

## **East London NHS Foundation Trust Specification**

Service Type	Mental Health Patient Transport Service
Service	Provisional Secure Vehicle and Escorts
Period	1 <sup>st</sup> August 2024 to 31 <sup>st</sup> July 2026 (option of 2 x 12months extension)

### **1. Services Covered Under This Contract**

The Provider will:

- Provide the right service of the right quality.
- Be a CQC inspected and rated service.
- Ensure staff have specific training in handling and conveying mental health Service Users, securely where required, with dignity and respect.
- Provide an appropriately modified fleet that supports a range of Service User needs, from mobility vehicles to high secure vehicles.
- Operate a base within 50 miles of the intended geographical area covered.
- Deliver Service Users to appropriate care settings.
- Engages and supports Service Users while in the care of the transport provider.

### **2. Service & Contract Period**

Service provision for a 24-month period.

### **3. Geographical Coverage and Sites Covered**

ELFT provides local services to an East London population of 955,000 (The City of London, and the London boroughs of Tower Hamlets, Hackney and Newham) and to a Bedfordshire and Luton population of 890,000. ELFT also provide Forensic Services to a population of 2 million in Northeast London

Community sites including service user's homes, A&E at local General Hospital sites and police cells within the outlined areas.

Service Users can be conveyed within the ELFT geography but may also require outside the area.

### **4. General Service Required**

A responsive and proportionately secure mental health transport service that conveys Service Users with dignity and respect and responds to their individual needs by providing the right vehicle and the right crew.

The safe transportation of Service Users who are detained under the Mental Health Act and informal Service Users who may be at risk of absconding, causing harm to themselves, and/or

causing harm to others.

Types of journeys include:

- Transfers between mental health units.
- To and from physical health appointments
- Emergency transfer to and from A&E departments where conveyance in a 999 ambulance may not be appropriate due to a completed risk assessment.
- Collection of Service Users from police stations and 136 Suites transferring Service Users to mental health and care units where required.
- Return to mental health units following Service Users absconding, and/or recall under a Community Treatment Order.
- Out of area transport requests, including cross-border transfers.
- Conveyance to and from prison/custodial setting

Mental health Service Users 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 needs to be balanced with active management of risk. The Service User's legal status under the Mental Health Act 1983, amended by the MHA 2007, may impact the choice of transport used.

Safe transportation requires matching the clinical care needs of the Service User with the appropriate transport options and is underpinned by safety and security considerations alongside the overriding principles of ensuring the least restrictive care that is appropriate for the uniquely assessed needs of each transport booking.

The Provider will provide, as far as practicable, in hours and out of hours specialist transport for Service Users who may or may not be detained under the Mental Health Act 1983.

## **5. Service User Categories**

- Admissions
- Transfers:
  - Acute patients being transferred between inpatients, Informal/detained.
  - Service User repatriated to local treatment centres nearer home from UK wide providers, voluntary/detained.
  - Service User repatriated from across the UK back to the ELFT catchment area, voluntary/detained.
  - Secure transport may be needed to/from Psychiatric Intensive Care Unit, LSU. MSU and HSU transfer
- Patients requiring support and escort in places of safety.
- Patients on s17 leave, wait and return.
- AMHP led assessments from home address and other locations.
- Bed- watch services.

## **6. Core Service Hours**

- 6.1 This service operates 24 hours a day, 7 days a week. including bank holidays.
- 6.2 The hours of this service will be refined on a continuous consultative basis to ensure the needs of ELFT, and their Service Users are met.

## **7. Accessing the Service**

Bookings can be made by ELFT staff (ward based or community teams). A risk assessment will be provided by a mental health professional to enable the Provider to determine specific management requirements, and information given on bookings will be made by contacting the service provider by telephone or via the online form, followed up with a call.

The service Provider must also recognise that patients' needs can change over time and respond accordingly.

The Service will strive to ensure that it is fully accessible and responsive to the diverse needs of all the groups and communities it serves.

A risk assessment is completed as part of the service users transport pathway.

