THE PROVISION OF A NON-EMERGENCY PATIENT TRANSPORT SERVICE SPECIFICATION (Lot 1 - NON-EMERGENCY PATIENT TRANSPORT SERVICE)

ON BEHALF OF

CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST AND THE NORTH WEST LONDON ICS

(as Contracting Authorities)

Version: 2.0

## INTRODUCTION

* 1. This is potentially a 3 + 2-year contract to provide a Non-Emergency Patient Transport Service (Lot 1) for a Non-emergency Patient Transport Service for Chelsea and Westminster Hospital NHS Foundation Trust (CWHNFT) & North West London Integrated Care Systems Contract Authorities (NWL ICS) (“the Contracting Authorities”).
	2. The service will be provided 365 days a year 24 hours a day. This will include the transportation of for example HDU, End of Life, Paediatric and mental health patients.
	3. For clarity whilst there may be some occasional journeys booked from Chelsea and Westminster Hospital which requires journeys to and from West Middlesex Hospital this service is for the service based at Chelsea and Westminster Hospital only.

* 1. It is expected that the following Contract Authorities may also join these services, therefore, it is expected that individual Contract Authority requirements will be added prior to publication:
* Chelsea and Westminster Hospital NHS Foundation Trust
* NHS North West London CCG
* London North West Healthcare Trust
* CNWL and West London Joint Procurement Service
* The Royal Marsden NHS Foundation Trust
* The Hillingdon Hospitals NHS Foundation Trust
* Imperial College Healthcare NHS Trust

Any reference of any service delivery for just Chelsea and Westminster Hospital NHS Foundation Trust will be expected to add the additional requirements for all participating Contract Authorities.

See Section 13 of this service specification that will outline the specific individual requirements of each of the above Contract Authorities.

Chelsea and Westminster Hospital NHS Foundation Trust is one of eighteen organisations that make up the North West London Sustainability and Transformation Partnership (NWL STP), now known as the North West London Integrated Care Systems (NWL ICS).

Further information regarding the North West London STP including its members is available at: <https://www.england.nhs.uk/integratedcare/stps/view-stps/north-west-london/>.

It is therefore possible that more Contract Authorities may join these joint services.

## SERVICE PROVISION

* 1. Transport will be provided by the Transport Provider who must be registered by, and with the CQC, to the patient’s place of residence, other hospital facilities, nursing homes, or such other address as determined by the Trust as appropriate. The requirement is for a door to door service.

### The Agreement covers the transportation of non-emergency patients with or without patient’s own wheelchair for the following categories of patient (this list is not exhaustive):

1. Outpatient appointments and day case
2. Discharges
3. Transfers / patient repatriation
4. Inter-site transfers
5. Inter-site outpatients
6. Admissions/inpatient
7. Mental health including secure transfers – To include West Middlesex Hospital
8. Wait & return services
9. Home visits
10. Wheelchair Assisted – single and double crew
11. Travel in own chair – single and double crew
12. Long distance
13. Bariatric
14. Stretcher
15. Escorts
16. High dependency patients – To include West Middlesex Hospital
17. End of Life journeys and Emergency Care Treatment Plans (ECTP)
18. Private Patients
19. Pulmonary Hypertension Service
20. Paediatric patients – To include West Middlesex Hospital
21. Infectious patients – To include West Middlesex Hospital

### The Service Provider will be responsible for delivering a service that meets the needs of our patients as identified by the patients themselves in the NHS North West London Collaboration of Clinical Commissioning Group Quality Standards and Patient Charter and as updated.

2.1.2 The Agreement covers patients who fall within the following mobility category description:

|  |  |
| --- | --- |
| Walker: | Walking patient who may require assistance of the driver to or from their place of residence and to or from the hospital. The style of vehicle will be allocated following mobility assessment of patient.  |
| Walker Requires Wheelchair: | Walking patient that may require wheelchair assistance to or from their place of residence and to or from the hospital. The style of vehicle will be allocated following mobility assessment of patient. |
| Wheelchair (patient has own wheelchair and can transfer): | Wheelchair patients who will travel with their own wheelchair and can transfer to and from a seat within the vehicle. |
| Wheelchair (patient travels in own wheelchair): | Wheelchair patients who will complete their entire journey in their own wheelchair and cannot transfer to or from a seat within the vehicle. |
| Two Person Crew: | Patients who will need the skills of two people to manually assist them into the vehicle.  The patient should be supervised in the rear of the vehicle by the attendant for the whole of the journey.  A two-person lift patient may also need to be lifted or carried at some stage of the journey (including up or down stairs). These patients may also require oxygen therapy. These patients may or may not travel with or in their own wheelchair. |
| Four (or more) Person Crew: | Patients who will need the skills of more than two people to manually assist them into the vehicle.  The patient should be supervised in the rear of the vehicle by the attendant for the whole of the journey.  A more than two-person lift patient may also need to be lifted or carried at some stage of the journey (including up or down stairs). These patients may also require oxygen therapy. These patients may or may not travel with or in their own wheelchair. |
| Stretcher Patient: | A patient who may need to travel in a recumbent or semi-recumbent position for all or part of the journey and may require two people to lift or carry them (the attendant will be required to supervise the patient in the rear of the vehicle for the whole of the journey). These patients may require oxygen therapy. |
| High Dependency: | Patients who need to travel in an appropriately equipped vehicle e.g. with monitoring equipment (3 lead monitor minimum), piped oxygen, AED, spinal board, scoop stretcher, suction unit, first-aid bag and basic life support equipment and who may need to travel with equipment in situ e.g. drips / syringe pumps. These vehicles will have the ability to secure and transport the Authority’s incubators. While there may be a qualified nurse or medical escort, the Service Provider should be fully trained in the use of specialized equipment with a skill level of ECA or equivalent FPOS Enhanced as a minimum. |
| Bariatric: | Patients whose weight/ shape deems that they need to travel in vehicles with specialist bariatric equipment. Bariatric patients are those greater than 25 stone in weight or BMI greater than 30. Although weight and BMI are not the only consideration and the patients build must also be assessed. The Service Provider will need to carry out a risk assessment prior to transportation. This may also require specialist equipment to enable access into the patient property. |
| Secure Vehicle: | A patient who requires secure transport for their own and/or staff safety. Mental health patients have the right to safe transport that minimises interference with their rights, dignity and self-respect, and that reduces the likelihood they will experience the transport as a traumatic event. This right however, needs to be balanced with the safety of all concerned and the active management of risk. The patient’s legal status under the Mental Health Act 1983 and 2007 will impact the choice of transport used. Safe transportation requires matching the clinical care needs of the patient with the appropriate transport options and is underpinned by safety and in some cases security considerations and the principle of least restrictive care and risk management. |

### The Service Provider will be responsible for delivering an efficient cost-effective service that will meet the differing needs of our patients and services and will therefore need to be flexible to meet those demands.

* + 1. Transportation for Outpatient and Day case appointments will involve a routine movement to and from the patient’s place of residence and their appointment. Activity will be of a relatively predictable nature. All routine transport bookings will normally be pre-planned with at least 24 hours’ notice however, on occasion may be booked on the day.

### Arrangements for appropriate contacts within the Service Provider’s structure should be made available for service users to escalate NEPTS issues ensuring swift resolution. This is over 24hours 365 days. The Trust will require an out of hours senior duty manager’s contact number

* + 1. The Agreement covers patients requiring transport to (an Inward Journey) or from (an Outward Journey) the Authority facility and from and to other hospitals, health and civic centres, nursing homes, hospices, satellite units and any other location as determined by the Authority to be eligible for non-emergency patient transport.
		2. The Contractor will be required to provide an electronic booking system for use by the Trust and the local GP’s
		3. The Transport Provider will be responsible for the safe, timely, and comfortable transport of patients between their place of residence, a Trust facility, nursing home or such other address as determined by the Trust. The requirement is for a door-to-door service.
		4. Providing a managed NEPTS for all patients who are under the Authority’s care and who meet the agreed eligibility criteria for NEPTS. The Service Provider will provide a 24 hours per day, 365/6 days per year, including Bank and Public Holidays and as requested by the Site Manager.
		5. Delivering a service that meets the needs of our patients as identified by the patients themselves in the NHS North West London Collaboration of Clinical Commissioning Group Quality Standards and Patient Charter.
		6. Delivering an efficient cost-effective flexible service that can meet the needs of our patients and services delivering ‘Value for Money’
		7. Providing a service that can flex and adapt to the peaks and troughs in demand, accommodate the potential for NHS moving to seven day working and outpatient services moving location. This flexibility may be in the form of number and type of vehicles, the mobility of the patients transported or the locations to which they travel. The contractor will be expected to amend the service to reflect any changes in service delivery in terms of demand.
		8. Ensuring arrangements for appropriate contacts within the Service Provider’s structure covering 24 hours should be made available for service users to escalate NEPTS issues ensuring swift resolution which must include out of hours.
		9. There is adequate patient journey and other associated data (including journey cost) collection down to GP Practice and CCG level for the Authority to monitor this contract against its funding streams. All data must be presented by the 5th working day in an easy-to-read format to clinical leads who are the budget holders. Financial information must be provided by the 5th working day of the month. The Service Provider will prepare a draft format for the approval of the Trust and the comprehensive report must be submitted monthly.
		10. The Transport Provider may arrange for alternative, subcontracted transport to meet the requirements of the services. Under these circumstances, the Transport Provider retains full and total responsibility for the provision of the services to the Contract standards. Such sub-contractors will have met the minimum requirements in the Standard Selection Questionnaire and be agreed in advance with the Trust in writing. All charges will be at the tendered rate card. No additional charges will be borne by the Trust. The maximum level subcontractor level allowed will be limited to 5% per financial year. The alternative subcontracted transported will need to be CQC registered.
	1. Care Pathway
* Patient transportation will be made available to all patients under the care of the Authority who meet the Eligibility criteria as specified by the Authority.
* Transport will be provided to any of the Authority treatment sites for NHS Services for patients registered with CCGs.
* Patients with an outpatient appointment whose CCG is not listed in this document will be signposted back to their GP Practice to book their transport or for the Service Provider to seek authorisation from the patient’s CCG in order to transport the patient.
* For discharge, transfer or repatriation of a patient whose CCG is not listed in this document it is the responsibility of the Service Provider to liaise with the Service Provider for that CCG in the first instance. If the CCG’s provider cannot respond within the Authority’s service standards for NEPTS, The Service Provider will complete the journey, and charge the Patients CCG for the journey completed.
* In addition, a dedicated fast response HDU vehicle at Chelsea & Westminster is required for fast track patients to include NICU babies. Currently this includes a two-person crew working 19:00hrs to 07:00 hrs, 7 days a week.
* The Service Provider will ensure that the service is available and flexible to meet the needs of patients with a physical, learning disabilities or sensory impairment. The Authority may need to inform the Service Provider about specific requirements for individual patients.
* The Contractor will be responsible for providing a flexible service that meets the needs of the users and is adequately resourced.
	1. Patient Transport Service Charter

Every patient can expect a certain level of care, comfort and service when using the non-emergency patient transport service. What our patients can expect on every journey:

* Their driver will: be fully uniformed, wearing a visible ID, introduce themselves to the patient on arrival, be appropriately trained and provide a timely and effective transport service. Wearing items of non-uniform will not be permitted.
* Our patients will: feel safe in the vehicle, with their seatbelt or wheelchair secured correctly, be treated with dignity, and have their religious and cultural beliefs respected, be treated with care and compassion, and have fair access to our services, irrespective of their gender, race, disability, age, sexual orientation, religion or belief.

