should be treated as confidential and be disclosed in line with all GDPR regulatory protections and requirements.

* Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data.
* The Provider shall ensure their organisation and employees do not use any social media which may breach confidentiality and data protection.
* All Provider personnel must comply with national legislation and the Purchasing Authority policy in respect of confidentiality and current data protection legislation.
  + Any transfers of Patient identifiable data shall take place using secure, preferably encrypted, means.

## **ABORTED JOURNEYS**

* + An abortive journey is defined as a journey that is terminated after the vehicle has been dispatched and cannot be reasonably reallocated.
  + An aborted journey that is the result of the failure of the Provider will not be chargeable. **See** [**Appendix H**](#_Appendix_H_–) **– Abort and Cancelation Reasons Examples**
  + The Providers are expected to have an innovative and proactive approach to reduce aborted and cancelled journeys

Any journey that has commenced and is cancelled or aborted a cost will be applied for that booking.The Transport Provider will supply evidence to confirm that the journey was attempted including a crew mobile time and crew arrival at location time when this is appropriate.

Even in the above event, if the on-going delay is likely to be short (e.g., patient needs to use the toilet) the Transport Provider will be expected to demonstrate reasonable flexibility.

For aborted journeys that are outside of the control of the Provider the Purchasing Authority will set the rate payable for these transport types

The Provider will advise the Purchasing Authority of any perceived severe weather conditions, and its effects on the provision of the Services. The Providers Operations Manager, only with the prior agreement of the Authorised Officer of the Purchasing Authority may arrange to cancel all or any pre-booked journeys in these circumstances (e.g. road accidents, road closures, adverse weather etc. with the safety of both staff and patients in mind. The provider will provide a detailed business continuity/contingency plan to demonstrate the resilience of the service

**CANCELLED JOURNEYS**

Where Providers have been notified that journey is no longer needed, both the time of cancellation and time of transmission of the cancellation will be recorded by reason code and reported to the Contracting Authority. See Appendix H – Abort and Cancelation Reasons Examples

* + There will be no charge for cancelled journeys, prior to wheels turning.
  + The Providers will work together to publicise an easy and effective way for patients and others to cancel a booked journey that is no longer needed.
  + The booking service may receive cancellation of journeys and is required to notify the Transport Provider immediately upon receipt of the cancellation or aborted journey.
  + If the Transport Provider has to cancel patient journeys for reasons within the control of the Transport Provider, the Transport Provider will procure a 3rd party alternative to perform the journey as originally booked. The Contracting Authority will incur no additional costs in this circumstance. In the event that the Transport Provider fails to procure an alternative provision and the booking service is required to arrange an alternative, then there would be a re-charge for any additional cost to the Booking Service. There will also be 10% of journey cost administrative charge.
  + The journeys cancelled will not form part of the units’ chargeable service where the Contracting Authority has to procure the 3rd party service.
  + A minimum of [X] hours’ notice will be given for cancelled journeys to the Contracting Authority giving the unit the opportunity to provide alternative service.
  + The Booking Service will advise patients concerned by their preferred method of communication unless the Contracting Authority wishes to inform patients.
  + It is expected that only in exceptional circumstances shall the Transport Provider cancel journeys for reasons within their control.

**MANAGEMENT STRUCTURES**

The providers will ensure that there is an appropriate organisational structure to provide services to the levels specified in the Contract.

* The Providers shall provide an organisational structure identifying lines of accountability and key functions of staff.
* The Providers shall nominate at a minimum the following:
* Designated Contract/Quality Assurance Manager.
* Designated Caldicott Guardian – this is a senior member of the organisation who carries the responsibility for the appropriate use and protection of patient data.
* Designated day-to-day Operational Manager who can be contacted by health staff for general enquiries.
* A Dedicated PTS Service Manager must be available as required by the Contracting Authority. The key functions should be agreed with the Contracting Authority.
* Designated Lead – this is to assist with making decisions on the type of vehicle/crew needed according to the medical/mobility needs of the patient.
* A Contract Manager who will be responsible for attendance at agreed management meetings
  + An on-site Discharge/Ward Liaison Officer who support the smooth patient flow process
  + Contact details of the designated/dedicated staff will be made available, i.e. names, titles, email addresses and telephone numbers.
  + The Provider shall provide a management presence at all times during its operating hours, to ensure that the Provider’s personnel engaged in or about the provision of the Service are adequately managed to properly perform their duties
  + If any of the designated/dedicated managers are away, nominated contacts will be notified.
  + The Providers are expected to be proactive to ensure the organisation is a good place to work. This includes setting internal KPIs and encouraging staff feedback through formal and informal feedback.

**PROVIDERS’ STAFF**

The Supplier is responsible for all recruitment, management and development aspects of these Services and must ensure appropriate staffing levels are maintained at all times during the delivery of the Services, to ensure a consistent high quality service.

* The Supplier must ensure all staff employed under this Contract are familiar with the standards required to deliver the Services in compliance with this Specification, the Services in general and the requirements of the Authority in relation to the Services under the Contract.
* The Supplier must have an appropriate system in place to measure and monitor drivers and escorts, in order to ensure they perform their roles to the standards expected. Where appropriate standards are not met, the Supplier must have a detailed plan in order to provide remedial action within an agreed time frame and otherwise in accordance with the requirements set out under the Contract. Remedial actions must be reported to the Authority’s Authorised Officers and must be discussed in the performance meetings as necessary.
* All staff will demonstrate proper care and attention for the type of work, and be formally trained in the requirements of the services.
* The Providers will ensure appropriate availability of staff to meet the needs of the services. The Providers will vet staff to ensure they are of good character, tidy in appearance, and sympathetic to the needs of patients.
* The Providers will ensure that all of their staff are treated within the requirements of the law relating to The Equality Act 2010, Employment Law, the Health and Safety at Work etc. Act 1974. There must also be compliance with the Contracting Authority's Policies, e.g. Health and Safety, Smoking etc., when on the premises of the Contracting Authority, or in vehicles where patients of the Contracting Authority travel. The Providers will make sure they are up to date with any changes or amendments to these regulations and policies.
* The Providers will document information on staff training and vetting procedures for the Contracting Authority. Where non-qualified staff are transferred to the Providers, it is a requirement that they attain the relevant standards within [6] months of commencing employment. The Providers will ensure that their staff are familiar with the departments of the Contracting Authority (e.g. outpatient/treatment areas).
* Where new staff are employed by the Supplier to provide Services under this Contract, they must complete the Supplier’s minimum training requirements within [4 weeks] of commencing employment with the Supplier. Training records will be reviewed during the Mobilisation Phase. The Supplier must ensure that all staff are providing Services under the Contract are familiar with structure of the NHS as well as the Authority’s sites.
* The Provider must have appropriate Occupational Health procedures including, but not limited to, procedures to check that Staff are fit to carry out all duties safely, including regular eye sight screening/testing. The Provider is to submit to the Contracting Authority prior to service commencement and then annually thereafter for approval, their Occupational Health procedures and check list.
* Providers are reminded of the absolute necessity for maintaining in strict confidence any information or knowledge which may come into their possession relating to the NHS, any of its staff and/or patient under the Contract. It is the Providers’ responsibility to ensure that their employees and or sub-contracted Providers who may be engaged on any part of the Contract are fully informed and aware of this.
* Providers must ensure all staff are aware of, and adhere to, the procedure for reporting incidents in accordance with the Contracting Authority’s Serious Incident Policy and the national Serious Incident Framework: <https://improvement.nhs.uk/resources/serious-incident-framework/> Providers will also be expected to keep up to date with and adhere to any new and/or updated guidance on this topic from DoH/NHSE or other responsible body.
* All staff must complete conflict resolution training and training for managing difficult situations. All staff must also undertake disability assessment training.
  + All staff with access to patients or patient related information must have a current DBS check (at an appropriate level as defined by the Home Office) which must be made available upon request to the Contracting Authority. Providers must also report any DBS checks that reveal a positive disclosure, and to jointly agree with the Contracting Authority whether that employee should remain employed. DBS would also be required by any voluntary car drivers used. DBS checks should be reviewed and repeated in accordance with standard NHS guidance.
  + Providers must operate a safer recruitment process which discourages unsuitable people from applying for roles which bring them into contact with children and/or vulnerable adults. Providers must have a written and regularly reviewed safeguarding children and vulnerable adult’s policy which is current and reflects most recent safeguarding legislation.
  + The Rehabilitation of Offenders Act 1974 will apply to all staff employed to deliver the Contract.
  + Whilst on health or care premises the Provider’s personnel shall follow all reasonable instructions given to them by officers of the health or care provider in any matter which involves the immediate safety or medical needs of any Patient, member or personnel or public.