## **8. Booking Transport**

### **8.1 Booking criteria**

- The journey is requested by ELFT staff.
- The journey required is for a mental health service user.
- The journey requester is a Health or Social care professional or the Police in association with health care professional.
- A risk assessment is carried out by the Provider with information provided by a Health Care Professional.

### **8.2 Service Standards for Bookings**

The Provider will have a single point for referrals to ensure efficient operation. There will be clear guidelines and booking of transport which must include the following:

- Recording of journey reference number
- Recording of Service User details including name and NHS number (where possible)
- Recording special circumstances and requirements and any clinical condition requiring specific moving and handling or additional dignity requirements
- Recording journey details

The Provider must keep an accurate electronic record of all bookings received, and provide regular reports, at least annually, on service delivery in the following areas:

- Activity.

- Performance.
- Response times; and
- Incidents and outcomes.

The Provider must ensure that policies and procedures relating to Service User confidentiality are adhered to, and that staff have undertaken training appropriate for their role.

### 8.3 Risk Assessment

At the time of booking transport, the requesting team shall provide all necessary information relating to the service user's medical and mental health condition that may be relevant to the conveyance of that service user. A relevant Mental health risk assessment is completed as part of the booking process and the provider should provide a standard form to ensure the same risk information is captured across all bookings. The Provider must take a risk assessment before confirming the booking:

A risk assessment may outline the following:

- the Service User's condition (e.g. whether they have been sedated or whether there is another medical condition of which the ambulance crew should be aware).
- an indication of the Service User's likely attitude to transfer e.g. whether they are likely to be violent, aggressive, anxious or be distressed.
- Any self-harming behaviours and how this presents.
- Any communicable diseases that may affect the transfer.
- The Service User's level of mobility.
- If staff or carers will be accompanying the Service User.

Where the patient is being collected from a location other than an inpatient ward (e.g. collection from a home address) the requesting team should provide information regarding access and environmental safety (examples would include where pickup is from a flat above ground level with access via stairs, whether there are family members or dogs present, or where the patient is known to have weapons on their property).

## 9. Staffing

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/or the skills of a Registered Mental Health Nurse (RMN or RNLD) may be required as part of the crew. ELFT may provide the RMN or may request the Transport Provider provides suitable and trained clinical staff and this will be confirmed at the time of booking.

All staff involved in the service must have undertaken statutory and mandatory training, including but not limited to: Mental Health Awareness, Mental Health Legislation, Role of the Care Worker, and Safeguarding level 3 training. Training must be delivered by an AET qualified trainer to ensure appropriate delivery and effective learning.

Only individuals who have been trained in control and restraint to the Restraint Reduction Network's training standards will have patient contact. The restraint training provider MUST be a certified by BILD Association of Certified Training and published as such on:

The Transport Provider shall ensure that every person employed in and about the provision of the service is at all times properly and sufficiently trained and instructed with regard to:

- All relevant rules and procedures relating to the conveyance of detained service users.
- All relevant rules and procedures relating to the conveyance of vulnerable people.

The Transport Provider shall select the appropriate crew members, with full consideration of the risk assessment completed by the referring team at the point of each booking to ensure there is a clear and appropriate match of skills, aligned to the scope of practice to meet the requirements for each patient.

## **10. Escorts and Mental Health Professionals**

For service users detained under the Mental Health Act, the law determines that the Approved Mental Health Professional [AMHP] applicant is responsible for ensuring that all necessary arrangements are made for the service user to be conveyed to hospital. Section 6 of the MHA 1983 authorises the applicant or anyone duly authorised to convey the service user to hospital. The AMHP and the Transport Provider, working together, will agree the appropriate number of escorts required to achieve the objective of safely conveying the person.

For hospital transfers or repatriations, the power is delegated by the hospital managers and the numbers of professionally trained escorts that are required are determined together with the Transport Provider via a risk assessment by the referring team.