The vehicle every patient travels in will: be comfortable and suitable for their mobility requirements, be clean, provision of blankets particularly in cold weather, appropriately equipped, and properly maintained with regular safety checks.

* 1. As part of the service providers patient lounge facilities, it is a requirement for the provider to provide a beverage service at their expense encompassing tea/coffee/water and a selection of biscuits throughout the day.
	2. The patients lounge will be open and manned between the hours of 08.00 to 18.00hrs Monday to Friday. Additionally, providers are required provide a price for the lounge to be staffed between the hours of 18.00 to 20.00hrs.
	3. Currently the soft service provider provides a porter service to the discharge lounge, the Trust would like to explore the opportunity for the NEPTS Contractor to provide this service.
	4. To assist in the development of the service the Trust requires a cost for Chelsea & Westminster hospital for the provision of a full-time porter within the lounge to assist with the movement of patients to and from wards and departments as necessary.
	5. Authority Sites – currently for just Chelsea and Westminster Hospital NHS Foundation Trust, other authorities will add their information here:

The Authority sites where a NEPTS provision may be requested:

|  |
| --- |
| The Authority Locations - Chelsea and Westminster Hospital NHS Foundation Trust |
| Hospital Sites |  |  |
| Chelsea and Westminster Hospital369 Fulham RoadSW10 9NH  |  |  |
| Community Clinics. Occasional requirements may be required for Patients as determined by the Authority. Clinics are located locally to the Authority sites. These include but are not limited to:**Dean Street** 56 Dean Street W10 6AU**10 Hammersmith Broadway** W6 7AL: |

## OBJECTIVES

### To provide a high quality, flexible service that can meet, grow and respond to the changing needs of the Authority and North West London healthcare environment. A service that is patient centric and cost effective and one that continually innovates to deliver efficiency and value for money.

### *Quality* – Patient-centred services delivered at all points of patient contact in a safe, friendly and effective manner by trained staff in clean, comfortable vehicles. This includes a responsive helpdesk service, easy to use booking and journey tracking system while keeping journey times low and ensuring promptness of arrival and pick-up.

### The Service desk will be accessible 24 hours a day 365 days through:

*Phone*

*Email*

*Web access with users having login details to be able to complete the request*

Outside of the core hours the Trust will accept that the service can move to an ‘out of hours’ call centre providing that this does not have an adverse effect on the service provision.

*Flexible and Responsive* – Service must provide flexibility to respond to changing patient needs as well as organisational needs; specifically, new healthcare locations, on-the-day requests, flexible times for pick-up and delivery including evenings and weekends.

The required response times are as follows:

* 98% local patients (Kensington and Chelsea and Westminster) will not spend more than 1 (one) hour on a vehicle Subject to extraordinary traffic conditions
	+ 100% of this category to be 1 hour 30 minutes
* 100% of patients will not spend more than 1 hour 30 minutes in a vehicle
	+ Subject to extraordinary traffic conditions
* 100% of patients will not spend more than 1 hour 30 minutes in a vehicle
	+ Subject to extraordinary traffic conditions
* 100% of patients will arrive at the Trust within 30 minutes prior to their appointment and 15 minutes after appointment time
	+ Subject to extraordinary traffic conditions
* 90% of patients will be transferred from the hospital within 1.5 hours of the appointment time unless a “booked ready time” has been arranged
	+ Subject to extraordinary traffic conditions
	+ 100% within 2 hours
* 100% of patients who have not been collected at the agreed pickup time will not wait more than 1 hour for transport
	+ Subject to extraordinary traffic conditions
* 100% of patients for in-patient admission will arrive at the hospital on time for their appointment and no more than 30 minutes before their appointment.
	+ Subject to extraordinary traffic conditions
* 100% of patients will be discharged from the hospital within 1 hour of the agreed time
	+ Subject to extraordinary traffic conditions
* 100% of patients for Day Surgery will not arrive at the Hospital after the appointment time and no more than 30 minutes prior to the appointment time
	+ Subject to extraordinary traffic conditions
* 98% of patients requiring transport out of hours will be collected within 1 hour of the booking. 100% within 90 minutes
	+ Subject to extraordinary traffic conditions
* 100% of patients requiring transport out of hours will be collected within 2 hours of the booking.
	+ Subject to extraordinary traffic conditions
* 98% of patients will not spend longer than 1 hour on the vehicle
* 98% of patients will be transferred from the hospital in 1 hour, 100% in 90 minutes

These must be reported on a monthly basis to each Contract Authority.

## 4. PATIENT MOBILITY AND ESCORTS

* 1. Whilst it is the Trust’s responsibility to record the eligibility of patients, the Contractor will escalate to the Authorised Officer where this is being abused.
	2. Where the eligibility has been incorrectly categorised for example a trolley rather than a chair this will be escalated with the ward or department and the Authorised Officer.
	3. The Contractor will call patients the day before to confirm the transportation details, where there is no response from the patient; the Contractor will advise the department who made the booking to confirm the status of the appointment. On a monthly basis the Contractor will provide details of all aborted journeys and action taken to reduce the number.
	4. 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
	5. 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.
	6. Patients must be carried in a stress-free environment where the focus must be on their welfare and wellbeing.
	7. 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.
	8. 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 such as blankets /sheets and transported alone.
	9. The Transport Provider will allow guide 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. In these instances, the patient would be expected to travel alone.
	10. The Transport Provider will allow for the patients escort to travel when included on the booking at no additional charge
	11. The Transport Provider shall ensure that staff will:
* Advise passengers of their obligation under law to wear seat belts unless they are exempt and have a certificate showing this. Staff must assist patients where necessary in the proper application of the seat belt.
	+ Ensure that patients are appropriately dressed for warmth and dignity.
	+ Ensure that patients are comfortable during their journey and that the vehicle is kept at a comfortable temperature and is well ventilated.
	+ 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.
	+ Check the patients carry medication, any necessary medical equipment, appointment card, doctor’s letter, etc.
	+ Check where necessary that household appliances have been switched off, premises locked and that the patients have their keys.
	+ Ensure that all patients are secured safely using seat or stretcher safety belts.
	+ Carry patients’ equipment and belongings, ensuring they are secured safely, e.g. wheelchair, Zimmer frame, medical notes and personal possessions. Some discharge patients may carry boxes of food or medication this should be accommodated where possible.
	+ Ensure patients are not unattended while negotiating steps or stairs, or when boarding or alighting from the vehicle – if necessary, assisting the patient.
	+ Inform the relevant department if the patient becomes unwell during the journey. This will follow agreed procedures which include referral to emergency services.
	+ Return all equipment to the designated location if the journey has left the site, as agreed with the healthcare facility.
	+ 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.
	+ If any patient is found in a life-threatening situation, the Emergency Ambulance Service must be contacted immediately – if appropriate, using the 999 telephone system, also advising the controller.
	+ 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.
	1. The Transport Provider will determine all scheduling of vehicle pick-ups and loading to meet appointment time as per the KPIs.
	2. Patient equipment and belongs:

The Service Provider will ensure patients own equipment and belongings are secured safely e.g. wheelchair, walking frame, medical notes, and personal possessions and prescribed medicines

Where a patient is travelling with luggage the Service Provider will be expected to carry a maximum of two items of luggage not exceeding 15kg and no larger than an aircraft cabin sized suitcase, hospital bag plus one small bag similar to a handbag.

If the patient does have luggage in excess of this the Service Provider will assess if there is capacity on board to take the excess luggage and store it securely on the vehicle; otherwise the Service provider will liaise with the ward/department to make alternative arrangements.

The Service Provider shall ensure that any documents that contain personal or sensitive information are secured whilst in the vehicle and not left in public view or able to be accessed by anyone not authorised to view them.

* 1. Transportation of Animals:

The conveyance of up to one support animal, (guide animal, hearing animal, mobility/clinical support animal) providing assistance to each eligible patient transported shall take place, on the same vehicle as the patient, at no additional cost.

Where an eligible patient requires a support animal to be conveyed no other patient shall be transported in the same vehicle.

Following conveyance of a support animal, the Service Provider will undertake (at no additional cost) any cleaning that may be required to return the vehicle to an acceptable level of cleanliness for the conveyance of patients.

## Call handling

### Calls to the eligibility and assessment booking centre should be received on specific Direct Dial Inwards (DDI) telephone numbers, enabling calls to be counted. As well as the standard destination (DDI) number, a second destination number, preferably using a different network and/or different destination should also be available.

### The service Provider will provide an automated call distribution system with menu driven options including the use of automated messaging to indicate to callers when demand is high or position within a queue when appropriate

### The service Provider will implement diverse routing so that calls automatically re-route to an alternative number in the event of an outage on the main telephone line

### The call centre will provide a single Freephone or local rate telephone number (subject to negotiation with the Authority) for patients to contact the service

### The call centre will maintain a system for recording the length of time between a call connecting to the service and being answered by an assessor

### The call centre will ensure that 95% of calls are answered within 60 seconds of the welcome message (length of which will be agreed by the Authority). This period of time excludes any use of queue strategy or call waiting. The Service Provider must ensure that the caller can speak to a live assessor within 60 seconds.