All personnel engaged in PTS or wider Public Sector activity on behalf of the Provider must be appropriately trained and will comply with current legislation and any other laws or requirements applying to the operation of this Service. In particular, the Provider must ensure their employees are made aware of, trained in and comply with:

1. The Health and Safety at Work Act 1974 & associated legislation
2. Control of Substances Hazardous to Health (COSHH) 1994.
3. Road Traffic Act 1988.
4. Equality Act 2010
5. Infection Prevention Control best practice and guidance.
6. Health and Social Care Act 2008
7. Confidentiality
8. Information governance.
9. Children’s Act 2004
10. Adult Care Bill 2014

The Provider must ensure that their pre-employment checks comply with the requirements of the NHS guidelines on pre-employment checks and ensure such checks are made before any new individual is offered a post related to this Contract. This must include:

* + ID check
  + The right to work in the UK
  + Medical check to ensure fitness to undertake role as outlined within this document
  + Full reference checks from previous employers.
  + Full enhanced DBS disclosure in line with Home Office Guidelines where appropriate/required.
  + For those engaged in a driving capacity, thorough driving assessment with evidence of competence.
  + All personnel engaged on behalf of the Provider must fully comply with all pre-employment checks.
  + Where any issues emerge as a result of undertaking pre-employment checks the Provider must discuss these issues with the Purchasing Authority immediately so that their personnel’s engagement can be effectively approved by the Purchasing Authority.

The Provider will immediately report to the Purchasing Authority in the event that its personnel employed or self-employed (full or part time) in the provision of the Service is:

1. Arrested for a criminal offence of any kind
2. Convicted of a criminal offence of any kind
3. Arrested and charged with any road traffic offence
4. Convicted of any road traffic offence or infringement of their taxi license
5. Summoned to appear as defence in civil action of any kind

The Provider must ensure that all individuals delivering the Service receive and maintain appropriate training prior to undertaking their duties. For personnel driving Patient transport vehicles this to include, at a minimum:

1. First aid
2. Basic Life Support (applicable only to those providing the Service on Ambulance, Adapted, or Specialist Vehicles).
3. Assisting walking Patients to and from vehicles.
4. Providing assistance to Patients on entering and exiting the vehicle (with or without the use of wheelchairs or carrying chairs, depending on Patient need).
5. Movement of Patients who may require the use of specialist equipment such as drips or various type of stretcher etc.
6. Conduct and attitude awareness training for personnel working with Patients.
7. Using equipment (including mechanical handling equipment) provided to them or present on vehicles.
8. Safeguarding vulnerable adults and children
9. Infection Prevention and Control
10. Incident reporting –using the Purchasing Authority procedures
11. Current Data Protection Legislation
12. Mental Health Act 1983.
13. The Race Relations Act.
14. The Human Rights Act.
15. Mental Capacity Act 2005
16. Driving Proficiency/ECO Driving
17. Patient Care and Safety
18. Customer Care & Communications Skills
19. COSHH
20. Equality and Diversity
21. Health and Safety
22. Lifting and Handling/Manual Handling
23. Managing Difficult Situations/Conflict Resolution
24. Mental Health Awareness
25. Dementia Awareness

All personnel engaged in a driving capacity must hold:

1. A full driving licence, valid in the UK, for the class of vehicle to be driven, This must be carried with the driver at all times and be available for regular checking;
2. No more than six penalty points none of which must be for drink driving, driving without due care and attention, or dangerous driving.
3. Evidence of an annual check of driving licences of all licence documents will be produced for the Purchasing Authority on request.

The Provider must:

Ensure that all personnel utilised in the delivery of the Service that may come into contact with Patients or Patients details, whether directly employed, self-employed, sub-contracted or volunteers have undergone enhanced Disclosure & Barring Service (DBS) check, as per national policy.

When considering whether information contained in a Disclosure has a bearing on the individual’s suitability to continue in the post or for a potential employee to commence employment, the decision will be based on the following:

* + The seriousness and relevance of the conviction(s);
  + Whether the conviction history suggests any safety implications to staff or patients, customers or property;
  + The length of time since the offences(s);
  + The age of the applicant at the time;
  + The background of the conviction, i.e. if it a one-off offence or part of a history of offending;
  + Any change in the applicant circumstances since the offences was committed;
  + The circumstances surrounding the offending behaviour and the explanation offered by the convicted individual;
  + Whether or not the current employee disclosed the criminal record on their application form / application process.
  + Comply with each and every one of the provisions of the Agreement or Service specification regarding discrimination on the grounds of any protected characteristic covered by the Equality Act 2010.
  + Meet the requirements of the Independent Low Pay Commission and relevant legislation with regard to the payment of the statutory minimum wage.
  + Personnel must neither solicit nor accept money, tips, gifts, or hospitality from Patients, Patient escorts, or related parties either during or outside working hours.
  + Personnel should be familiar with the geographical area covered by this specification.
  + Ensure all personnel engaged on the provision of the services are paid for their time and service and that the Provider pays any tax or national insurance on such pay.

The Transport Provider will ensure

* + That all staff are aware of and understand the need for, and maintain the highest standards of personal hygiene, tidiness, courtesy, demeanor, personal cleanliness and consideration to personnel, Patients and visitors whilst in and about the provision of the services They must also be trained to be aware of the need for understanding the response and attitudes appropriate for personnel working amongst Patients.
  + Staff deployed on the Contract must be suitably uniformed or attired, including flat soled/safety shoes, in a manner consistent with the delivery of a quality, patient focused service. Trainers are not considered suitable.
  + That its staff are clearly identifiable and carry ID cards, plus name and organisation on legible badges.
  + That staff will not smoke or use electronic smoking devices at any time in or around vehicles used for the transport of patients. The Transport Provider's staff equally will ensure that patients do not smoke or use electronic smoking devices whilst being conveyed. ‘No Smoking’ and ‘No Electronic /No Vaping’ signs must be clearly displayed in both the driver’s compartment and passenger areas at all times. The Contracting Authority requests that any information given to patients by the Transport Provider should state this.
  + That at no time allow any of the Transport Provider’s staff that may be in any way be under the influence of alcohol or mood altering substances to transport the patients of the Trust, or drive any vehicle in and about the provision of the services.
  + Drivers are not permitted to carry their friends/ relatives or fare paying passengers together with patients.
  + It will put in place a procedure for identifying lost property, storing it and returning it to the Trust. Exact details will be agreed with the Trust prior to contract commencement.
  + From time to time, the Trust will have a requirement for patients to receive leaflets/ questionnaires. Transport Provider’s staff will agree to assist in this and where necessary carry and distribute such leaflets.

## **MEDICAL EXAMINATION**

Upon reasonable request from the Trust’s Authorised Officer the Transport Provider shall ensure that all staff undergo medical examination and/ or where, on the grounds of health, remove staff from a particular location or area, if in the view of the Trust Authorised Officer they are unsuitable for work within that area.

Should any staff of the Transport Provider come into contact with any communicable disease, which may affect their ability to undertake their normal duties under the provisions of the contract, then they must notify their supervisor (or nominated deputy). The Transport Provider must then notify the Trust Authorised Officer of any such incident.

It is advised that the Transport Provider’s staff and volunteers are immunised against the following:

* Tuberculosis (TB)
* Rubella (German Measles)
* Hepatitis B
* Influenza

In addition it is a mandatory requirement that staff employed under the Contract have been

immunised against Tetanus.

Should the Transport Provider employ a person under the Contract who has not been vaccinated against the diseases mentioned, and any communicable diseases as per the current national recommendations, and who subsequently contracts or passes the disease on, the Trust will not accept any liability in each and any such event.

## **HEALTH AND SAFETY**

Incidents involving the Provider’s representatives, agents or personnel, which require reporting shall be reported as per Contracting Authority Policy. The Provider retains responsibility for ensuring compliance with the Reporting of Injuries, Diseases and Dangerous Occurrence

Regulations 2013, The Health and Safety at Work Act 1974 and all other related statutory requirements must be complied with at all times by the Provider.

Personnel of the Provider must be made aware of trained in and comply with hazard safety

precautions. Particular attention will be paid to the following areas:

* Health & Safety legislation including the need for a system for reporting incidents/abnormal occurrences and the notification of defects and hazards
* Fire Precautions

All incidents must be investigated in full and the Purchasing Authority reserves the right to additionally investigate the incident where necessary. For all RIDDOR reports, the full investigation must be shared with Purchasing Authority.

Personnel must follow each Public Sector funded site regulations at all times in particular site speed limits and site parking restrictions.

Personnel must abide by all local authority by-laws.

## **STANDARDS FOR SAFEGUARDING**

The Purchasing Authority has a statutory duty to ensure that they make arrangements to safeguard Patients and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse.

Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is also defined as a vulnerable adult where they are ‘receiving any form of health care’ and ‘who needs to be able to trust the people caring for them, supporting them and/or providing them with Services’.