The transport Provider agrees the following minimum requirements will be adhered to on each conveyance:

- I. A minimum two escorts will always be supplied for Service Users detained under the MHA 1983 (meaning Driver plus two escorts). This ensures that any engagement with the service user to ensure their safe arrival at their destination is undertaken safely and in line with the principles of the Mental Health units (Use of Force) Act 2018.
- II. A minimum of one escort to support informal patients (meaning driver plus 1 escort) to support the patient for the duration of the conveyance.

Additionally, the Provider will meet a KPI of 95% on gender matching, but the provider should ensure there is a female escort on board for a female patient unless there is a clinical reason to stand this requirement down.

Where the Provider supplies a nurse, they will act within the remit of their qualification and registration and will lead interactions and interventions with the service user, where appropriate, and will be responsible for the safe transfer of any Mental Health Act Section Papers. Where medication may be required the appropriate medication chart and required medication will be provided. Medication will be administered within The National Institute for Health and Clinical Excellence guidelines.

Where the Client Hospital provides an escort then the Transport Provider may be expected to take the Client Hospital employee back to the pickup location.

Where responsibility for the Service User is given to the Transport Provider a full handover will be undertaken which will include:

- The Service User's physical and mental state.
- Details regarding any sedation administered and need for restraint.
- Risk assessment relevant to transport.
- The Service User's legal status.
- The nature of any documentation that will accompany the Service User.

## **11. Conveying Service users**

The Provider must commit to ensuring the safety, well-being, dignity and respect of the patient comes first. The Provider will ensure the following:

- Skills of the crew are matched to the patient's needs and presentation as far as possible.
- Crews will be gender matched to the patient in an attempt to relieve anxiety and provide appropriate personal care enroute if this is necessary.
- Decisions on use of high secure vehicles or restraint will never be based on the patient's Mental Health Act Status alone. A thorough risk assessment must always be completed ahead of transfer.
- Consideration of the differing needs that older patients and younger patients may have and tailoring support to the individual.
- Before boarding a detained patient, crews will receive and scrutinise detention paperwork relevant to external transfers, and if transferred digitally, the crew will always call ahead to the receiving unit to ensure receipt. This ensures a seamless transition for the patient and minimises waiting time and delays for the patient.
- If restraint of any kind is required, this must be timestamped and reported in detail. All journeys will be accompanied by a restraint report even if restraint was not performed.

## **12. Recruitment of Staff**

The provider will undertake the following employment checks to ensure ambulance staff working with patients are suitable and appropriately vetted before appointment:

- Identity checks
- Right to work checks
- Professional Registration and qualification checks
- Enhanced criminal record and barring checks
- Employment history
- Reference checks covering a minimum of 3 years.
- Proof of address
- Numeracy and Literacy testing.

## **13. Training & Education**

All patient supporting staff must receive, and regularly refresh, statutory and mandatory training. The provider must have a recruitment and training policy in situ. Training includes the following:

- Challenging Behaviours
- Effective Communication
- Equality and Diversity
- First Aid/ Basic Life Support
- Fire Training
- Food Safety and Hygiene
- Handling Medicines/ Side effects
- Health & Safety (including. awareness of RIDDOR)
- Incident reporting
- Infection prevention & control
- Information Governance
- Lone working
- LGBTQ Awareness
- Manual Handling/ Moving & Handling
- MCA &DOLs
- In person Advanced Mental Health Act 1983 Training – understanding the legal framework and detention papers.
- Oliver McGowan Training
- Raising concerns & whistleblowing
- Risk Assessment
- Role of the Care Worker (including. Principles of Care, Duty of Care, Person Centred Care, Privacy & Dignity, Duty of Candour, Personal Development)
- PREVENT/WRAP
- Prevention and Management of Violence and Aggression (including preventative training and de-escalation and is BILD Certified and therefore accredited by the Restraint Reduction Network).
- Safeguarding of Vulnerable Adults (lvl.2)
- Safeguarding Children and Young People (lvl.3)
- Use of Handcuffs/Restraint Equipment

The Provider must have systems in place for ensuring training is up to date and compliance must sit above 95% at all times.