### The call centre will ensure that 98% of calls are answered within 120 seconds of the welcome message.

### Call abandonment rate to be no more than 3%

### All inbound and outbound calls to the service will be recorded. Calls will be retained for 12 months

### All legal obligations in regard to data protection must be complied with in line government legislation and the Service Provider must also be able to incorporate any future legislation changes in regard to call recording and the protection of personal data.

## ORDERING OF TRANSPORT

* 1. The Contractor will be responsible for providing an on line electronic patient booking package which the Trust has full access to, this will include local GP’s and Care Homes where requested.
	2. The majority of patient transport will be booked by 15:00 hrs on the previous day, however there will be bookings taken for the same day and it will be expected that the service will be delivered within the agreed timescales at no extra cost to the Trust. All scheduling of vehicle pick-ups and loading will be determined by the Contractor. In exceptional circumstances however the trust may instruct the contractor to perform a specific journey. In certain circumstances the trust will require the contractor to provide forecasted accurate home arrival times for discharged patients.
	3. The Trust will advise the Contractor of cancelled patient journeys. If the journey is cancelled before 5pm the day prior to collection no charge will be made for the journey. If the patient cancels with the driver the day prior to travel no charge will be incurred.
	4. The Contractor must advise the Trust immediately if they are unable to transport a patient to the Trust due to a failure in their ability to provide the Services. Failure on behalf of the Contractor will mean that the Trust reserves the right to use alternative means of transport, where the contractor fails to provide subcontracted services, and to charge to the Contractor any excess charges encountered by the Trust, including an administration charge of 10% of journey cost, for such Service failures.
	5. Out-of-hours requests for transfers between NHS Trusts may be booked directly by the department concerned, unless specified otherwise in the site-specific schedules. Such patients must be picked up within 60 minutes of request.
	6. Whilst the majority of bookings will be within the London area there will be a requirement to transport patients outside London this will be chargeable at [XXXX] per mile. There will be a requirement for pre-planned breaks of any journey over 2 hours.

# Classification for journey planning

### Any of the journey classifications detailed below may require a nurse escort and associated return journey. Such escorts will be notified to The Service Provider at the time of booking.

### When the Authority provides a nurse escort The Service Provider may need to return the nurse and any equipment back to the hospital, which should be included within the service cost. Nurse escorts are to be returned without undue delay.

## Discharge

### This is the movement of patients from an inpatient facility or emergency unit managed by the Authority to a place of residence or alternative care provider for all patients in the care of the Authority.

### Discharges from emergency units are very difficult to predict and will be booked with little or no pre-notice to the Provider.

### Patients for discharge will be taken to the discharge lounge when they are ready for collection by the Service Provider. The locations and operating hours of these lounges are detailed below, although these are flexible and can be adjusted to meet patient, the Authority capacity and seasonal need. At any time that the discharge lounges are not open, the Provider will collect patients direct from the wards.

|  |  |  |
| --- | --- | --- |
| 1. Hospital Site
 | 1. Days of Operation
 | 1. Hours of Operation
 |
|  |  |  |
|  |  |
|  |  |  |

## Transfers / Patient Repatriation

### Patient Transport will be required for eligible patients registered with a GP practice outside of London needing to be repatriated to their local district hospital or their home address. Transportation for this patient group will be unpredictable and requested at short notice. To avoid losing the receiving bed these patients will be required to be picked up within four hours from when the booking is notified unless booked as ready to leave after this timeframe) and ensure the patient arrives to meet their package of care at their destination.

### Patients requiring transportation may have complex needs; therefore, vehicles and staff should be appropriate to manage such patients.

## Inter-site Transfers

### Inter-hospital transfers will be from one Authority bedded care facility to another or from the Authority bedded care facility to an acute facility for assessment (e.g. diagnostics). A large proportion of these journeys will be booked on the day

## Time Critical transfers

### The Authority has a requirement for urgent transfers between Authority sites under certain circumstances for particular specialties such as heart attack assessment centre, stroke rehabilitation and Paediatric services.

### The Authority is looking for proposals on how to provide for such a need with a response time as quick as possible.

## Outpatients and Day case appointments

### Transportation for Outpatient and Day case appointments will involve a routine movement to and from the patient’s place of residence and their appointment. Activity will be of a relatively predictable nature. All routine transport bookings will normally be pre-planned with at least 24 hours’ notice however, on occasion may be booked on the day.

### See data provided on current volumes of on the day requests for outpatient services. This is only a set moment in time and Service Provider is expected to provide a service that can flex to the fluctuations and changes in demand.

### The service will provide suitable transport for eligible patients attending all outpatient and day case appointments ensuring their physical, equipment and any special requirements needs are met.

## Inter-site outpatients

### Transportation for Outpatient and Day case appointments are occasionally required for inpatients at the Authority facilities. Usually, these appointments are known about in advance and bookings will be pre-planned with at least 24 hours’ notice; however, on occasion these will be booked on the day and a same day service required.

### See data provided on current volumes of on the day requests for outpatient services. This is only a set moment in time and Service Provider is expected to provide a service that can flex to the fluctuations and changes in demand.

## Admissions/Inpatient

### Relatively routine movement of patients from their place of residence to a healthcare facility managed by the Authority. Activity will be of a relatively predictable nature with bookings being pre-planned with at least 24 hours’ notice however, on occasion may be booked on the day.

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## Mental Health including secure transfers

### Mental health patients have the right to safe transport that minimises interference with their rights, dignity, and self-respect, and that reduces the likelihood they will experience the transport as a traumatic event. This right, however, needs to be balanced with the safety of all concerned and the active management of risk. The patient’s legal status under the Mental Health Act 1983 and 2007 will impact the choice of transport used. Safe transportation requires matching the clinical care needs of the patient with the appropriate transport options and is underpinned by safety and in some cases security considerations and the principle of least restrictive care and risk management.

### The Service Provider must be able to provide a national specialist service for the transportation of adolescence and adult mental health patients between the Authority healthcare facilities and any other mental health agency nationwide 24 hours a day, 365 days of the year.

### The Contract is dedicated to the provision of the specialist care and movement of detained and non-detained service users where trained escort(s) and RMN are required as part of the crew. The Trust may provide the RMN or may request the Transport Provider does, this will be confirmed at the time of booking. The Transport Provider is expected to provide a cost-effective proposal for journeys undertaken during normal working hours and outside of working hours including weekends.

### Arranging admission to a secure hospital or mental health unit, or between hospitals, is unpredictable for all concerned and circumstances may vary from one situation to another. The impact on departments including Emergency Units can be disruptive and difficult for patients and staff to manage.

### The Service Provider must ensure that patients are conveyed safely and securely, in a lawful and dignified manner with the minimal amount of distress possible.

### The majority of the workload will be notified as an on the day service request due to the nature of the service being requested. This will require strong on the day / night coverage to react quickly to bookings both in hours and out of hours.

### See data provided on current volumes of mental health journeys. This is only a set moment in time and Service Provider is expected to provide a service that can flex to the fluctuations and changes in demand.

### The Transport Provider is permitted to sub-contract the services with prior agreement with the Trust. It is anticipated that this will only be undertaken for long-distance journeys.

### The Service Provider will allow for expected increased volumes of mental health journeys, most of which will not require specialist caged vehicles.

### Please see appendix A for further details

## Wait and return services

### Patients attending outpatient appointments of less than 30-minute (thirty) duration must have the ability to be pre-booked as a “wait & return” for the following mobility groups: stretcher, HD, bariatric, 4 or more person crews.

### Wait and return service means the patient is transferred to the healthcare facilities treatment couch/trolley/bed for the duration of the treatment, and the Service Provider remains in the vicinity to enable immediate return journey upon completion of appointment.

### To qualify for a wait and return service for an outpatient appointment the journey will be pre-planned with at least 24 hours’ notice and take no longer than 30 minutes.

### There will be occasions when the Authority inpatient is attending an appointment on another site and a wait and return service is the most appropriate method to ensure the journey is conducted without detriment to the patient. On occasion, these journey requests will be made on the day of travel.

##

## Home Visits

### These are journeys when a member of the Authority’s clinical team accompanies a patient who is being prepared for discharge to their home then return together.

### These are very low frequency, usually less than one return journey a month between the hours of 08.30 and 16.30 and take about one hour at the patient’s residence.

### On occasion, the A&E team would need to book visits out of hours or at weekends. This is very rare, but transport is crucial to prevent unnecessary admission to hospital or delay a discharge.

## Long Distance

### These journeys will primarily be booked by the Authority staff using the journey categories discharge or transfer and will be managed as such by the Provider

### Where the CCG have a nominated Service Provider that must be used for all patients, The Service Provider will act on behalf of the Authority to book and manage these journeys for discharge and repatriation patients to these locations.

### In the event that the CCG nominated provider cannot respond to the journey request within the Authority’s service standards for NEPTS the Authority’s Service Provider will conduct the journey on behalf of the CCG nominated provider.

## Bariatric

### The transport provider will be responsible for conducting patient assessments (including at their property) for all patient journeys categorised as bariatric.

### These assessments (completed in preparation of the first time transferring the specific patient then annually or as the patient circumstances change) will be used to ensure the Provider is sourcing the appropriate equipment, skilled crew and vehicle.

### There will be occasions when this assessment will be required on the same day to enable timely discharge and support patient flow through our hospitals.

### It is anticipated that volumes of journeys for patients categorised as requiring bariatric suitable transport will increase.

## High dependency

### Providing an enhanced level of service to cover all the needs of high dependency patients such as those with complex medical needs and where a higher level of crew skills will be needed.

### The Provider will have the ability to move level 3 patients between the Authority sites with necessary medical escorts provided by the Authority

## End of Life Care and Emergency Care Treatment Plans

### Journeys for end-of-life care will always be completed as solo patient journeys with a relative escort if requested

### Journeys for patients identified as requiring rapid discharge for end-of-life care must be prioritised over all other pre booked or ad hoc bookings

### Journeys for patients receiving palliative care and or have a status recorded as DNACPR but are not identified by the Authority for end-of-life care will be managed as per the journey category e.g. OPD or discharge and do not require to be solo patient journeys unless specifically requested by the Authority’s authorised person

### Due to the nature of this service hospice beds can become available at short notice with restricted operational hours which dictates the rapid discharge response

# Transport Provision

### The availability of transport will be sufficient to manage predictable and unpredictable surges in demand. The Service Provider will profile demand and corresponding transport capacity for each day to take account of seasonal fluctuations. This profiling will be maintained on a rolling basis at least two months in advance.