The Provider shall ensure that its personnel working with vulnerable adults, children, young people and their families take all reasonable measures to ensure that the risk of harm to welfare is reduced to a minimum.

The Provider shall ensure that their Personnel are alert to the potential indicators of abuse or neglect for children and vulnerable adults and know how to act on those concerns in line with local guidance as may be issued by the Purchasing Authority.

The provider will follow each specific policy and requirements of each of the individual Purchasing Authorities procedures for any concern for welfare of safeguarding concerns that they have about a vulnerable child or Adult.

The Provider is required to circulate any updates and ensure this is undertaken in an auditable way, to the safeguarding arrangements provided by Purchasing Authority to their personnel.

All Provider staff must have up to date appropriate level of safeguarding training which will be checked prior to commencement of contracts and will be subject to routine audit of compliance

The Provider shall ensure that it has in place such reporting systems/processes as are appropriate to identify circumstances/incidents which have compromised the safety and welfare of children and or vulnerable adults.

All incidents compromising the safety and welfare of children and vulnerable adults shall be reported immediately to the Purchasing Authority in the exact way each organisation states this will be done as contained within each individual Purchasing Authority Safeguarding Procedures and

Policy Requirements. It is the provider responsibility to obtain and implement this process in advance of any contract go live

## 

## **COMMUNICATION**

The Providers are required to give clear and detailed information to patients to support an informed patient pathway/service. The Providers will work with the Contracting Authority to develop the range of current and future communications channels and content, to ensure that service users’ needs are fully met. This may include patient leaflets, that the Transport Provider, GP’s, Wards ,outpatient clinics, can distribute and will support a range of patient needs, including large font sizes, Braille and different languages if required.

The Providers will ensure that **Stakeholder User Groups**  are introduced and regularly arranged and attended to ensure effective engagement and service feedback is gained on all sites.

The Contracting Authority expects the Providers’ staff to have a proactive, friendly, solution focussed style of communication. A key objective is to have high-quality communication to discuss

Flexible and innovative approaches.

The Providers and the Contracting Authority shall establish a proactive communications/customer relations policy. The aim shall be to:

* Ensure public awareness of the access to the service (e.g. via an effective website and information sheets and in a form that is available to all including, but not limited to, languages other than English, large print, audio, Braille, Easy Read format, etc.).
* Encourage understanding of the system and co-operation from all professionals who are booking patients for transport.
* Ensure the highest standards of communication with professionals/patients so there can be a proactive improvement programme.
* Eliminate abuse of the service and reduce abortive journeys and cancellations.
* Ensure the Providers listen to patients’ experiences of services, then work with patients and the Contracting Authority to agree actions which will improve services and address issues raised through patient surveys, complains or any other format for capturing patient views.

The Providers will ensure the Contracting Authority is made aware of any actions that could impact on service delivery or publicity.

The Providers will ensure that there is an effective system in place for providing patients waiting with updates regarding expected pick up times.

## 

## **QUALITY ASSURANCE**

For the Contract, the KPIs reflect the Contracting Authority’s minimum requirements, and assume a continuing improvement in the productivity and efficiency of the Providers’ operational arrangements.

The Providers’ will have quality measurements over both the general and transport standards for the Contracting Authority on a monthly basis. There will be a facility to investigate specific quality concerns on an ad hoc basis as these occur.

The nominated Quality Assurance Manager of the Provider must ensure that the Quality Assurance Service takes account of the Contracting Authority's concerns and ideas. There will be a bi-annual "consumer survey" directed at patients, GP’s, and hospital users of the services undertaken by the Providers. The Providers will work closely with the Contracting Authority in structuring such survey programmes. All information collated will be analysed and disseminated to the Contracting Authority's Authorised Officer and to relevant Contract Managers.

Monitoring information summaries will be produced on a monthly basis by the Providers, and will be discussed within review meetings. There will be a facility for the Contracting Authority to request specific summary information from the Providers. The scope of the information required will be agreed between the Providers and the Contracting Authority prior to Contract commencement.

The Contractor will ensure that telephone and email requests for information are dealt with promptly with a same day response.

The Contractor will ensure that telephone and email requests for information are dealt with promptly with a same day response.

The Contracting Authority reserves the right to visit the Providers’ premises to ensure adequate facilities at any time.

## **SERVICE COMPLAINTS**

The Provider must inform the Purchasing Authority of any formal or informal complaints relating to the Service and maintain a database containing details of all complaints.

The different requirements for each Purchasing Authority complaints procedures will be required to be met by the Provider. These are core requirements that are outlined which will be added to in the form of compliance against the Purchasing Authority Complaints policy which the Provider is required to adhere to whilst conducting services on its behalf.

Complaints from patients, service workers and those received by the Contracting Authority will be forwarded to the Providers. The Providers in turn will forward any complaints received to the appropriate Provider and/or Contracting Authority. The Contracting Authority will mitigate any discrepancies regarding the responsibility of the complaint.

The Provider must inform the Purchasing Authority when a patient wishes to escalate a complaint.

The Provider is required to have in place, maintain, and sufficiently publicise a comprehensive complaints procedure, (including details of complaint response and resolution timescales), meeting all current requirements as follows:

The number and broad content of complaints will be monitored and summarised on a monthly basis.

* All complaints will be acknowledged within 8 hours and investigated and answered by the Provider within 2 working days of the complaint being made. This timescale may be extended at the Contracting Authority’s sole discretion.
* Summaries of the number and content of complaints by unit will be maintained by the Providers’ Quality Assurance Manager. An analysis of all complaints will be available to the Contracting Authority, together with a summary of any action taken or planned.

The Purchasing Authority reserve the right to reject the use of individuals working on this contract whilst the investigation is ongoing and for an indefinite period where the actions are deemed by the Purchasing Authority to be of a serious nature likely to place patients at risk.

The Provider shall ensure no contact is made with any party related to the complaint without the express written permission of the Purchasing Authority.

All Authorised Vehicles used solely for the purpose of PTS or public sector will contain a

prominently displayed poster, outlining the agreed procedure for any complaints, and giving full

contact details for complaints or comments about the Service. In the case of Patient Cars and Wheelchair-Adapted Taxis, the requirement to display a poster shall be waived provided that:

* The vehicle displays a prominently displayed patient compartment sticker advising that 1) a complaints procedure exists; and 2) written details of the procedure are available upon request; and
* Written details of the complaint procedure are held in the vehicle; and
* Written details of the complaint procedure are provided to Patients/escorts immediately upon request.

## **INCIDENT REPORTING**

The provider is required to report any incidents which occur whilst undertaking the Purchasing

Authority duties, no matter how minor, to the Purchasing Authority as soon as they occur.

In addition to its own procedural requirements, the provider must also comply with any actions

requested by the Purchasing Authority following the occurrence of the incident.

## 

## **REPORTING AND OPERATIONAL PROCESSES**

It is a requirement that the Provider achieves key operational efficiency metrics as required and

specified by each Purchasing Authority

The Provider may be required by the Purchasing Authority to participate in any quality improvement

initiative it reasonably requires.

The Provider shall ensure that all of its personnel are familiar with the quality standards and targets

as required by the Purchasing Authority.

Monitoring information summaries will be produced on a monthly basis by the Providers. There will

be a facility for the Contracting Authority to request specific summary information from the

Providers. The following data may be captured at a minimum in line with the data sharing

information procedure that will be agreed between the Contracting authority and the Supplier:

* NHS Number
* Hospital Number
* GP Name and Address
* CCG Responsible
* Provider Org Code
* Provider Org Name
* Booked by (name, dept.)
* Direction\* (inward, outward, transfer)
* Date of Travel
* From Address
* From Postcode
* From Dept./Clinic (if applicable)
* Booked collection time
* To Address
* To Dept./Clinic (if applicable)
* Booked collection time
* Classification
* Journey type
* Mobility
* Other Special Requirements
* Escort required (number, type)
* Booking/Journey reference number

The reports will predominantly be focus on the agreed Performance Standards of the Contract along with reporting on trends and will include an action plan should any performance metrics drop below contract requirements.

Each Contracting Authority will require accurate account management details and that may be

linked to a charter group or set monthly meetings where a submitted report details relevant activity and cost incurred detail or other allocated items.

The Providers’ staff will ensure that during the contract period, the on-site Contracting Authority

Authorised Officer is contacted immediately if any patient:

* Is found in a life threatening condition or deprived circumstances (or where there are reasons to believe this is the case);
* Is unable to attend - stating the reason;
* Cannot be contacted at their home address although reminder was sent;
* Is not available within 15 minutes of the requested pick-up time at Contracting Authority ward or department;
* Any incident during journey;

The Providers’ staff must inform an appropriate member of the Contracting Authority at the hospital or clinic concerned where there is a delay in dispatching a patient, in accordance with the KPIs. Any problems arising from the current day's work, affecting the timing of patient transport, the Providers must inform the Patient Transport Department of the Contracting Authority or authorised officer as appropriate.