#### **14. Policies and Service Delivery**

13.1 As a minimum, the provider should have the following policies and procedure in place, regularly reviewed and in date:

- Audit and Assurance Policy
- Business Continuity Policy and Annual testing
- Complaints and Concern policy
- Confidentiality and Data Protection Policy
- Conveyance under the MHA 1983 Policy
- Dress Code Policy
- Duty of Candour Policy



- Health and Safety at Work Policy
- Incident Reporting and Investigation Policy
- Infection Prevention and Control
- Information Governance and Data Security Policy
- Lone Workers Policy
- Modern Slavery Policy and Statement
- MCA and DOLS Policy and Procedure
- Non-Emergency Transport Policy
- Raising concerns at work policy
- Recruitment, Training and Induction Policy
- Resuscitation, DNAR and Deteriorating Patients Policy
- Safeguarding Adults at Risk of Harm
- Safeguarding Children and Young People
- Quality Policy
- Vehicle Maintenance Policy

## 15. Service Standards for Vehicles

The purpose of this service is to provide service users with secure transport that gives them dignity and respect. As such, the secure compartment within high secure vehicles is not used as standard. The Provider will always use the least restrictive option and transport the service user in the vehicle and compartment most appropriate to the presenting need at the time of arrival.

### 14.1 Vehicle type

The Provider will ensure that an appropriate vehicle is used based on the information taken during the risk assessment prior to the journey and clinical need as defined and assessed by the referring clinician.

Type of Vehicle	Description
<b>Low Secure Vehicle</b>	<ul style="list-style-type: none"> <li>• For patients with low to medium risk of violence</li> <li>• For patients that pose a present risk of self-harm via headbanging, or ligaturing.</li> <li>• Converted vehicle which accommodates up to 8 persons including the driver, allowing space to support a patient if required.</li> <li>• Secure Bulkhead</li> <li>• GPS tracking</li> <li>• CCTV</li> </ul>
<b>High Secure Vehicle</b>	<ul style="list-style-type: none"> <li>• For patients with medium to high risk of violence</li> <li>• Three internal compartments: drivers cab, middle passenger compartment, and secure space/cell.</li> <li>• GPS tracked.</li> <li>• Secure bulkhead</li> <li>• CCTV</li> </ul>

## 14.2 Ambulances and other vehicles adapted for the carriage of patients (“Adapted Vehicles”)

- The Provider shall be solely responsible for the supply and suitability of sufficient vehicles to provide the Service(s) under the Contract.
- The Provider will ensure that any vehicle used for the transport of patients meets all of the relevant EU and UK legislation.
- Vehicles transporting wheelchairs will comply with the latest guidance for safe transportation of wheelchairs.
- Where a vehicle conversion is based on a standard short or long wheelbase “van-type” chassis, the Provider must ensure that the suspension is of a suitable type, or has been appropriately modified, to ensure the comfort of patients during the journey.

The Provider must ensure that all vehicles use:

- Fit for purpose.
- Subject to regular documented maintenance.
- Run on diesel, unleaded fuel, electricity, LPG or other environmentally friendly fuels, or any combination of these.

The Provider must ensure that:

- All vehicles have valid road fund licenses.
- A Current MOT certificate is available for each vehicle for inspection.
- All vehicles are insured to carry patients, in the manner required by the contract, as required under Road Transport legislation.
- The current certificate of insurance and other statutory documents (e.g. operator’s license) must be shown and available for inspection before the commencement of the contract and be available for inspection at all times thereafter.
- The Provider must undertake all necessary maintenance to vehicles and equipment to ensure that all aspects of the regulations governing Road Transport are complied with.
- Service vehicles every 50,000 miles as a minimum.
- The Provider will ensure that the interior and exterior of vehicles are maintained in a clean and hygienic condition at all times. Weekly audits must be in place.
- All vehicles must carry a company identification on the vehicle.
- 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.
- The Provider will ensure that appropriate vehicles are scheduled each day.