### Transportation will be required throughout the hours of operation each day and the Service Provider will make necessary arrangements to accommodate changeover / start and end of staff shifts such that patients can be transported for the full hours of operation each day.

### Patients and healthcare professionals making a transport booking will be advised of a window for pick up that will not exceed 60 minutes in length (e.g., 0800-0900).

### Transport will pick patients up within the contracted service standards and not drop off the patient [30 minutes] before their appointment time.

### If arrival or departure time is delayed from the booked time, the Service Provider must inform the relevant department of the late arrival of transport (including discharges) and keep both the patient and relevant department informed in real time to allay anxiety.

### The Service Provider must provide and maintain an up-to-date contacts directory for all relevant clinics.

### Where a risk assessment is required to determine the method of transport to transfer a patient to or from their home or any factors associated with the journey (e.g., steps to the patient’s door), the Service Provider will undertake such a risk assessment and liaise with the relevant clinic / service caring for the patient to confirm appropriate transport. On occasion may be required on the same day to minimize the impact on patient flow.

### If the patient is not ready for transportation from a hospital or health service setting at the booked appointment time, the vehicle on scene will wait not more than 15 minutes for the patient to be made ready. If the patient is not ready within this time, the service will co-ordinate with the relevant organisation to transport the patient at the next most convenient time, using an alternative vehicle if necessary.

* 1. [There may be a requirement for patients to be transported within the site for example from ED to the Mental Health Trust and Patient Transported will be required to complete this task.]
	2. A Quality Assurance Manager shall be identified by the Service Provider whose role will be to monitor the effectiveness of the Patient Transport Services in liaison with the appropriate nominated manager of the Authority. Details of this person and the monitoring to be undertaken are to be provided by The Service Provider prior to contract commencement.

### The Service Provider will ensure that there is an appropriate organisational structure, and it is flexible enough to meet the varying demands of the services detailed in this specification.

1. ABORTED JOURNEY
	1. A Patient Journey may be aborted for reasons outside the control of the Contractor. These are estimated to form up to 1% of all bookings. (where this detail has been provided it is to be found in the site-specific schedules) Where the contractor charges for an aborted journey and such aborted journey is for the reason given in example d) below, the Contractor must post a card through the letterbox stating that he called and at what time. This will be at the contractor’s expense.

The trust will provide the contractor with a telephone number for the patient and the contractor must attempt to contact the patient before leaving.

 Examples of reasons for abortive journeys are:

a. Cancelled appointment and the Contractor not informed

b. The Contractor given wrong address or incorrect details

c. Patient not at home, (at the specified collected time), ~ door answered, and driver informed of this

d. No answer at door

e. Patient states no appointment

f. Patient refuses to travel

g. Patient too ill to travel

h. Patient deceased

i. Inpatient

j. Patient not ready

k. Wrong mobility

The trust must be informed verbally at the time of the abort:

* 1. The Contractor will advise the Trust of any perceived severe weather conditions, and its effects on the provision of the Services. The Contractor’s Operations Manager, only with the prior agreement of the Authorised Officer of the Trust may arrange to cancel all or any pre-booked journeys in these circumstances (e.g., very heavy snowfall) with the safety of both staff and patients in mind. The tenderer will provide a detailed business continuity/contingency plan to demonstrate the resilience of the service.
	2. The Contractor's Staff will make every reasonable effort to confirm that the patient is not at home, waiting up to five minutes for a response to doorbell/knocker/visual enquiries. The Contractor's Staff will make immediate contact with their Office Facilities, who will liaise with the Trust, and take action as required by the same. No such journey will be paid for unless the above is adhered to.
	3. The Contractor's Staff will make immediate contact with their office facilities to check the address of the patient and take every action to remedy this fault prior to aborting the journey.
	4. Should the Inward Journey be aborted for the reasons described in B.5.1 the subsequent Outward Journey will be cancelled as a result by the Contractor, and the Outward Journey will not form part of the unit’s chargeable service. Should the patient subsequently make his or her own way to the Facility then the Outward Journey is to be re-booked by the Trust and re-instated by the Contractor within the standard contract rate.
	5. The contractor will be required to telephone all patients the day prior to travel to confirm collection time.

### In order to reduce aborts even further and minimise delays and waiting time; the Service Provider will send an automated message to the patient, using a method agreed with the patient, 30 minutes before transport arrives.

1. VEHICLE REQUIREMENTS
	1. It is expected that the Transport Provider will provide one or all of following operational vehicles to transport patients as a minimum:
* Car/People Carrier - A car with a minimum of four doors, suitable for walking patients, with (as appropriate) collapsible wheelchairs.

NOTE: All cars must be of suitable size to allow easy access for walking and infirm patients.

* Modified Vehicle with Oxygen Supply - A medium sized panel van or chassis conversion (e.g. Fiat Ducato Long Wheelbase Maxi) equipped to carry patients requiring to be transported in their own wheelchair, but can transfer into a fixed seat or patients travelling without a wheelchair or other aid who require to be carried to or from the ambulance.
* Standard equipment will include: a tail lift or suitable ramp, a carry chair, stair walker, portable oxygen, fixed seats with lap and diagonal seat belts, tracking and approved safety clamps to secure patients travelling in their own wheelchairs and seat belts and fasteners to be applied to all patients travelling in their own wheelchairs. An impact protection system must be in place in all vehicles.
* Ambulance with Stretcher and Oxygen Supply - As above, but also to include an approved stretcher to be fitted and secured down one side of the cabin of the ambulance.

 In both cases conversions are to comply with Schedule Six of the Road Vehicles (Construction & Use) Regulations 1986 and the Road Vehicles (Approval) Regulations 2009 which includes Directive 2007/46/EC, which apply to all vehicles constructed to carry more than eight but not more than 16-seated passengers. This includes the following: 2 fire extinguishers, first aid kit, grab handles, legal lettering for exits, rear scope, and automatic step lights to side and rear steps and exhaust to emit to offside. Spillage kits must be carried on board the vehicle.