The Providers, through their Contract Managers, will ensure that adequate communication and co-operation exists between the Authorised Officer of the Contracting Authority, to ensure the smooth running of each day’s operational plan.

Information relating to quality audits will be provided on a quarterly basis, unless otherwise agreed by the Authorised Officer. This information will form part of the Providers’ report and will accompany the Providers’ monthly account, no accounts will be paid unless a fully completed monthly report is provided. Information will be provided electronically and securely online if possible.

## 

## **CHARGING INFORMATION**

The Providers will submit invoices to the Contracting Authority as per the terms of the Contract, detailing all patient journey information. The exact requirements will be agreed between the Contracting Authority and Provider prior to Contract commencement; however, the Contracting Authority may agree with the Provider that there is a time limit deadline for submitting all contract invoices and therefore avoidance of backdated costs.

The Providers will submit to the Contracting Authority every month, unless specified otherwise in the site specific schedules of the Contract.

The Contract prices as documented in the Pricing Schedule will be in respect of all services to be provided to the levels and standards specified within the Specification. Separate invoices should be submitted for credits.

Any variations will be according to the NHS Terms and Conditions for the Provision of Services or Standard Form of Contract as agreed with each Contracting Authority that allows the Contracting Authority nominated officer and financial representative to approve any required variation to the service contract in advance of undertaking the work request. Unapproved invoices will not be passed or paid where agreement has not been authorised by those Contracting Authority Officers.

The Contracting Authority's payment terms are 30 days from date of invoice.

All invoices will be paid by BACS transfer and remittance advice sent electronically.

All charges, unless otherwise specified in the site specific schedules, will be based on the price per patient carried. The metric of the cost per Journey is as defined by the Contracting Authority. The Purchasing Authority shall pay the Provider the agreed fee based upon number and length of journeys as detailed by the Purchasing Authority. A full data set of activity will be required to ensure payment can be made in an accurate and evidenced based way. Failure to provide a completed data set for each journey booking may result in payment being withheld until the full data set is provided as described below. Each Purchasing Authority is able to specify additional data fields for payment at the point of each competition. It is expected that **every** journey requested for payment (100%) has a full backing record with a pseudonymised data set and clear booking reference to ensure full auditability for every activity record:

Invoice details required:

* Company Name
* Company address
* Invoice No. / Ref.
* Invoice date
* No. escorts
* Journey status – fulfilled/cancelled/aborted (with reason)
* Lost journey reason (when applicable)
* Journey cost (Transport Provider
* Oxygen carried
* Purchase order number
* Discount (where applicable)
* Service type
* Mobility type
* Pick up address
* Drop off address
* Planned pick up time to ensure on time attendance at appointment
* Actual pick up time
* Planned arrival time
* Actual arrival time
* Mileage / Journey distance
* Time on vehicle
* KPI completion for each journey (failure to report a KPI outcome against a journey may result in payment being withheld)
* CCG, Trust and GP

Where a patient does not travel for any reason, no charge shall be made where the Provider has been informed prior to the vehicle starting the run.

Where a vehicle has commenced the run, the charge should not exceed either the distance the vehicle travelled empty to the collection point or the distance between their base and collection point, whichever is shorter.

The Fixed Fee shall be applied to authorised mileage only, where one or more patients are in the vehicle on a journey either to or from a Health or care facility.

No payment will be made to the Provider for any non-operational mileage (‘dead mileage’) or associated administrative costs incurred by the Provider in the provision of this Service.

The quoted Fixed Fee(s) shall be applicable to the specific journey price(s) quoted accounting for the day, or time of day the journey commenced or concluded.

Payment of the amount payable under the terms of this Contract shall become due to the Provider 30 Days after the actual date of the receipt of the Invoice (the Due Date) unless the Invoice is placed in dispute.

## 

**CHARGING INFORMATION** Each Contracting Authority requires the Providers to work with them to balance their patients' needs with the economy of the contract, the environment and impact on society. This supports each Contracting Authority's economic competitiveness and growth, by delivering a reliable and efficient PTS networks across all Contracting Authorities and allows all to meet set targets and introduce and develop innovation which directly impacts on the contract cost.

Simple Objectives include:

* To reduce climate change from transport’s emissions of carbon dioxide and other greenhouse gases
* Reduction in the use of combustion engines and increase the use of Electric and Hybrid Vehicles or other
* Increase the number of Ultra Low Emission Zone (ULEZ) compliant Vehicles
* Contribute to better safety, security and health and longer life-expectancy of patients
* Promoting travel modes that is beneficial to health
* Promote greater equality of opportunity for all citizens
* To improve quality of life for transport users
* Promote a healthy natural environment

Therefore driving innovation, reducing costs and improving operations are strategic organisational imperatives which need joint thinking involving some of the longer term complex challenges as well as innovative solutions to gain operating efficiencies, reduce cost and improve competitive advantage to bring benefits to all involved.

Technology is usually at the heart of every solution and where added value can be achieved. Providers need to aspire to finding practical answers and operate a collaborative approach that encompasses the entire business process via smart thinking considering the “what, where and how” in terms of demand and operation. This is dependent on Provider engagement and collaboration. Providers should indicate how this will be developed to ensure full service transparency.

Cost improvement plans will be a continuous expectation in order to drive efficiency and creative thinking. Providers should actively consider how cost reduction solutions can be introduced to the contract year on year, for example, increasing vehicle utilisation and vehicle mileage reduction.

The NHS has been working on reducing the time a patient spends in the transport/ healthcare system. The over-arching objective is to reduce the total amount of transport hours patients spend transported to and from hospital, including the total amount of time spent within the hospital receiving treatment or attending consultation. The NHS believes there are opportunities for reducing the time spent within both systems by working together with the Providers.

## **ENVIRONMENTAL CRITERIA**

The Transport Provider shall demonstrate their measured progress on climate change adaptation, mitigation and sustainable development including performance against carbon reduction management plans, including performance against carbon reduction management plan, identifying initiatives for the use of electric vehicles for short or local trips. This element will be continually reported.

The Transport Provider shall have an established Environment Policy that provides a framework for setting and achieving and reporting environmental objectives, which includes enhancing environmental performance.

**TRANSPORT EMISSIONS**

The Transport Provider will monitor and manage emissions (both exhaust and noise) resulting from their transport operations as well as the cost impact/anticipated savings in terms of charging and regularly update the Contracting Authority on progress. The Transport Provider will comply with:

* + European Emissions Standards.
  + Ultra Low Emission Zone requirements
  + Hazardous Waste (England and Wales) Regulations 2005

**RESPONSIBLE CONSUMPTION AND REDUCTION**

The Transport Provider will provide have measures they have in place at their facilities to minimise waste and ensure fuel efficiency. These measures should cover, but not be restricted to:

* Details of arrangements in place to minimise waste in relation to vehicle operation and servicing (e.g. service schedules, tyre rotations etc).
* For Transport Providers who carry out their own vehicle servicing evidence of awareness of, and compliance with, relevant waste legislation relating to waste oil, battery and tyre storage and disposal.
* Objectives and targets in place for future reductions in waste and recycling rates, details and status of significant waste minimisation initiatives.
* Eco-driving training and fuel saving initiatives such as tyre pressure monitoring systems, gear shift indicators, low viscosity lubricants and low rolling resistance tyres.
* Route planning software incorporates an environmental module which assists in the economic planning of journeys and modulates drivers’ compliance and ability to meet that requirement.
* Reduction in dead miles.
* Monitoring vehicle fuel usage through real-time information on driving style, speed, carbon footprint, and engine idle time.
* LED lighting.
* Heating and power initiatives.
* Waste minimisation
* Green initiatives sponsorship to the Contracting Authority
* Invest in vehicles with recycled content or bi-content, and/or vehicles that maximise opportunities to recycle or recover parts at the end of the vehicles’ life, with the benefit of minimising waste to landfill, minimising energy consumption to dispose of vehicles and reducing future demand for resources.

**COMPLIANCE WITH ENVIRONMENTAL LEGISLATION**

For Transport Providers carrying out their own vehicle servicing they shall supply copies of hazardous waste site registrations for servicing locations, or statements explaining why they do not believe such are required for the service locations.