## 14.3 Vehicle Checks

For each shift there must be evidence that a vehicle check has been completed prior to the shift, by the crew using the vehicle, which must be recorded and available to the commissioner.

The replacement of consumables and laundry items will be at the expense of, and be the responsibility of, the Provider. The Provider must make arrangements to allow restocking of consumables and laundry items which incur minimal downtime.

In summary, for all vehicles used for this service, Providers are required to evidence ongoing Infection Prevention and Control routines, cleaning and maintenance records for each vehicle.

Vehicles used for covering this service must be fully equipped and capable of conveying Service Users with mental health needs.

## **16. Information Sharing**

As part of this service information sharing is vital to ensure that Service Users and the Providers employees are safe. As part of this process confidential information regarding the service users' condition may be shared with the Provider therefore it is imperative that an agreement is in place between ELFT and the appointed Provider(s).

With this in mind the successful Provider(s) must be willing to set up an Information Sharing agreement regarding sharing risk assessment information relating to service users with ELFT as part of the service offering.

Providers must have successfully submitted their annual DSPT.

## **17. Safeguarding**

ELFT has a statutory duty to ensure that they make arrangements to safeguard and protect adults at risk of harm and children/young people from abuse or the risk of abuse and promote the wellbeing of service users. In relation to transport this means that ELFT must commission and provide a transportation service that reflects the needs of the Service Users they care for.

All Provider staff must have up to date safeguarding training, level 2 (Adults at Risk of Harm) and level 3 (Children and Young People). The Provider shall ensure that their staff are alert to the potential indicators of abuse or neglect for vulnerable adults and know how to act on those concerns in line with local guidance as may be issued by ELFT from time to time.

All Provider staff must have recognised up to date safeguarding training. The provider must have a Designated Safeguarding Person who is Level 4 trained as a minimum.

The Provider shall ensure that it has in place such reporting systems/processes as are appropriate to identify circumstances/incidents which have compromised the safety and welfare of adults at risk or children. All incidents compromising the safety and welfare of adults at risk or children shall be reported immediately to ELFT, following which the Provider will register the incident with the appropriate authority.

## **18. Incident Reporting**

The Provider is required to report any incidents which occur whilst undertaking ELFT duties, no matter how minor (including the use of restraint), to ELFT as soon as they occur. ELFT will determine the appropriate action which the crew must adhere to.

In addition to its own procedural requirements, the Provider must also comply with any actions requested by ELFT following the occurrence of the incident.

## **19. Performance Reporting**

The Provider's crews must be able to provide real time information on the key milestone times outlined below.

Milestone	Description/Time Stamp
1	Job received by the Provider
2	Job passed to the Providers crew
3	Start Journey
4	Arrive pick up point
5	Depart pick up
6	Arrive at destination
7	Run clear

In addition to the response times the Provider shall supply such information and reports in a timely manner as ELFT reasonably requires monitoring adherence to this service specification. The Provider will meet with ELFT annually, or more frequently if ELFT requires, to monitor and review performance and adherence to this Service Specification.

## **20. Management And Supervision**

The Provider's staff engaged in and about the provision of the services shall primarily be under the control and direction of supervisory staff but shall nevertheless while on ELFT's premises obey all reasonable instructions given to them by ELFT's supervisory staff in any matter in which the immediate safety or medical needs of any service user shall be involved.

## **21. Uniforms And ID**

It is expected that the Provider will ensure staff are appropriately dressed in uniforms or workwear that is commensurate with the requirements of this specification. Uniforms must not be intimidating in nature, for instance the display of handcuffs as part of the uniform or military style boots.

Where the nature or the place of any duties upon which the Provider's staff shall be engaged in the provision of the services makes the wearing of protective clothing necessary or appropriate, Service Provider will provide and will require its staff to wear such clothing.

## **22. Exclusions**

- Any emergency level response requirement requiring the senior clinical skills of a

paramedic technician.

- Any service user that has not been risk assessed by the referring clinician.
- Direct service user calls
- Service user's requiring stretcher transfers.