* Ambulances suitable for HDU/EMT and/or Bariatric patients ensuring adequate width ramping. The vehicles will need to meet all relevant UK and European Legislation, Department of Transport standards, requirements of Licensing Authority and any Codes of Practice, and any relevant aspects of requirements of CQC registration.
* Secure Vehicles specification attached separately.
	1. The Transport Provider will comply with the Road Traffic Regulation Act 1984 (excluding national and local exemptions given to PTS) and the Deregulation Act 2015. The Provider will ensure that vehicles are driven in a manner conducive to patient safety and comfort at all times and abide at all times by all Road Transport Laws/Regulations, the Highway Code and local bylaws.
	2. Vehicles should have the lowest possible CO2 emission rating consistent with other requirements. The Transport Provider should take action to reduce the carbon footprint of patient journeys wherever possible. Contractors will be expected to meet the NHS target of Zero omissions from 2023 to have 50% of vehicles used to deliver the Contract are of the latest emission standards, ultra-low emission vehicles (ULEV) or zero omission vehicle (ZEV). From 2026 75% of vehicles used to deliver this contract are ULEV or ZEV, including minimum 20% ZEV.
	3. The Transport Provider will ensure at all times that the vehicles used in the provision of the services have a current valid MOT certificate and road tax and maintain appropriate insurance. Vehicles must be insured for passenger liability. Regular checks will be made of MOT and insurance documents.
	4. The Service Provider will be required to transport patients via a variety of vehicle types providing facilities and equipment as necessary to meet the mobility needs of our patients. This includes paediatric patients in the Authority’s incubators.
* Such transportation will be suitable for use during winter or inclement weather.
* Vehicles are not to be more than 1 years old at the start of the Contract.
* All vehicles to be fitted with satellite tracking, navigation devices and handsfree communication devices prior to the commencement of this Agreement.
* The Service Provider will ensure there is sufficient resources to cover the mix of patient categories.
	1. Vehicles must be maintained to a high standard which comply at least with the maintenance standards recommended by the manufacturer of the vehicle, being serviced by appropriate qualified mechanics. The Trust will be expecting maintenance records and daily checks to logged electronically and available to the Trust.
	2. Vehicles used for carrying wheelchair passengers must be fitted with wheelchair locking devices and passenger harness that comply with current legislation for safe travelling, and with a tail lift or suitable alternative. Where required, tail lifts on vehicles must conform to the British Standards Institution’s code of practice, and as such should be appropriately checked and maintained. Regular thorough examinations of tail lifts by a competent examiner must be carried out as a mandatory condition of contract. Providers must also be aware of the Lifting Operations and Lifting Equipment Regulations 1998 and the Provision and Use of Work Equipment Regulations 1998.
	3. All vehicles used on the services must be clean and equipped with a properly maintained heating and ventilation system, must be weatherproof against the entry into the vehicle by leakage of rainwater, snow or other precipitation and, if required, have provision for the secure carriage of patients’ equipment.
	4. The vehicle exterior shall be clean and tidy with body panels of a uniform colour. If this is a permanent vehicle solely used for PTS, the livery will show that the vehicle is a PTS. The format will need to be agreed and comply with NHS Branding. All vehicles must carry a company identification label clearly displayed on the windscreen.
	5. The vehicle interior shall be of a clean and tidy appearance with no damaged upholstery. The interior should be made of material that is easy to clean/wipe.
	6. Cleaning procedures must be undertaken in accordance with the highest standard of infection control policy and national standards. The Provider must comply with the Trusts Infection Control policies and have their own policy in place. In addition, there are standards from the Health Protection Agency and also Department of Health Ambulance Guidelines on Infection Control – Gateway 10003.
	7. Space should be available for the safe storage of wheelchair or equipment that is required to accompany the patient. Such equipment must be conveyed in a safe and secure manner.
	8. Any damage to the Transport Provider’s vehicle will be the responsibility of the Transport Provider. The Transport Provider shall not seek reimbursement from the Trust.
	9. The Transport Provider will check all vehicles for defects on a daily basis and maintain a “vehicle check and defect report”.
	10. The Transport Provider will ensure that notices in vehicles are visible to those with impaired sight and advised by the driver.
	11. The Transport Provider will not allow advertising on or in the vehicle unless agreed with the Trust.
	12. The Transport Provider will ensure that all ambulances and MPVs have reversing alarms and that a banks man operates when dual crewed.
	13. The Transport Provider will ensure that all vehicles are installed with a seat belt alarm mechanism.
	14. The Transport Provider will ensure that clear seat belt signage is displayed within all vehicles.
	15. The Transport Provider will ensure that all vehicles have vehicle tracking systems installed.
	16. When on NHS property, all drivers should generally turn off their vehicle engines when either picking up or dropping off patients. Vehicles must not be parked in such a manner to cause an obstruction or constitute a hazard.
	17. All vehicles to park in designated areas to off load patients. Vehicles must be parked in the designated ambulance area when not loading or unloading.
	18. The Trust will wish to inspect the Transport Provider's vehicles at short notice. The Transport Provider must check all vehicles for defects on a daily basis and maintain a ‘vehicle check and defect report’ to be made available to the Trust’s Authorised Officer on demand. The Transport Provider must keep vehicle record sheets noting all maintenance, travel, and incident activity. These must be available for audit when requested by the Trust’s Authorised Officer.
	19. The Trust requests that during evaluation of the tendering process that companies provide the vehicles that will be used on the contract for the Trust and Patient representative to examine for the practical use of the vehicle in terms of space, seating comfort, accessibility eg ramps etc, safety and equipment. This element will not be scored.
	20. The Contractor will be responsible for all costs attributed to the service including but not limited to, parking infringements, congestion charge, insurance, road tax and fuel at no additional cost to the Trust.
1. VEHICLE EQUIPMENT
	1. The minimum internal equipment requirements will be dependent on the vehicle type and crew grade contracted to meet the needs of the patients conveyed. Additional equipment may be required for patients with any special requirements, which should be stated on the booking request.
	2. The equipment on board should be sufficient for the number of patients and their needs, where sufficient equipment cannot be provided the transport should not leave the site regardless of circumstances.
	3. The Transport Provider should not assume that storage space will be available on site and should have appropriate arrangements in place with their suppliers for delivery as required. In no circumstance should the Transport Provider approach the hospital staff to ask for loan equipment or consumable products. In exceptional circumstance where this occurs i.e. the patient is unable to be moved, this should be reported to the nominated Trust contact and the equipment should be returned promptly to department once the journey has been completed without cost to the Trust. Where required the Transport Provider must facilitate the decontamination of the equipment prior to its return.
	4. British Standard or equivalent approved child seats must be available for the conveyance of young children and babies. They shall be properly fitted in accordance with the manufacturer’s instructions and the driver shall be responsible for ensuring that the occupant is properly secured. Both modified vehicle and ambulance with stretcher and oxygen supply will be required to support and accommodate (Special Care Baby Unit) child seats/baby seats that apply to current regulations. All equipment to be provided by the Service Provider.
	5. Vehicles will be required to be able to carry and accommodate all kinds of incubators and have sufficient fastening points for extra-large patients.
	6. Seats must be fitted with high backs suitable for the conveyance of elderly/infirm passengers, and must conform in all aspects of British Safety Standards.
	7. The Transport Provider must have equipment able to accurately record the information needed to measure the KPIs for journey times, arrival and collection times, total mileage and other performance measures such as carbon footprint.
	8. The Transport Provider shall arrange a method of ensuring that staff can contact the Call Centre or the booking system agreed when they are unable to collect a patient from their home address. The minimum communication equipment will include: a phone/communication system to contact the patient, ward/department and Call Centre or the booking system agreed, data recording to measure all performance indicators, and mapping systems for efficient routing.
	9. The Transport Provider must ensure that all equipment is serviced in accordance with manufacturers’ specifications, taking account of usage and infection control. Equipment used for manual handling must be serviced and checked at six-monthly intervals by a qualified engineer. For medical gases, piping and components must be serviced and checked annually by a qualified engineer.
	10. All vehicle equipment should be checked on a daily/shift basis by the allocated crew – this includes checking stock levels and any necessary cleaning in line with infection control and national standards.
	11. Suggested Equipment Lists and in line with the Generic Specification Document 5 Patient Mobility section 9

Document Folder:

Fuel cards

Insurance certificate

Manufacturers’ instruction folder

No Reply slips

PTS patient leaflet CCG Q/A document Appendix 4&5 what you can expect on every journey.

PALS leaflet

Vehicle cleaning checklist

Vehicle defects report

General Aids and Consumables:

Alcohol hand gel

Automatic external defibrillator

First Aid box

Cardiac pumps

Carry chair

Clean blankets, pillows, towels

Disposable wipes

Disposable vomit bowls/bed pans and urinals

Dressing packs

Drinking water and disposable cups

Electrical sockets

Facemasks

Fire extinguisher, as detailed in the Public Service Vehicle Specification

First Aid kit

Folding wheelchair (ISO 7176 compliant)

Incontinence pads

Interior lighting

Infection control protective clothing

Infection control spill kits

Portable ramps

Sharp boxes

Scoop stretchers

Sterile gloves

Torch

Thermometer

Umbrella

Safety Equipment:

Immobilisation aids

Safety belts and seat belt alarms

Secure closing cupboard

Wheelchair/incubator clamps (ISO 7176 compliant)

CCTV cameras and recording equipment

Specialist Equipment:

Cannulation equipment

Cardiac monitor with printout facility

Defibrillator

Suction Equipment

Facilities for nursing care during transport

Oxygen, delivery equipment and stats monitor

Stretcher with safety straps

Advisory External Defibrillator

In addition to the items mentioned elsewhere in this Specification, all vehicles agreed by the Trust must carry the following equipment as a minimum:

A carrying chair\*

First Aid box - contents to be agreed between Transport Provider and Trust

Single use disposable clean blankets\*

Disposable wipes

Vomit bowls\*

Urine bottles

Fresh drinking water\*

Clean beakers\*

Fire extinguisher (PSVS)

Incontinence sheets

Infection control spillage kit suitable for 5 uses\*

Blankets

Protection Umbrellas - for transfer between vehicle and lounge

UN approved container and clinical waste bags with tags -the tags will be supplied by the relevant Trust and the clinical waste disposed of by the receiving Trust

* 1. Equipment carried must conform to the various requirements of the Road Traffic Regulation Act 1984 or any subsequent revision during the Contract term.
	2. Please note that items marked with a (\*) are not mandatory for passenger cars and is based upon the perceived risk associated with the patient being transported.
	3. High Dependency Specialist Equipment
* Stretcher with safety straps
* Advisory external defibrillator
* Scoop stretcher
* lead cardiac monitor and printer (as a minimum requirement)
* Securing points for Incubator

Transportation for wheelchair, stretcher and more complex patients will provide additional equipment suitable to meet such needs as agreed with the Authority. All such equipment will meet all necessary standards.

## 5. ENVIRONMENTAL CRITERIA

* 1. The Transport Provider will be expected to demonstrate their measured progress on climate change adaptation, mitigation and sustainable development including performance against carbon reduction management plans.

With the government advocating progress towards electric vehicles the Transport provider is to demonstrate their strategy to adhere to this environmental progression within the life of the contact.

Transport emissions

* 1. The Transport Provider will monitor and manage emissions (both exhaust and noise) resulting from their transport operations and regularly update the Trust on progress.
	2. The Transport Provider will comply with the European Emissions Standards.
	3. The Transport Provider will adhere to the latest Government requirements to meet net Zero Carbon emissions.

Resource efficiency and waste minimisation

* 1. The Transport Provider will provide details of 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.
* 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.

Compliance with Environmental Legislation

* 1. 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)

* 1. 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: [www.gov.uk/government/collections/sustainable-procurement-the-government-buying-standards-gbs](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.
	2. 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 following 2011 Government Buying Standards, identifying where they meet the core or comprehensive criteria.

Green Issues & Carbon Footprint

* 1. The NHS launched its Carbon Reduction Strategy in January 2009 outlining the actions across the NHS 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).
	2. 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 supply of information and statistics for the Trusts annual Eric data return
	+ Vehicles will not be left idling
	1. 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.

 Volume of fuel drawn (by fuel type)

## 6. KEY PERFORMANCE INDICATORS

* 1. 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 G – Transport Provider KPIs.
	2. 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.
	3. For the Trust the 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.
	4. 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.
	5. 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.
	6. Any “Service Deduction” will be treated as an accumulation of the percentage failure for the element which fails to reach the agreed standard and each transgression. Service Deductions 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.
	7. 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.
	8. The KPIs cover the following areas:
* Time on vehicle
* Departures
* Discharges
* A&E
* Arrivals
* Missed appointments
* Complaints and Compliments
* Training
* Monthly Performance Standards monitoring
* Sustainability
* Journeys that the Service Provider are unable to undertake
	1. 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.

## 7. MANAGEMENT STRUCTURES

* 1. The Transport Provider shall nominate at a minimum the following:
* A Dedicated PTS Contract Service Manager and deputies permanently based on the main lot site. The key functions should be agreed with the Trust.
* The provision of on-site full operational Control Team
* On-site Telephonist
	+ A Contract Manager who will be responsible for attendance at Bed Management meetings as determined by the Trust and work with the Trust to identify ways to reduce spend.
	+ Provide detail operational management and staff structures.
	1. The Service Provider will participate in relevant urgent / planned care meetings as required by the Authority. The service will maintain professional relationships with all necessary health, social care and voluntary organisations.

## 7. Communications

There are three levels at which the Trust and Contractor will communicate in the course of this Contract:

a. On a daily basis, concerning current Patient Transportation Services.

b. Special meetings and enquiries about the PTS, on an ad hoc basis.

c. Monthly or as otherwise agreed, review meetings between the Contractor and the Trust's Authorised Officer and any other appropriate parties.

* + - 1. On a day-to-day basis, in addition to booking transport, Trust staff may need to contact the Contractor in relation to the planned day work (e.g. hospital cancellations, patients not arrived etc.). The Contractor must provide a Contract representative to handle general enquires about current or planned work, during the hours of 08.00 and 18.00, or as otherwise stated in the site specific schedules, and an on-call representative is available to deal with all enquiries outside of these hours, (18.00-08.00).