**GOVERNMENT BUYING STANDARD (GBS)**

The Government Buying Standards are a list of sustainable product specifications developed by the UK Government that set out minimum mandatory and best practice specifications across a range of commonly procured product categories (full details can be found at <https://www.gov.uk/government/collections/sustainable-procurement-the-government-buying-standards-gbs> The Government Buying Standards include specifications for purchase of transport and services and are aligned with the EU Green Public Procurement standards(details can be found at <https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-transport-vehicles/government-buying-standards-for-transport-2017>)

Transport Providers will be requested (where relevant to the specific service being offered) to provide details on the extent to which their vehicles comply with the 2011 Government Buying Standards, as updated, identifying where they meet the core or comprehensive criteria.

GREEN ISSUES & CARBON FOOTPRINT

In line with the NHS Carbon Reduction Strategy outlining the actions across the NHS aims to reduce the 18 million tonnes of CO2 generated across its operations. The NHS Carbon Reduction Strategy can be found on the NHS Sustainable Development Unit website: [www.sdu.nhs.uk](http://www.sdu.nhs.uk) .

In relation to PTS a number of significant sustainable development aspects have been identified. The Transport Provider shall provide information in relation to each of the areas set out below.

* Recycling –The Transport Provider will need to have policies in place to cover issues of basic office waste, paper, card, etc., as well as vehicle disposal.
* Resource Efficiency and Waste Minimisation –The Transport Provider shall provide details of measures they have in place at their facilities to minimise waste and ensure fuel efficiency.
* Compliance and Environmental Legislation –The Transport Provider shall provide details of all breaches of relevant environmental legislation within the last three years.
* Engagement with ‘supported businesses’ – The Transport Provider shall provide details and status of initiatives it is involved in to engage with ‘support businesses’, charitable organisations or other sections of the voluntary sector.

The Transport Provider will report on sustainability development performance including carbon footprint reduction to the Trust on request.

* The Transport Provider will have a green transport and environmental

policy.

* The Transport Provider will be required to report data annually on:
* Total mileage undertaken in discharging the contract by vehicle.
* Efficiency in % of occupied seats per vehicle type
* Volume of fuel drawn (by fuel type)

## **POLICIES AND PROCEDURES**

The Contractor shall allow for complying with the following Purchasing Authority policies and procedures, not limited to:

* + Security of Premises and Equipment, Reporting of Losses, Key Holding
  + Waste Disposal Policy
  + Control of Infection
  + Health and Safety Policy; Accidents at Work including Smoking and First Aid
  + Fire Procedures
  + Major Incident Procedure
  + Car Parking
  + Disinfection Policy
  + Pest Control
  + Any relevant statutory legislation
  + COSHH
  + Healthy Workplace Strategy
  + Hepatitis Advisory Group – Guidelines for the Care of Patients with Hepatitis B, Virus Inspection, November 1989
  + UK Health Department – AIDS – HIV Infected Health Care Workers, December 1991
  + Policy for Handling Media Enquiries
  + Control of Pesticides Regulations 1986
  + Control of Pollution Act 1974 (Prevention of Pollution of Water)
  + Caldicott Report on confidentiality

## **KEY PERFORMANCE INDICATORS**

The Purchasing Authority retains the right to amend and augment the core KPI set outlined below for each competition. The below represents the core set of KPI requirements that will be required for providers as part of competitions.

The Trust requires only one set of KPI linked to a retention system whereby the Transport Provider receives full payment if they achieve the monthly target for KPI performance however continuous failure credits back that retained amount to the Trust. See **Appendix**

**TRANSPORT PROVIDER KPIs**.

Each failure to meet the Performance Standards will be discussed at the monitoring meetings and may affect the activity level placed upon the Transport Provider and ultimately may result in the suspension or cancellation of the Contract where there are continuous failures reaching the agreed KPI percentage ratio.

For all Trusts termination will be in line with the terms in the Contract and subject to a 6 months’ notice where the service infringements are agreed by both parties not to be compliant and the service improvement efforts cannot be resolved.

The achievement of these Performance Standards will be assessed each Month and overall for the Year (based on a rolling annual average after the first Year) to identify any failure trends.

The Transport Provider acknowledges and agrees that the payment of the full Contract Price is dependent upon meeting the set performance against the KPIs. Where the Transport Provider fails in any month to meet the KPIs in respect of these a retention for non-compliance will applied to the monthly invoice: The Transport Provider is responsible for providing monthly detailed information on the details applicable to contract which allows the Trust to monitor their performance and compliance to the conditions requested.

Any “Service Credit” will be treated as an accumulation of the percentage failure for the element which fails to reach the agreed standard and each transgression. Service Credits will be applied to the payment of the next invoiced bill received immediately after the failure happens where rectification has not been made and demonstrated to the Trust appointed representative.

The Transport Provider will notify the relevant Trust of any failures that do not achieve the KPIs and identify where these breaches have occurred in accordance with the Contract conditions and not wait for the Trust to audit and declare a breach.

The KPIs cover the following areas:

* Performance
* Environment
* Data Quality
* Contract Management
* Reporting
* Financial
* Standards
* Risk Management
* Patient Experience
* Vehicles
* Incident Reporting

**Major Failure is clarified as:**

* Death of a person wholly attributed to Transport Provider action,
* Material Contract breaches not remedied with 30 days or
* Repeated more than 3 times (measured through KPIs)
* Continuing issues not rectified by Transport Provider
* Serious disruptions to the transport service by Transport Providers staffing arrangements.

Notwithstanding remedies detailed within the Contract.

## 

## **REVIEW OF CONTRACT PERFORMANCE**

There are four levels at which the Trust Authorised Officer and Transport Provider will communicate with regard to the Contract service.

* Enquiries and operational issues on an ad hoc basis
* Contract/Operational Review Meeting
* Contract Review Meeting
* Emergency/Urgent Meeting

Minutes will be recorded by the Transport Provider during the meeting and thereafter issued as a record. The Transport Provider will respond to all action points generally within 7 working days, or as agreed.

There will be a quarterly contract review meeting to review the performance over three months and discuss future initiatives for continuous improvement of the services. The Transport Provider will provide a report of the service.

An annual contract review meeting will agree any changes to the contract price and the achievement of incentives and deductions based on the annual CPI rate.

Emergency/Urgent meetings shall be held within half a day, or as soon as reasonably possible.

The Transport Provider may also be required to attend meetings with other departments and staff within the Trust.

No charge shall be made by the Transport Provider for attendance at any meetings.

If the Contract Performance Standards are not met, procedures are described in the Contract.Review progress against any open remedial action plans; where necessary confirm exception reports and subsequent actions.

## 

## **MONITORING**

The Purchasing Authority reserves the right to undertake unannounced audits and inspections of any aspect of the service relating to this contract.

Monitoring information summaries will be produced on a monthly basis by the provider and may be discussed within monthly review meetings.

There will be a facility for the Purchasing Authority to request specific summary information from the Provider at no additional charge. The scope of the information required will be agreed by the Purchasing Authority and the provider prior to contract commencement.

## 

## **SERVICE CREDIT**

This service is key in supporting the Purchasing Authority operational delivery in providing flexibility to support delivery of services to the public sector; therefore, failure to deliver resources for an outlined journey could impact on service delivery, contractual obligations and performance.

The Purchasing Authority will advise at the point of each competition the inclusion of any service credit arrangements and the rate of the service credit that may be applied and the circumstances of when these will be applied.

**Service Credits may be applied in the following circumstances:**

* Poor performance against the contract KPIs
* Cancelling a journey booking (hands back a booking) for work previously committed to
* Late arrival times that result in the ‘re-bed’ of a patient that was booked for discharge
* Data quality issues including the failure to provide full data sets and KPI reporting for each journey
* Paper based reporting as all journey bookings must be tracked on digital systems to ensure accurate and systematic reporting
* Communication failures in reporting and contract meeting requirements
* Staff attitude and behaviours that impact on patient care and staff experience

## **ADDITIONAL CHARGES**

Additional charges to quoted prices are not accepted without prior and written agreement from the Purchasing Authority on case by case basis. There is no scope for additional charges for the conveyance of Zimmer frames, equipment and luggage conveyance for patients that fit within the permitted levels of luggage. No additional charges can be made for front seat conveyance or any other routine patient transport activity requirements that are common in nature such as those described above.

Any provider who wishes to charge any form of any additional charge outside of the price per journey quotes must make this explicit through a clear itemised charge sheet describing the circumstance for any charge, the charge rate and data capture process. This must be provided at point of any and each bid and may be used in the assessment decision by the Purchasing Authority to select the overall most economically advantageous total contract value comparison. It is clear that contract price envelopes can be exceeded without prior and explicit agreements relating to the circumstances for any additional charging mechanisms.

For journeys that are classified as out of area each journey the Purchasing Authority retains the right to market test each booking or group of bookings (journey’s and shifts) Providers should therefore not assume that out of area, on day and out of contract bookings will be automatically referred for completion.

## 

## **MANAGEMENT INFORMATION AND ACTIVITY LEVELS**

The Transport Provider quality audits must include:

* Carbon emissions reporting as agreed
* Finance details linked to carbon reduction

A summary report of all patient journeys against each of the quality standards for patient conveyance will be provided monthly indicating how early or late patients were on arrival at the Trust, in relation to their appointment time, according to the following time bands:

* Early, over 91mins, reporting early time by patient
* Early, by 61 - 90mins,
* Early, by 46 - 60mins,
* Early, by 31 – 45mins
* Early, by 16 – 30mins
* Early, by 0 – 15mins
* Late, by 0 – 15mins
* Late, by 16 – 30mins
* Late, by 31 – 60mins
* Late, by over 61mins, reporting late time by patient

There will be a further requirement for Transport Provider monitoring and reporting to take place to ensure the highest standards are achieved, this monitoring will include the following by Trust, Directorate, clinic and categorised as follows:

* The number of patients who are late against the specific criteria
* The number of patients who are collected too early against the specific criteria
* The number of patients who spend more than their specified time on the vehicle – along with service credit failure points (as outlined in KPIs)
* The number of patients aborting by reason for abort
* Volume profile by mobility type (e.g. Walker, wheelchair etc.), by clinic/department
* Volume of cancellations by clinic/departments
* Volume profile of escorts
* Volume by mileage bands and mobility
* Volume by GP Practice
* Volume by Clinical Commissioning Group (CCG)
* Volume by post code district
* Record of all service credit failures aligned to thresholds
* A summary of exception reports including agreed actions

The Trust may also monitor the Transport Provider or its sub-contractors using its own designated officer(s). This may involve access, under reasonable conditions, to the Transport Provider’s property and records, including vehicles, without giving prior notice. The Transport Provider will not refuse the Trust’s Authorised Officer access to any records relating to the Contract.

The Trust reserves the right to arrange for the Authorised Officer, or designated employee, or other nominated person, to travel on any vehicle with patients to observe the quality of service provided, or for training purposes. No charge will be made for the person travelling in the fulfilment of this role.

The Transport Provider will be required to maintain a complete record of all patients conveyed or cancelled. The Trust reserves the right of access to this information on request.

## 

## **INSURANCE**

Indemnity Arrangements shall provide minimum levels of cover, for each claim, as follows:

Employer’s Liability Insurance = [£5m]

Public Liability Insurance = [£5m]

Professional Indemnity Insurance = [£5m]

Vehicle Insurance

Policies need to provide cover for incidents which occur within the timeframe this contract is in force. Where a policy provides cover based on the date the claim is received, then insurance must be kept in place for a further three years after the expiry of this contract.

## 

## **EXIT PLANNING STRATEGY**

The Supplier shall support the Contracting Authority by providing the information they will require to assist them with their preparations for the procurement of transport services.

[Six] months prior to the expiry date of the Contract, the Supplier shall, at no extra cost, provide the Contracting Authority with complete and accurate management information and activity data for services provided to the Contracting Authority during the preceding 12 Months of contract and service delivery.

The information required by the Contracting Authority includes but is not limited to;

* Journey date and day
* Journey Category
* Journey Time
* Handling code
* Mileage
* Mileage band
* Direction of travel

## **MOBILISATION**

The Supplier shall provide a detailed Mobilisation Plan with their tender response, which will detail how the Supplier plans to mobilise the Contract in as short a timescale as possible. The Mobilisation Plan must indicate implementation timescales and indication of areas deemed to be challenging or more time consuming. The Supplier must identify their communication plan as well as project achievement milestones and commit to dates by which these milestones will be achieved, including testing and acceptance of the Supplier software (including without limitation the Supplier’s CAD System and Online Portal). The Supplier must aim to mobilise the contract within the timeframes provided by the Contracting Authority.

The Supplier must add a risk mitigation statement that discloses a plan to offset staff objections or issues and account for implementation delays; including the identification of high-risk issues and the proposed mitigation.

The Supplier is required to deliver the Services in accordance with the further details set out in the detailed mobilisation proposal and will obtain the written approval of the Authority's Authorised Officer before implementing and changes or departures from the detailed Mobilisation Plan.

# Appendix A - Non-Emergency Patient Transport Eligibility Criteria

#### 1. Document Purpose

This document sets out the eligibility criteria for the Contracting Authority’s Non-Emergency Patient Transport Services (NEPTS), to take effect on all NEPTS journeys to be provided and will ensure a standard approach to eligibility so that patients receive a consistent response to requests for this form of transport regardless of where they receive their healthcare.

#### 2. Scope

To standardise access to NEPTS across the LPP’s customers that is classified as non-urgent, planned and scheduled transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This will cover all NHS and independent service providers contracted to the NHS.

#### 3. Introduction

The current Eligibility Criteria for Patient Transport Services (PTS) document was issued in August 2007 by the Department of Health. The proposals in this document comply with the current guidance, however this may be subject to change over the duration of the contract

in line with any updates and changes issued by the Department of Health.

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#### 4. Eligibility Criteria

The NHS has limited resources and providing non-emergency patient transport must be reserved only for those whose medical conditions warrants it and the expectation is that patients are expected to make their own transport arrangements. NEPTS must only be targeted at those patients who have a clinically stated **medical need** that prevents them using private or public transport.

Prior to booking transport, the protocol will demand that enquiries have been made to determine whether the patient is able to make their own way or alternative arrangements via friends or family. It should also be made clear that NEPTS services will not be provided for social or financial reasons.

**It should be noted that**: Patients attending NHS treatment do not have an automatic right to NEPTS; if they do not fully meet the agreed eligibility criteria, then transport will not be awarded. In general, patients are expected to make their own arrangements for travelling to and from healthcare premises, this ensures that limited resources are available for those who really need them.

If a patient has a medical or mobility condition where they need NEPTS staff to support them to and from a hospital or clinic for treatment, they may be eligible for patient transport. NEPTS caters for those patients where the medical condition will require the skills of NEPTS staff and/or it would be detrimental to their diagnosed condition or recovery if they were to travel by any other means.

Patients in receipt of mobility allowance are not usually eligible for NEPTS as their mobility allowance should pay for their transport to and from hospitals. They may be entitled to NEPTS if there is a medical need – i.e. if they have leg in plaster and cannot get to hospital by any other route

#### 5. Qualifying Criteria

The embedded document is an example that sets out the eligibility criteria that may be used to determine if NHS funded Non-Emergency Patient Transport Services will be provided;

\*Eligible patients are those: -

* Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means.
* Where the patient’s medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient’s condition or recovery to travel by other means.
* Recognised as a parent or guardian where children are being conveyed.

\*Department of Health Eligibility Criteria for Patient Transport Services 2007

#### 6. Discharges

A patients’ journey home should be discussed with the patient upon admission. It is expected patients’ will make their own arrangements unless they are judged as eligible for hospital transport using the established criteria.

#### 7. Booking NEPTS

The current procedures for booking NEPTS will remain but it is expected that the eligibility criteria will be adhered to consistently throughout the duration of the contract and every effort must be used to book NEPTS in advance.

#### 8. Appeals

Any appeal against the refusal to award NEPTS should initially be dealt with informally by the Call Centre or Managed Service Provider and if a satisfactory agreement cannot be reached it should be escalated to the Contracting Authority’s Authorised Officer. **NB** It would be expected that there will be no exceptions to the eligibility criteria; if the patient fails to meet the criteria the request for NEPTS must be declined and the patient sign posted to known services, including;

* Local authority provided transportation
* Public transport, including bus routes
* Voluntary sector transport provision
* Private hire/taxi services

For those patients who do not have a medical need for ambulance transport, but may require help in meeting the cost of travel to and from their care may be entitled to financial assistance under the Hospital Travel Costs Scheme (HTCS). https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/

To be eligible for assistance under the HTCS, a patient must be in receipt of at least one of the following:

* Income Support
* Income Based Jobseekers Allowance
* Income Related Employment and Support Allowance
* Guarantee Pension Credit
* Named on or entitled to a valid NHS tax credit exemption certificate (if the patients does not have a certificate, the patient can show their award notice; the patient qualifies if they get Child Tax Credits, Working Tax Credits with a disability element (or both) and have income for tax credit purposes of £15,276 or less
* get Universal Credit and meet the criteria

**Patients must be assessed every time they request NEPTS as their condition may have changed. Contracting Authority to provide details/list of any exceptions.**

Patients will only be able to claim back the full travel costs by using the cheapest form of public transport available. If travelling by private car patients may be able to claim for the fuel used and unavoidable car parking costs, up to the cost of the same journey by public transport. Further information can be found at;-

<https://www.gov.uk/government/publications/healthcare-travel-costs-scheme-instructions-and-guidance-for-the-nhs>