B.13.3 There will be regular review meetings. Every month a review meeting will be convened with the following representatives at least;

 ~ The Contract Representative of the Contractor

 ~ The Trust's Authorised Officer

B.13.4 At these meetings the Trust will be informed of the workload and quality achieved by the Contractor through the contractor’s information summaries.

B.13.5 *Contractor's Staff will ensure that during the contract period, the on site Authorised Officer is contacted immediately during core hours if any patient*:

a. Is found in a life threatening condition or deprived circumstances (or where there are reasons to believe this is the case);

 b. Is unable to attend;

 c. Cannot be contacted at their home address;

d. Is not available within 45 minutes of the requested pickup time at hospital.

B.13.6 In case of B.13.5 d. above, the Contractor’s Staff must inform an appropriate staff member of the Trust at the hospital or clinic concerned. The hospital/ Trust will then inform the Contractor by telephone when that patient is available for return transport, and this will be a short notice request for transport. Short notice request is defined as less than of 1 hour.

B.13.7 Any problem arising from the current day's work, affecting the timing of patient transport, the Contractor will inform the Patient Transport Department of the Trust, or authorised office as appropriate.

B.13.8 The Contractor, through their Contract Manager, will ensure that adequate communication and co-operation exists between the Authorised Officer of the Trust, to ensure the smooth running of each day’s operational plan.

## 8. TRANSPORT PROVIDER’S STAFF & SUB-TRANSPORT PROVIDERS

* 1. The service must provide sufficient staffing to maintain a safe and comprehensive service, for journey booking, enquiries and patient transportation, that is capable of meeting relevant service standards at all times, including periods of known increased demand or limited capacity such as Winter or Bank Holidays.
	2. The Service Provider shall ensure that all staff employed in the provision of the service with direct patient contact, including by telephone or internet, are asked to give a written declaration that they have not been convicted of any significant offence, and the Service Provider shall ensure that each such member of staff will have an Enhanced DBS check carried out and a clear result obtained by the Service Provider prior to their provision of any element of the service.

The Service Provider shall keep an audit trail of Enhanced DBS checks which will be made available to the Authority on request with renewals of checks being carried out at three yearly intervals

The Authority may require proof of compliance with this requirement from time to time and the Service Provider shall retain a record of the Enhanced DBS checks that it has received over the contract period, which shall only include the name of the member of staff, the date of receipt of the Enhanced DBS check and confirmation that it was clear. Appraise and assess the practical competency of all staff to carry out the duties of roles and manage their performance. The Service Provider must ensure that all staff (of all grades and professions) who are directly involved in supporting the services, have the necessary training, qualifications experience, competence, accreditation and skills to undertake their roles. This includes the ability to communicate in English to patients and healthcare professionals and to read and understand English in order to follow or interpret written instructions. Bidders to demonstrate their ESOL programme.

* 1. Keep up to date with current applicable UK employment and equalities legislation and associated codes of practice.
	2. Ensure all staff engaged in a driving capacity hold a full clean driving license, valid in the UK, for the class of vehicles to be driven as well as adequate experience and sufficient knowledge to drive vehicles in a manner conducive to patient safety and comfort. This must be carried with the driver at all times and be available for regular checking.
	3. Provide evidence of an annual eye sight test and check of driving licenses will be produced to the Authority on request.
	4. Where applicable, ensure staff meet current and all future requirements of the Licensing the Authority and The Road Safety Act 2006.
	5. Identify and address staff conduct and performance issues arising from patient complaints
	6. Ensure compliance with the Working Time Directive
	7. Ensure that robust induction, mandatory training programmes and appropriate arrangements for clinical supervision (as necessary) are in place.
	8. Ensure that staff will be adequately trained and competent to deal with medical emergencies safely and appropriately.
	9. Ensure that there are contingency plans in place to cover for planned and unplanned absence.
	10. Whenever applicable comply with the relevant legislation and guidance on staff transfers/transfer of undertakings eg TUPE.
	11. Whenever applicable comply with the Fair Deal for Staff Pensions and be aware of the Principles of Good Employment Practice
	12. The Transport Provider will ensure that all staff understand the need for and maintain the highest standards of personal hygiene and tidiness whilst in and about the provision of the services.
	13. The Transport Provider will ensure that its staff are clearly identifiable and carry ID cards, plus name and organisation on legible badges.
	14. The Transport Provider will ensure that staff will not smoke 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 whilst being conveyed. ‘No Smoking’ signs must be clearly displayed in both the driver’s compartment and passenger areas at all times. The Trust requests that any information given to patients by the Transport Provider should state this. Transport Staff will not smoke, use e-cigarettes or vape in any areas of the Trust
	15. At no time is the Transport Provider to 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.
	16. All staff involved in the transportation of patients, as a minimum, must be trained in:
	+ Driving Proficiency
	+ Basic First Aid
	+ Infection Control Procedures
	+ Patient Care and Safety
	+ Customer Care & Communications Skills
	+ Lifting and handling
	+ COSHH
	+ Equality and Diversity
	+ Fire, Health, Safety and Security
	+ Lifting and Handling
	+ Safeguarding of Vulnerable Adults
	+ Safeguarding Children
	+ Mental Health Awareness Training
	+ Information governance and data protection
	+ Waste segregation and Sharps Handling
* And be working towards BTECII for Ambulance Care Assistants

All Service Provider staff are to be aware of the Service Providers Business Continuity Plan and their role within that plan under various scenarios.

In addition to the above, all staff providing transportation will be regularly trained and audited in:

* Moving and handling, including specialist handling where appropriate to the needs of the patient
* Managing patients with complex needs, including management during the journey by clinically qualified staff
* Wheelchair management (including transfer in and out of the wheelchair)
* Resuscitation to Community First Responder level
* Basic Life Support
* Additional information and awareness raising will be provided in:

Dementia awareness

Learning Disability awareness

* Prevent awareness (Anti-Terrorism)
* Other topics as identified and notified to the Service Provider by the Authority.
	1. 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.
	2. 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.
	3. Drivers are not permitted to carry their friends/ relatives or fare paying passengers together with patients.
	4. The Transport Provider 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.
	5. In no circumstance will any of the Transport Provider’s staff accept a gratuity, tip or reward from any patient or escort transported under this contract.
	6. Sub Contractors

The Provider may establish suitable sub-contracting arrangements with other transport providers to meet the requirements of the Services. Under these circumstances, the Provider retains full and total responsibility for the provision of the services to the agreed standards within this Specification and service performance standards. Any cost increase as a result of subcontracting is absorbed by the Provider and not the Authority. Note sub-contractors cannot exceed 5% of monthly journeys each month

Where subcontracting takes place then in addition to the above requirements:

The Authority must be provided with a full list of sub-Service Providers and contract duration, agreed in advance with the Authorised Officer of the Authority in writing; and

The patient must be made aware of the sub-Service Provider assigned to them prior to pick up.

It is the Authority’s expectation that sub-contracting will be kept to a minimum, only using this option to manage peaks in demand.

The Provider must advise the Authority immediately if they are unable to transport a patient due to a failure in their ability to provide the Services. Failure on behalf of the Provider will mean that the Authority reserves the right to use alternative means of transport, where the Provider fails to provide sub contracted services, and to charge to the Provider any excess charges encountered by the Authority, including 10% of journey additional administration costs, for such Service failures.

The Provider will remain the point of contact for all patient and staff queries regarding a sub-contracted transport journey.

It is expected that all sub-contracted journeys be booked, details recorded, journey tracked and live data made available in the exact same way as for journeys conducted direct by the Provider and provided in the monthly report.

## 9. MEDICAL EXAMINATION

* 1. 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.
	2. 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.
	3. The Service Provider will run an infection control and mitigation programme involving occupational health to ensure staff have been screened / immunised against the following:
* Tuberculosis (TB)
* Measles, mumps, rubella (MMR)
* Hepatitis B
* Varicella (Chicken Pox)
* Influenza Immunisation (Annual)
	1. In addition it is a mandatory requirement that staff employed under the Contract have been immunised against Tetanus.
	2. The standards should adhere to the Authority’s Occupational Health screening standards and staff groups immunisation policies. Any staff member who, while on duty, becomes aware that they are suffering from sickness, diarrhoea or any other illness including skin breaks or wounds on the hands should notify their supervisor/manager immediately in line with Trust Policy.
	3. All staff are to be trained accordingly to the guidelines of Infection Prevention and Control and Occupational Health.
	4. Should the Transport Provider employ a person under the Contract who has not been vaccinated against the diseases mentioned and who subsequently contracts or passes the disease on, the Trust will not accept any liability in each and any such event.

## 10. REVIEW OF CONTRACT PERFORMANCE

* 1. 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
	1. 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 [5] working days, or as agreed.
	2. There will be a monthly contract review meeting to review the performance over each month and discuss future initiatives for continuous improvement of the services. The Transport Provider will provide a report of the service. Reports to be received by the 5th working day of each month. Finance information must be provided by the 5th working day of each month.
	3. 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.
	4. Emergency/Urgent meetings shall be held within half a day, or as soon as reasonably possible.
	5. The Transport Provider may also be required to attend meetings with other departments and staff within the Trust.
	6. No charge shall be made by the Transport Provider for attendance at any meetings.
	7. 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.