**Annex B1 – Template for Appendices**

**Appendix Number -**

**Annex B1 section -**

**Appendix A - Non-Emergency Patient Transport Eligibility Criteria**

**Appendix B - Booking Process**

**Appendix C N/A**

**Appendix D N/A**

**Appendix E - Maps/Addresses**

**Appendix F – Example Cleaning Schedule**

**Appendix G – Vehicle Standards And Vehicle Equipment**

**Appendix H – Abort and Cancellation Reasons Example**

**Appendix I - Key Performance Indicators (KPIs)**

**Appendix B – BOOKING PROCESS**

**APPENDIX C- KEY LOCATIONS**

**APPENDIX D BOOKING SERVICE KPI**

**APPENDIX ECADICOTT & GDPR COMPLAINT**

**APPENDIX F CLEANING**

**APPENDIX G VEHICLE STANDARDS**

**APPENDIX H ABORT**

**APPENDIX I TRANSPORT KPI**

**APPENDIX K RTN**

**Specification –** **Part 2: Services only**

|  |  |
| --- | --- |
| **SPECIFICATION** | **BIDDER RESPONSE**  Please indicate your compliance of the requirements of the specification below.  points that |
| **SCOPE OF THE CONTRACT** |  |
| **SERVICE REQUIREMENT** |  |
| **LOCATIONS** |  |
| **SERVICE CATEGORY & DEFINITIONS** |  |
| **CONTRACT OBJECTIVES** |  |
| **PATIENT EXPERIENCE** |  |
| **EXCLUSIONS** |  |
| **PATIENT DIGNITY STANDARDS** |  |
| **PATIENT MOBILITY AND ESCORTS** |  |
| **TECHNICAL SUPPORT** |  |
| **JOURNEY CLASSIFICATION** |  |
| **PATIENT TRANSPORTATION STANDARDS** |  |
| **STANDARDS FOR PATIENT COLLECTION (PICK UP)** |  |
| **STANDARDS FOR PATIENT CONVEYANCE (DURING JOURNEY)** |  |
| **STANDARDS FOR PATIENT DELIVERY (DROP OFF)** |  |
| **ACTIVITY LEVELS AND DEMAND MANAGEMENT** |  |
| **OPERATIONAL PLANNING** |  |
| **CONTINGENCY PLANNING** |  |
| **TRANSPORT TIMING** |  |
| **ORDERING TRANSPORT** |  |
| **PATIENT ELIGIBLE** |  |
| **PATIENT NOT READY** |  |
| **BOOKING SYSTEM FUNCTIONALITY** |  |
| **TECHNOLOGY** |  |
| **INFORMATION GOVERNANCE** |  |
| **GENERAL DATA PROTECTION REGULATION (GDPR).** |  |
| **CONFIDENTIALITY** |  |
| **ABORTED JOURNEYS** |  |
| **CANCELLED JOURNEYS** |  |
| **MANAGEMENT STRUCTURES** |  |
| **PROVIDERS’ STAFF** |  |
| **MEDICAL EXAMINATION** |  |
| **HEALTH AND SAFETY** |  |
| **STANDARDS FOR SAFEGUARDING** |  |
| **COMMUNICATION** |  |
| **QUALITY ASSURANCE** |  |
| **SERVICE COMPLAINTS** |  |
| **INCIDENT REPORTING** |  |
| **REPORTING AND OPERATIONAL PROCESSES** |  |
| **CHARGING INFORMATION** |  |
| **ENVIRONMENTAL CRITERIA** |  |
| **TRANSPORT EMISSIONS** |  |
| **RESPONSIBLE CONSUMPTION AND REDUCTION** |  |
| **GOVERNMENT BUYING STANDARD (GBS)** |  |
| **GREEN ISSUES & CARBON FOOTPRINT** |  |
| **POLICIES AND PROCEDURES** |  |
| **KEY PERFORMANCE INDICATORS** |  |
| **TRANSPORT PROVIDER KPIs** |  |
| **REVIEW OF CONTRACT PERFORMANCE** |  |
| **MONITORING** |  |
| **SERVICE CREDIT** |  |
| **ADDITIONAL CHARGES** |  |
| **MANAGEMENT INFORMATION AND ACTIVITY LEVELS** |  |
| **INSURANCE** |  |
| **EXIT PLANNING STRATEGY** |  |
| **MOBILISATION** |  |

Confirmation of full compliance with Specification

ANNEX B3  
TENDER RESPONSE DOCUMENT

**Note to Bidders: Your response to this Annex B3 will be included in** **Schedule 5 (Specification and Tender Response Document) of the contract. As such, it will form part of your contractual obligations to the Authority if you are awarded a contract.**

1. SERVICE QUALITY

# Overview

* 1. Describe how you propose to meet the requirements within the set specifications?

Within your response please detail your key service proposals that will meet the requirements of the service specifications.

|  |
| --- |
| **Response** |
|  |

* 1. Describe how you will provide a safe and efficient service to the Contracting Authority in line with all current legislative requirements, including Health & Safety, infection control and other clinical requirements.

|  |
| --- |
| **Response** |
|  |

* 1. **STAFF**

Demonstrate how you will develop your staff including details of basic and specialist training that is provided and how ongoing competence will be managed and maintained, including any award and accreditation schemes for staff.

|  |
| --- |
| **Response** |
|  |

* 1. Describe how you will care for patients, including patient dignity and privacy expectations and provide them with a high quality experience.

|  |
| --- |
| **Response** |
|  |

* 1. Describe how your company actively seeks feedback from your customers on service quality and performance of personnel. Provide evidence to demonstrate the use of such feedback in confirming satisfactory performance or in identifying where improvements are necessary.

|  |
| --- |
| **Response** |
|  |

1. Management Capability & Risk Mitigation

2.1 Describe how you intend to manage this contract, including:

* Procedures/Processes & Checks proposed
* Mobilisation programme detailing activities and timelines
* How you will ensure a seamless transition from the incumbent provider(s)
* Liaison with the Authority’s Staff
* Vehicle/ Equipment Purchasing
* TUPE approach in accordance with the 2006 TUPE regulations (where applicable)

|  |
| --- |
| **Response** |
|  |

If you are a private sector supplier please describe within your response how you will provide NHS staff with access to an NHS pension under the New Fair Deal.

|  |
| --- |
| **Response** |
|  |

2.2 Describe how you intend to manage this contract, including:

* Your organisational structure on and off site
* Account Management and procedures;
* How will you provide 24/7 service where required
* Staff recruitment, vetting and retention procedures
* Driving Licence checking process
* Escalation procedure & resolving customer complaints
* Minimising non-recurrence of complaints and analysis reporting
* Evidence the type of management information, including performance reporting (i.e. key performance indicators) that will be made available to the Authority.

|  |
| --- |
| **Response** |
|  |

* 1. Describe how you would control major and minor risks by providing a detailed Business Continuity Plan (BCP), for this contract including an assessment of risks e.g. risk, likelihood of occurrence, likely impact on the business, how you would mitigate this and provide a sample report to show the effectiveness of your plan.

|  |
| --- |
| **Response** |
|  |

* 1. If you intend to How will you manage sub-contractors to ensure service delivery performance (if applicable)

|  |
| --- |
| **Response** |
|  |

3 Operational Capability/Innovation

3.1 Please describe how you will respond to and support the Same Day Emergency pressures within the Trust, and how you envisage this being operational

|  |
| --- |
| **Response** |
|  |

**3.2** How will you ensure that you have sufficient capacity to manage this contract and meet the Authority’s requirements? You should also describe how you propose to manage the provision of staff and vehicles to cater for the Contracting Authority’s peaks and troughs in activity.

|  |
| --- |
| **Response** |
|  |

4 Sustainability and Social Value

4.1 What plans do you have in place for reducing carbon emissions and delivering a sustainable solution through enhanced utilisation of vehicles and ‘cleaner’ vehicles?

|  |
| --- |
| **Response** |
|  |

4.2 Describe how you plan to demonstrate your organisation’s environmental objectives and how environmental performance is enhanced for its significant environmental aspects.

|  |
| --- |
| **Response** |
|  |

**4.3 Social Value**

Social Value How will your company deliver social value?

|  |
| --- |
| **Response** |
|  |

# Method statement questions

5.1 Please specify any areas or elements for which you wish to use a subcontractor and provide the following details:

* + - 1. which subcontractor you wish to use and for what elements;
      2. what reasons you have for such subcontracting;
      3. why particular third parties would be chosen;
      4. any existing relationship with each such subcontractor; and
      5. how you would ensure that appropriate management controls would be put in place.

|  |
| --- |
| **Response** |
|  |

* 1. Please explain what contractual arrangements you have (if any) with subcontractor(s) to ensure that your obligations to the Authority will adequately flow down to the subcontractor(s).

|  |
| --- |
| **Response** |
|  |

ANNEX B4  
cOMMERCIAL SCHEDULE

1. GENERAL INSTRUCTIONS
   1. All pricing should be in pound sterling (£GBP). If applicable please convert you currency into UK sterling using the rate published by the European Central Bank on the date you submit your Tender.
   2. Costs should be quoted exclusive of VAT. Please confirm this in your Commercial Schedule, and indicate if the project will attract VAT and at what rate.