## 11. MANAGEMENT INFORMATION AND ACTIVITY LEVELS

* 1. The Transport Provider quality audits must include:
* Carbon emissions reporting as agreed
* Finance details linked to carbon reduction
	1. 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, by 0 mins – 15 mins,
* Early, by 15mins – 45 mins
* Late, by 0mins – 30mins
* Late, by 31mins – 60mins
* Late, by 61mins – 90mins
* Late, by over 91mins, reporting late time by patient
	1. 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 as per patient mobility.
* 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 patient 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
* Any other requests made by the Trust
	1. 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.
	2. 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.
	3. 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.
	4. Effective Communication
	5. The Service Provider will have to provide accessible information and communication support for patients, service users, carers and parents with a disability, impairment or sensory loss, who use or contact the service.
	6. The Service Provider must demonstrate how they will comply with the Accessible Information Standard (AIS).
	7. Language interpreting services should be provided to meet the needs of all patients contacting or using the service for whom English is not their first language.
	8. The Provider’s staff are expected to have a proactive, friendly, solution-focused style of communication with patients, their carers or representative, the Authority staff and other healthcare professionals.
	9. Service Provider's staff will ensure that during the contract period, the on-site Authorised Officer(s) is contacted immediately if any patient:
	10. Is found in a life threatening condition or deprived circumstances (or where there are reasons to believe this is the case).
	11. any accident, injury or near miss occurs involving the Patient Transport Service, be it concerning a patient or member of staff during the hours of operation. The individual is to be taken immediately to an appropriate treatment centre. Notification must be given in writing to an authorised officer of the Authority.
	12. Is unable to attend.
	13. Cannot be contacted at their home address.
	14. Clear and complete information must be provided regularly on activity, finance and quality of service provision.
	15. High quality responsive and timely communication is essential to keep service users informed of any delays or changes to service, providing information and assurance to patients and staff on a day to day operational basis (taking into account the need to provide information in an accessible format). This will include telephone calls, automated messages and other agreed forms of communication direct to patients in real time and in follow up to any issues or concerns. All patients to receive a call the day before travel. Evidence of all patients called must be recorded for audit purposes.
	16. Effective communication also means a responsive service is available at all times to enable staff and patients to make contact and get accurate, meaningful and timely information.

## 12. CHARGING INFORMATION

* 1. All charges, unless otherwise specified in the site specific schedules, will be based on the price per patient carried. Cost per Journey is defined as Journey Miles travelled and the Journey Type classification.
	2. Invoice details required:
	+ Company name
	+ Company address
	+ Invoice No. / Ref.
	+ Invoice date
	+ Journey date
	+ Time collected (or booked)
	+ Time of arrival (Transport Provider)
	+ Patient’s name
	+ Patient’s address
	+ Destination address
	+ No. escorts
	+ Journey status – fulfilled/cancelled/aborted (with reason)
	+ Lost journey reason (when applicable)
	+ Journey cost (Transport Provider)
	+ Discount (where applicable)
	+ Patient number
	+ Date of birth
	+ Journey distance
	+ Purchase order number
	+ Oxygen carried
	+ Mobility

## 13. NWL ICS Contract Authority Specific Service Requirements

Individual Contract Service Requirements will be added here in the upcoming Service Specification drafts.

* + Chelsea and Westminster Hospital NHS Foundation Trust:

TBC

* + NHS North West London CCG:

TBC

* + London North West Healthcare Trust

TBC

* + CNWL and West London Joint Procurement Service

TBC

* + The Royal Marsden NHS Foundation Trust

TBC

* + The Hillingdon Hospitals NHS Foundation Trust

TBC

* + Imperial College Healthcare NHS Trust

TBC

Appendix G – Patient Transport Service Key Performance Indicators and Service Deductions

| Service Standard Ref | Performance Parameters | Recording & Monitoring Method  | Standard  | Monitoring Period | Service deduction % based on individual journey cost deduction. |
| --- | --- | --- | --- | --- | --- |
| 1 | Calls to the Transport reception/enquires and Transport Provider regarding Eligibility & Assessment will have a dedicated telephone number, the PTS dedicated number and the dedicated Trust staff enquiry telephone number will be answered within 60 seconds of the welcome message | Service Provider to provide electronic telephone reporting data showing individual call data as well as number of calls answered within 60 seconds, longest wait and average waitNumerator: Number of calls answered within 60 seconds of the welcome message endingDenominator: Number of calls | 95% compliance. This does not include any calls that are answered then placed on hold. | Monthly | None |
| 2 | Outcomes of Eligibility Assessments will be reported. | Service Provider to provide electronic reporting data showing number of assessments, numbers and percentages of pass/fail, numbers and percentages of appeals received and upheld following a failed assessment split by those conducted by assessment centre staff and those online by Trust staff. | 100% | Monthly | None |
| 3 | Did not attend (DNA) due to Contractor failure. | Contractor to electronically record patients that do not attend and the reason. Numerator: Number of service users who do not attend due to Contractor failure. Denominator: Number of patient journeys. | 100% | Monthly | Refund of journey cost plus service deduction of -12% |
| 4a | Service users will arrive on time at their appointment destination: NEPTS - not more than10 mins before but no more than 45 minutes prior to appointment | Contractor to electronically record time patient arrives at destination and to match data to appointment time. Numerator: Number of service users who arrive more than 45 minutes prior to appointment time and no later than their appointment time.Denominator: Number of service users conveyed to an appointment.  | 100% compliance. This does not include delivering service users to any intermediary location such as a main entrance or transport lounge. | Monthly | NEPTS 45 – 90 mins before -8%91 – 120 mins before -10%121 - 150 mins before 12%151+ minutes before – as DNA in 3 above. |
| 4b | Service users will arrive on time at their appointment destination and no later than their appointment time.  | Contractor to electronically record time patient arrives at destination and to match data to appointment time. Numerator: Number of service users who arrive later than their appointment time.Denominator: Number of service users conveyed to an appointment.  | 100% compliance. This does not include delivering service users to any intermediary location such as a main entrance or transport lounge. | Monthly | 0 – 30 mins after -8%31 – 60 mins after - 10%61 - 90 mins after 12%91+ minutes after – as DNA in 3 above |
| 5 | Generally pre-planned: Service users will be collected from agreed location and taken direct to vehicle within 90 minutes of being booked ready to leave | Contractor to electronically record time patient leaves agreed location and to match data to booked ready time. Numerator: Number of service users who depart within 90 minutes of being booked ready to leave Denominator: Number of service users booked ready to leave | 100% within 90 minutes  | Monthly | 91 – 120 minutes – 10%121 - 150 minutes -12%151+ minutes - DNA |
| 6a | Generally un-planned: in-patients for discharge or transfer will be collected from agreed location within 90 minutes of their booked ready time. | Contractor to electronically record patient collection time at agreed location and to match data to booked ready time. Numerator: Number of in-patients who depart within 90 minutes of being booked ready to leave Denominator: Number of in-patients booked ready to leave | 100% within 90 minutes | Monthly | 91-120 minutes -10%121-150 minutes -12%151+ minutes – DNA |
| 6b | Out of hours (00.01 – 06.00) unplanned NEPTS journeys: in-patients for discharge or transfer will be collected from agreed location within 60 minutes of their booked ready time. | Contractor to electronically record patient collection time at agreed location and to match data to booked ready time. Numerator: Number of in-patients who depart within 180 minutes of being booked ready to leave Denominator: Number of in-patients booked ready to leave | 100% within 180 minutes | Monthly | 61 – 90 minutes 8%91 – 120 minutes 10%121 – 150 minutes 12%151 + minutes – DNA as 3 above |
| 7 | Vehicle complianceAll vehicles (including sub-contractor vehicles) will comply with all statutory and mandatory legal compliance. Checks should include - but not limited to:* Vehicle Daily Inspection
* Vehicles that are VOR
* Vehicle defects and resolutions
* MOT
* Insurance
* Vehicle deep clean records
* Vehicle incident investigations
* CQC registration number and expiry date

The score will be no less than 100% in all contracted areas. | Monthly compliance report, by category. Report broken down by contractor and subcontractors  | 100% | Monthly | 1st breach £5,0002nd breach £50,000(in a rolling 12 months period) |
| 8 | NEPTS - service users who live 0-8 miles from the clinic will spend no longer than 60 minutes in the vehicle, during one journey. | Contractor to electronically record time patient is on board vehicle and match data to arrival time. Numerator: Number of service users who spend no more than 60 minutes on the vehicle, during one journey. Denominator: Number of patient journeys between 0-8 miles. | 100% | Monthly | NEPTS60 – 90 minutes – 8%90 – 120 minutes – 10%121-150 minutes -12%151+ minutes - DNA as 3 above |
| 9 | NEPTS - service users who live 8-15 miles from the clinic will spend no longer than 90 minutes in the vehicle, during one journey. | Contractor to electronically record time patient is on board vehicle and match data to arrival time. Numerator: Number of service users who spend no more than 90 minutes on the vehicle, during one journey. Denominator: Number of patient journeys between 8-15 miles. | 100% | Monthly | NEPTS90 – 120 minutes – 10%121-150 minutes -12%151+ minutes - DNA as 3 above |
| 10 | The Contractor shall provide full details of all journeys to the Trust. | Contractor to provide electronic reporting dataThe Contractor shall provide full details of all journeys the Trust have been charged for, containing all the information required by the Income Team and in a suitable format for them to use in billing the relevant CCGs | 100% | MonthlyTo be provided within 7 working days of the 1st of each month | None |
| 11 | The Contractor shall prepare a detailed performance report for all compliments, complaints, queries and incidents received direct to the Provider or via the Authority (including formal, informal, PALS and Datix) pertaining to NEPTS to be updated and issued to the Trust for each monthly period. These reports will include information on type of complaint or incident and: * Time taken to complete investigation and respond
* Details of rectification actions already carried out, or to be carried out by the Contractor
* The rectification timescales

Lessons learned | Patient/complainant to be contacted within 1 working day of receiving a PALS complaint and within 2 working days of receiving any other form of complaint. Telephone records will be made available for audit purposes.Responses to complaints and queries to be completed within timeframes as per Trust policy and procedure. 5 working days. | 100% | Monthly | 2% deduction of the monthly contract value |
| 12 | The Contractor shall ensure the rectification dates against actions set for current month are achieved | The Contractor will provide evidence to demonstrate agreed actions have been completed and implemented as appropriate. | 100% | Monthly | None |

| Service Standard Ref | Performance Parameters | Recording & Monitoring Method  | Standard  | Monitoring Period | Service deduction in GBP |
| --- | --- | --- | --- | --- | --- |
| 13 | Employment ComplianceStaff (including sub-contractor staff) will have been appropriately vetted, verified and meet all statutory and mandatory employment requirements. Records should include - but not limited to:Mandatory Training: * Manual handling
* Fire Safety Awareness
* Information Governance
* Health and Safety
* Infection control and Prevention
* Safeguarding Adults and Children
* Basic Life Support
* Equality and Diversity
* FAW – First Aid at Work
* Conflict resolution

Provide information on: * Dementia awareness
* Learning Disability awareness
* Patient incidents

Employment vetting:* Enhanced DBS certificate
* Valid Driving licence
* Driving licence endorsement check.
* Right to work
* The score will be no less than 100% in all contracted areas.
 | Monthly training compliance report, by training category and staff group by provider. Report broken down by contractor and subcontractors  | 100% | Monthly | 1st breach £5,0002nd breach £50,000(in a rolling 12 months period) |
| 14 | Reception/ Help Desk call to be answered within 30 seconds by a trained person.Calls to be answered and completed.At no time is the caller to lift the receiver and put the customer on hold without answering. | All incoming and outbound calls to the service to be recorded and data retained for 12months | 100% | Monthly |  none  |

Monthly Contract Performance Report

In addition to the above regime the Provider shall provide a spread sheet of service related journeys covering the following data headings as a minimum, as well as reporting on the following performance parameters within a monthly report:

Failure to achieve any of the below performance parameters will be subject to the performance mechanism as detailed in Clause 9 of the NHS Terms and Conditions.

|  |
| --- |
| Data headings |
| A&E generated journey | Date allocated | Medical Escort Count | Planned Mileage |
| Abort Fault Text | Date of Birth | Mitigation Summary | Price of journey |
| Abort Reason | Date Received | Mobility | Ready Date Time |
| At Dest Time | Direction Text | Mobility Group Text | Received By Text |
| At Location Time | Directorate Text | NHS Number | Relative Escort Count |
| Budget Code Text | Drop Off Time | On The Day request | Service Type Text |
| Call Sign Text | Escort Seats | Patient Post Code | Speciality Text |
| Cancel Reason Text | From Postcode | Patient Post Code Ccg Text | Start Date |
| Category Text | Hospital number | Patient Practice Ccg Text | To Postcode |
| Contract Clinic Text | Journey Time Calc | Patient Practice Post Code | Unique Record ID |
| Contract Hospital Text | KPI related calculations to enable Trust audit of compliance | Pick Up Time | Vehicle Operator Name |

## Appendix I – Cleaning

|  |  |  |  |
| --- | --- | --- | --- |
| Element | Method of cleaning  | Standard  | Frequency  |
| Equipment – patient contact  |
| First Aid Box | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | Weekly or if contaminated clean as soon as practicable  |
| Linen  | Linen ( Blankets, sheets and pillow cases) and single use items must be disposed of laundering after every patient use | Replace single use items after each use All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages | After every patient use |
| Manual handling equipment – e.g. stair climber  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Medical equipment e.g. cardiac monitor, defibrillator, resuscitation equipment, bedpan  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Medical Gas Equipment  | All parts ( including valve and cylinder) should be visibly clean with no blood or body substances, dust, dirt, stains and spillages  | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Pillows- Vinyl  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Seat belts  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Spinal boards/ head blocks, Carry Chair | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Stretchers, and mattresses  | Wipe all surfaces that may have come into contact with patient with detergent wipe, paying particular attention to the side handles and mattress  | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Wheelchairs (ISO 7176 compliant) | Wipe all surfaces that may have come into contact with patient with detergent wipe, paying particular attention to the side handles and seating mat  | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | After every patient use  |
| Equipment – NON patient contact |
| Hand sets ( PDA’s, mobile phones)  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | Daily  |
| Sharps Containers  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | Weekly or if contaminated clean as soon as practicable  |
| Vehicle interior – Patient Compartment |
| Interior – ALL | Planned Deep clean – Vehicle decontamination Fogging and wipe down  | Schedule Deep clean  | Every 6 weeks  |
| Overall – appearance Interior  | The area should by tidy, ordered and uncluttered, with only cleanable, well maintained furniture for the area being used  |  |  |
| Accidental Spillages (Body Fluids) | These will be removed and cleaned as soon as is feasible when they occur in line with Trust Policies | All any equipment, upholstery, and internal surfaces must be cleaned following infection control procedures | .  |
| Ceiling  | Wipe all surfaces with detergent wipes | All ceiling surfaces should be visibly clean with no blood or body substances, dust, dirt, stains or spillages  | Weekly or if contaminated clean as soon as practicable |
| Cupboards, drawers, shelves  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Weekly or if contaminated clean as soon as practicable |
| Dispenser ( e.g. Alcohol hand rub, apron, glove, paper towel)  | Wipe all surfaces with detergent wipes | Liquid dispenser nozzle should be free of product build up and surrounding areas should be from splashes of product.All parts should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Weekly or if contaminated clean as soon as practicable |
| Electrical switches sockets, thermostats  | Wipe all surfaces with detergent wipes | All parts of the bracket should be visibly clean with no blood or body substances, dust, dirt, stains or adhesive tape  | Weekly or if contaminated clean as soon as practicable |
| Equipment brackets | Wipe all surfaces with detergent wipes | All parts of the bracket should be visibly clean with no blood or body substances, dust, dirt, stains or adhesive tape  | Weekly or if contaminated clean as soon as practicable |
| Fire Extinguisher  | Wipe all surfaces with detergent wipes | All parts should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Weekly or if contaminated clean as soon as practicable |
| Floors | The complete floor should be swept first then mopped with the recommended detergent including all edges, corners and main floor spaces.  | All floor areas should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Daily or if contaminated immediately after the incident.  |
| Floor tracking mounting locking systems  | The complete floor tracking mounting locking systems should be swept first then mopped with the recommended detergent including all edges, corners and main floor spaces | All floor areas should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Daily |
| Grab/ hand rails  | Wipe all surfaces with detergent wipes  | At least daily or if contaminated  | Daily or if contaminated immediately after the incident. |
| Heating/ Ventilation grills  | The internal part of the grill should be visibly clean with no dust, dirt, debris or cobwebs  | All parts should be visibly clean with no dust, dirt, stains or spillages | Weekly/ or more often if weather conditions deem it necessary |
| Seating – upholstered  | Replace seatbelts if heavily contaminated with blood or body fluids Torn or damaged seat covers should be replaced. Seat covers should be Vacuum and shampoo Underneath should be visibly clean  | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | Dai or if contaminated immediately after the incident. ly  |
| Seating – Vinyl  | Replace seatbelts if heavily contaminated with blood or body fluids Torn or damaged seat covers should be replaced. Wipe all surfaces that may have come into contact with patient with detergent wipe, paying particular attention to the side handles and seating mat. Underneath should be visibly clean  | All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages  | Daily or if contaminated immediately after the incident. |
| Steering Wheel | Wipe all surfaces with detergent wipes  | At least daily or if contaminated  | Daily  |
| Walls  | Wipe all surfaces with detergent wipes | All wall surfaces should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Weekly or if contaminated clean as soon as practicable |
| Windows | Clean with glass cleaner and cloth | All interior glazed surfaces should be visibly clean and smear free with no bloody or body substances, dust, dirt, debris or adhesive tape | Weekly or if contaminated clean as soon as practicable |
| Window blinds  | Wipe all surfaces with detergent wipes | All blinds should be visibly clean with no blood or body substances, dust, dirt, stains or spillages | Weekly or if contaminated clean as soon as practicable |
| Vehicle External  |
| Overall – appearance exterior  | Routine clean weekly - more often if weather conditions deem it necessary  | The vehicle exterior should be maintained and consistently clean | Weekly/ or more often if weather conditions deem it necessary |
| Heating/ Ventilation grills  | The external part of the grill should be visibly clean with no dust, dirt, debris or cobwebs  | The vehicle exterior should be maintained and consistently clean | Weekly/ or more often if weather conditions deem it necessary |
| Skylight/ sunroof | Routine clean weekly - more often if weather conditions deem it necessary  | The vehicle exterior should be maintained and consistently clean | Weekly/ or more often if weather conditions deem it necessary |
| Tailgate lift, ramp, wheels  | Wash with pressure washer and vehicle cleaner  | The vehicle exterior should be maintained and consistently clean | Weekly/ or more often if weather conditions deem it necessary |
| Windows, Glass and mirrors  | Clean with glass cleaner and cloth  | The vehicle exterior should be maintained and consistently clean | Weekly/ or more often if weather conditions deem it necessary |

## Appendix J

### List of CCG’s

### The majority of patients requiring the Services will be from within the boundaries of NHS North West London Collaborative of Clinical Commissioning Group, however the services are also required for outside these boundaries.

### NHS North West London Collaborative of Clinical Commissioning Groups are a collaboration of:

* NHS Brent CCG
* NHS Central London CCG
* NHS Ealing CCG
* NHS Hammersmith & Fulham CCG
* NHS Harrow CCG
* NHS Hillingdon CCG
* NHS Hounslow CCG
* NHS West London CCG

### Other London CCGs that the Authority would expect NEPTS provision for all patients and categories of travel include:

* NHS Richmond CCG
* NHS Barnet CCG
* NHS Wandsworth CCG
* NHS Camden CCG
* NHS City And Hackney CCG
* NHS Waltham Forest CCG
* NHS Kingston CCG
* NHS Enfield CCG
* NHS Islington CCG
* NHS Lambeth CCG
* NHS Merton CCG
* NHS Haringey CCG
* NHS Lewisham CCG
* NHS Southwark CCG
* NHS Newham CCG
* NHS Croydon CCG
* NHS Tower Hamlets CCG
* NHS Redbridge CCG
* NHS Bromley CCG
* NHS Greenwich CCG
* NHS Barking And Dagenham CCG
* NHS Havering CCG
* NHS Bexley CCG

### Non-London CCGs that the Authority would expect NEPTS provision for all patients and categories of travel include:

* NHS Herts Valleys CCG
* NHS North West Surrey CCG
* NHS Bedfordshire CCG
* NHS Milton Keynes CCG
* NHS Luton CCG
* NHS Basildon and Brentwood CCG
* NHS Southend CCG
* NHS Mid Essex CCG
* NHS West Essex CCG
* NHS East and North Hertfordshire CCG
* NHS West Kent CCG
* NHS Hastings and Rother CCG
* NHS Surrey Downs CCG

### CCGs that have explicitly requested that their own contracted provider be used are:

* Kent and Medway CCGs
* North East Essex CCG
* Seven Sussex NHS Clinical Commissioning Groups, led by NHS High Weald Lewes Havens CCG

#### This list may change during the life of this contract and the Service Provider is expected to act on behalf of the Authority, arranging journeys with other commissioned providers for discharges, transfers and repatriations for patients registered in those CCG boundaries.

#### Patients requesting NEPTS who are registered with a GP in these and other CCG boundaries will be redirected to the specific Service Provider commissioned by that patient’s CCG