* 1. If your proposal includes costs for sub-contractors these costs must be identified and shown inclusive of any VAT they will charge you.

1. PRICING MODEL AND CONNECTED QUESTIONS
   1. Please complete the following costs model. Please give information on your overall approach to the following:
      1. how charges will be calculated for each element of the services; and
      2. the proposed payment profile over time.

* 1. Please break down your price by completing the tables below. This should include your total charges for all of the services, which should be broken down into individual service elements and as specified in the tables.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Daily Charge (£)**  **Cost per crewed Crewed vehicle** | **Daily Charge (£)**  **Full Speciced service** | **Total cost per year**  **Based on an average 365 day year**  **(313 week days plus 52 weekend days)** |
| **Weekday service**  Two crews based in the hospital to respond to same day demand for hospital transport from 10.00 to 22.00 staggered with crossover between 14.00-19.00.. | £ |  |  |
| Weekend service  One crew based in the hospital to respond to same day demand for hospital 10.00- 20.00. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ad hoc services** | **Duration** | **Daily Charge** |  |
| Daliy charge for an additional vehicle based at the Royal Berkshire week day |  |  |  |
| Daliy charge for an additional vehicle based at the Royal Berkshire weekend day |  |  |  |





* 1. [*Insert any further questions (and space for the Bidder's response) which may help to evaluate the cost/pricing proposition of each Bidder*]

1. ACHIEVING SAVINGS
   1. Please give details of any savings you envisage could be made and how you envisage these could be achieved. Please give examples of where you have been successful in achieving cost savings for your customers.

|  |
| --- |
| **Response ([*maximum [insert number] words*])** |
|  |

* 1. Would you commit to reducing your charges over the life of the contract? Please give details of how this would apply and how you would approach taking into account any initial investment by you to achieve particular savings.

|  |
| --- |
| **Response ([*maximum [insert number] words*])** |
|  |

ANNEX B5  
CONFIDENTIAL AND COMMERCIALLY SENSITIVE INFORMATION

1. INFORMATION SUPPLIED BY THE AUTHORITY
   1. All the information that the Authority supplies as part of this contract may be regarded as Confidential Information as defined in Schedule 4 of the NHS Terms and Conditions.
2. INFORMATION THAT THE BIDDER CONSIDERS TO BE EXEMPT FROM DISCLOSURE
   1. The Bidder considers that the type of information listed below is exempt from disclosure under the Freedom of Information Act 2000 ("**FOIA**") and/or the Environmental Information Regulations 2004 ("**EIR**") for the reasons given below.

|  |  |  |
| --- | --- | --- |
| **Information considered exempt from disclosure (include page/paragraph reference)** | **Reason for FOIA/EIR exemption** | **Period exemption is sought** |
|  |  |  |
|  |  |  |
|  |  |  |

ANNEX B6  
ADMINISTRATIVE INSTRUCTIONS

**Note to Bidders: Please complete this Annex. If you are awarded a contract, the details you provide here will be copied into** **Schedule 1 of the contract (Key Provisions).**

1. CONTRACT MANAGERS
   1. For the Supplier, the Contract Manager at the commencement of the contract will be as follows (see clause 3):

|  |  |
| --- | --- |
| **Name** | [*Insert name*] |
| **Contact details** | [*Insert address, e-mail address*] |
| **Role** | [*Insert details]* |

1. NOTICES
   1. Any notices served on the Supplier under the contract are to be delivered to (see clause 4):

|  |  |
| --- | --- |
| **Name** | [*Insert name*] |
| **Address** | [*Insert address*] |
| **Role** | [*Insert details*] |

1. MANAGEMENT LEVELS FOR DISPUTE RESOLUTION
   1. The management levels at which a dispute will be dealt with are as follows (see clause 5):

|  |  |
| --- | --- |
| **Level** | **Supplier representative** |
| **1** | [*Contract manager*] |
| **[2]** | [*Insert role*] |
| **[3]** |  |

ANNEX B7  
FORM OF TENDER

**DECLARATIONS BY THE BIDDER (TO BE SIGNED AND RETURNED BY THE BIDDER)**

**FORM OF TENDER, NON-COLLUSION, CONFLICTS OF INTEREST AND ANTI-CANVASSING**

**DECLARATIONS**

**TO: ROYAL BERKSHIRE NHS FOUNDATION TRUST**

**PROPOSAL TO *PROVIDE Non-Emergency Patient transport (Discharge transport.) to the Royal Berkshire NHS Foundation Trust***

**REFERENCE NUMBER: [*Insert reference number of FTS contract notice used as a call for competition*]**

## **Form of Tender**

## We have examined the invitation to tender ("**ITT**") dated [*insert date of ITT*] and all accompanying annexes and schedules. This Tender is made subject to the terms of the ITT, including but not limited to the instructions to Bidders.

## We declare that to the best of our knowledge the answers submitted in response to the Eligibility Questions (including the self-declaration) are correct.

## We tender against the requirements, and offer to enter into a contract with the Authority comprising the following:

* the NHS Terms and Conditions (Annex A1 of the ITT);
* the Specification (Annex B2 of the ITT) ([*including our response to the Specification*]);
* our responses to the Tender Response Document (Annex B3 of the ITT); and
* our response to the Commercial Schedule (Annex B4 of the ITT).

## Accordingly, this Tender is a contractual offer capable of acceptance by the Authority. If the Authority accepts this Tender, we will execute any agreement that the Authority produces to record in one place the offer and acceptance.

## We undertake to keep the Tender open for acceptance by the Authority for a period of ninety (90) days - [*consider whether period is appropriate*] from the deadline for receipt of Tenders.

## We understand that you are not bound to accept the lowest priced, or any, Tender.

## **Non-collusive tendering**

## In recognition of the principle that the essence of tendering is that the Authority, shall receive bona fide competitive Tenders from all those tendering, we certify that this Tender is a bona fide Tender that is intended to be competitive.

## We have not fixed or adjusted the amount of this Tender under, or in accordance with, any agreement or arrangement with any other person.

## We have not done, and we undertake that, we will not do at any time before the hour specified for the return of the Tender any of the following acts:

* communicate to a person other than the Authority the amount or approximate amount of the proposed Tender (except where the disclosure, in confidence, of the approximate amount of the Tender was essential to obtain insurance premium quotations required for the preparation of the Tender);
* agree with any person that they shall refrain from tendering or as to the amount of any Tender to be submitted; and
* offer to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other Tender any act or thing of the sort described above.

**Conflicts of interest**

We acknowledge that we are responsible for ensuring that no conflicts of interest exist between us (and our advisers) and the Authority.

So far as any possible conflict of interest has arisen, we have notified the Authority promptly in writing of that potential conflict of interest and have taken any steps agreed with the Authority to avoid the conflict.

We acknowledge that if we fail to comply with this requirement, we may be disqualified from the procurement at the discretion of the Authority.

**Anti-canvassing confirmation**

We have not canvassed or solicited any member, officer or employee of the Authority, in connection with the proposed contract award and to the best of our knowledge and belief nor has any person employed by us or acting on our behalf done any such act.

We further undertake that we will not in the future canvass or solicit any member, officer or employee of the Authority, in connection with the proposed contract and that no person employed by us or acting on our behalf will do any such act.

Name of person duly authorised to sign tenders:

Date: .............................................................................

Name: .............................................................................

in the capacity of: ................................................................

duly authorised to sign tenders for and on behalf of:

............................................................................................

**By completing this Form of Tender and submitting your Tender you have agreed that the statements in this Form of Tender are correct and that you have complied, and will continue to comply, with the Authority's policies on non-collusion, conflicts of interest and anti-canvassing.**

1. See EU definition of SME <https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en> [↑](#footnote-ref-1)
2. UK companies, Societates European (SEs) and limited liability partnerships (LLPs) will be required to identify and record the people who own or control their company. Companies, SEs and LLPs will need to keep a PSC register, and must file the PSC information with the central public register at Companies House. [See PSC guidance](https://www.gov.uk/government/publications/guidance-to-the-people-with-significant-control-requirements-for-companies-and-limited-liability-partnerships). [↑](#footnote-ref-2)
3. Central Government contracting authorities should use this information to have the PSC information for the preferred supplier checked before award. [↑](#footnote-ref-3)
4. [Procurement Policy Note 16/15– Procuring steel in major projects](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473545/PPN_16-15_Procuring_steel_in_major_projects.pdf) [↑](#footnote-ref-4)