

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	2
Service	Non-Emergency Patient Transport Services (NEPTS)
Commissioner Lead	
Provider Lead	
Period	1st December 2019 – 30th November 2024
Date of Review	Annual from Service Commencement

1. Population Needs

1.1 National / local context and evidence base

Improving access to healthcare and reducing health inequalities are key objectives for the Nottinghamshire and Bassetlaw Clinical Commissioning Groups (CCGs), and transport to healthcare in a county with many areas that are classified as significantly rural is an important issue. In this specification the word Nottinghamshire is used to signify all of the Nottingham, Nottinghamshire and Bassetlaw CCG's. During the life of the NEPTS Contract it is expected that new legal NHS commissioning entities such as Integrated Care Systems (ICS's) will replace many of the current CCG's. At that point the Contract will be novated to the new entities via a Contract Variation.

The Department of Health defines Non-Emergency Patient Transport Services (NEPTS) as the non-urgent, planned transportation of Patients with a clinical need for NHS funded transportation to and from premises providing NHS healthcare and between NHS healthcare Providers. It includes both planned and on demand transportation, in line with any locally agreed Eligibility Policy. Within Nottinghamshire the NEPTS is part of an integrated care programme. To meet the varying clinical needs of the Patient the Provider will provide fit for purpose vehicle types and levels of care suitable for the Patient's needs.

NEPTS will be provided for non-emergency Patients in accordance with guidelines set nationally and who meet the national eligibility rules Department of Health (DH) Guidance (Gateway reference 8705) and the CCG's local Eligibility Criteria. A non-emergency Patient is defined as a Patient whose medical condition is such that they require the skills or support of appropriately trained NEPTS staff and their limited defined equipment during:

- **Pre-planned journeys** including but not limited to transport to and from outpatient appointments / day cases / admissions and discharges from wards and their normal place of residence or step down care / assessment setting
- **On the day / short notice** including but not limited to discharges from wards and A&E to their normal place of residence
- **Planned Inter Hospital transfers to both NHS and Independent Sector where contracted** – this excludes emergency transfers. This may also include an element of on the day / short notice transfers. It is expected that an MOU will be drafted between the PTS Provider, main acute Trusts, EMAS and other relevant Ambulance Trusts.
- **Renal Patients attending haemodialysis**
- **End of life Patients**

The recently published NHS Long Term Plan may have an impact on the future delivery model for NEPTS e.g. the level of outpatient journeys may reduce during the life of the NEPTS Contract if the use of digital access to appointments is expanded. In addition during

the life of the NEPTS Contract some procedures currently undertaken in hospitals may be moved to other Primary Care Settings. The Provider will be expected to transport Patients to these locations as required and work with Commissioners to understand and quantify any potential impact on cost and KPI performance.

The Provider will be expected to transport eligible Patients registered with GP practices within Nottinghamshire and Bassetlaw or whose normal place of residence is within Nottinghamshire or Bassetlaw if they are not registered with any GP practice. Transport will be to any facility offering NHS funded care within the Nottinghamshire and Bassetlaw CCG boundaries plus a 10 miles radius of the CCG borders. This excludes routine Primary Care services, including but not limited to, GP, Dental, Optometry and Podiatry / Chiropody appointments. The sites listed below have a frequent flow of Nottinghamshire and Bassetlaw CCG registered Patients and are to be included as core journeys rather than ECJ's -

- Barlborough Treatment Centre, Chesterfield
- University Hospitals of Leicester (All sites)
- Sheffield Teaching Hospitals (All sites)
- Sheffield Children's Hospital
- Doncaster and Bassetlaw Hospitals (All sites)
- Derby Teaching Hospitals (All sites)
- United Lincolnshire Hospitals NHS Trusts (All sites)
- Chesterfield Hospital
- Ilkeston Renal Unit

There will be a regular review of points of care during the duration of the Contract and any high frequency ECJ journeys may be reclassified as core journeys. Any other points of care will be classed as Extra Contractual Journeys (ECJs)

1.2 Evidence Base

- The level of expected activity is set out in the Contract. These figures are based on actual journeys from January 2017 to January 2019 carried out by the current NEPTS Provider. Separate figures are shown for core and ECJ journeys. This activity is indicative and for guidance only.
- The workload will be a mixture of pre-planned and on the day journeys, some of which will be short notice journeys and will fluctuate from day to day.
- The NEPTS Provider should be aware that there will be daily and seasonal peaks and troughs in demand
- Activity levels for this Contract cannot be guaranteed.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

The NHS Outcomes Framework Domains and Indicators are used to hold NHS England and Clinical Commissioning Groups to account for the outcomes it delivers through commissioning health services such as this NEPTS Contract.

Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes	
2.2 Local defined outcomes A high quality, safe, flexible service that can meet, adapt and respond to the changing needs of the Nottinghamshire healthcare environment. A service that is Patient centric and cost effective and one that continually innovates over the life of the Contract to deliver value for money and service efficiency, delivering existing innovations including a dedicated renal shuttle bus service for Nottingham City Hospital and Lings Bar Hospital Renal Units, and a pilot scheme operating a dedicated discharge vehicle at Nottingham University Hospital under the direct control of the Integrated Discharge Team.			
3. Scope 3.1 Aims and objectives of service The Provider is responsible for delivering an appropriate, dignified and safe NEPTS to Patients, ensuring all eligible Patients are able to travel to and from acute, community and mental health settings in a timely manner, without adverse impact on their medical condition. Non-Emergency Patient Transport Services will be delivered in line with the following aims: • The NEPTS will improve access to healthcare for eligible Patients. The Provider will ensure that Patients are transported in a legal, safe, friendly, dignified, clean and comfortable environment by appropriately qualified staff; ensuring that journey times are minimal and arrival and / or departure times are prompt. The service will be delivered in a way that is equitable to all registered and non-registered transient residents (including tourists and travellers who may be temporarily registered) of the health economies commissioning the service and projects an ethos of a Patient centred service, recognising Patient need and condition, e.g. Dementia, Oncology etc. • The NEPTS will be a flexible service that can meet, adapt and respond to the changing needs of the Nottinghamshire and Bassetlaw healthcare environment. The Provider is expected to be able to meet the defined Standards at all times in delivering a fit for purpose service, specific to the Nottinghamshire and Bassetlaw healthcare setting. The NEPTS Provider will improve the availability and consistency of information about services, providing Commissioners with better information of the demands on the services. • The NEPTS Provider will ensure that good systems of communication exist that contribute to collaborative working with primary and secondary services, social care and mental health services to ensure maintenance of continuity and holistic care for each individual. The NEPTS Provider will undertake a clear regular and effective communication with all parties and support or feed into strategic planning of individual NHS Healthcare Providers where appropriate. The Provider will understand its position and support the improvement of the quality and financial efficiency of both community and acute healthcare Providers. The Provider will improve Patient and stakeholder satisfaction year on year, as demonstrated by the Friends and Family Test for example. • The NEPTS will be cost effective to Commissioners • The NEPTS Provider will demonstrate innovation and maximise the appropriate use of information technology to drive quality, safety, value for money and improved satisfaction and demonstrate this over the life of the Contract			

- The NEPTS Provider will plan and manage journeys to maximise efficiency that both supports and contributes to the Governments Sustainability agenda and the NHS Integrated Urgent and Emergency Care Strategy.
- The Provider will endeavour to provide vehicles that minimise their detrimental impact on the environment and will demonstrate this through its annual report to Commissioners.
- The NEPTS Provider must put in place arrangements to engage with service users to monitor the quality of the service delivered in accordance with the requirements of the Health and Social Care Act 2012 and associated national guidance. Furthermore, the NEPTS Provider must ensure there are processes in place to learn from and to act on any feedback from service users to deliver service improvement.
- The NEPTS Provider will be expected to understand local needs and conditions, offer knowledgeable local information and demonstrate an excellent knowledge of the geography and infrastructure of the different localities within the area covered and a knowledge of local alternative Providers, such that they can refer ineligible Patients to an appropriate service.
- The Provider of the NEPTS service will notify the Nottinghamshire and Bassetlaw CCGs of all CQC inspections and the results and feedback received from the CQC.
- The NEPTS Provider will have an agreed and contracted listing of direct sub-contractors. If the NEPTS Provider cannot honour a journey due to capacity, the NEPTS Provider will utilise a subcontracted alternative from this listing to convey the as per the original booking.

3.1.2 Service Development Aims

The Provider of the NEPTS service will develop plans to address the developmental aims detailed below as part of their development strategy of this service.

- To support the development and implementation of integrated transport with other public sector organisations e.g. Local and County Councils.
- To support the development of integrated information management systems that enables the sharing of real time data across the network.
- To support the development of timely discharge of Patients during out of hours from acute and community hospital beds, including acute and community mental health hospitals.
- To support the development of alternative care pathways that have an impact on health outcomes, service experience and choice and the provision of services in the community.
- To support the development of cohesive working with other Patient Transport Service Providers with particular regard to the transportation of mental health service users.
- To recognise the needs of certain Patient groups and respond appropriately, including: dementia; oncology; etc.

3.2 Service description / care pathway

3.2.1 General Requirements

The NEPTS will operate 24 hours a day 7 days a week, 365 days a year (366 days in a leap year) based on changing activity profiles particularly over weekends as the 7 day working agenda expands

The core Hours (Appendix A) of Service will be 06.00 to Midnight. All journeys outside of these hours will be classed as ECJ's. Hours of Service is defined as journeys to meet appointment times and pick up times within these core hours within the KPI Standards specified. Note that the first appointment time may be 06:00 and the last booked ready to depart time may be midnight. Booking and telephone contact to be available 24 / 7.

The Provider must work closely with Commissioners and acute, community and mental healthcare Providers to align the NEPTS with attendance patterns.

The Provider is responsible for all core contract aspects of the NEPTS provision. Commissioners will support a pre agreed ECJ rate level below which the Provider does not need to seek approval from Commissioners. Any ECJ above the agreed level must be approved by Commissioners prior to the journey taking place using an agreed schedule of return journey charges and under an assurance that in Contract performance will not be affected. The Commissioners reserve the right to commission ECJs from other Providers.

The Provider is the single point of contact for the acute, community and mental healthcare Providers in the provision of NEPTS

The Provider will operate the service for Patients and their escorts whom they have assessed as eligible under either the Patient or escort eligibility criteria as described in this specification. The main types of journeys to be delivered by the Provider include, but are not limited to, the following:-

- Transport to/from Secondary Care Acute, Mental Health & Community Day case and planned Inpatient services
- Discharges from wards / depts (both planned and unplanned)
- Discharges from A&E to their normal place of residence
- Transport to/from NHS funded beds in residential and nursing homes (E.g. Step up / down and Discharge to Assess Beds)
- Transport to and from outpatient and clinic appointments in both acute and community settings
- Inter-hospital transfers to/from different acute hospitals, including time critical, to both NHS and NHS funded beds in independent sector Providers, where the purpose is a step up or step down in care
- End of Life Patients, as defined in this specification, including transfers to / from hospices and Patients requiring NHS funded care home beds
- Transport to/from Specialist care services delivered via a community clinic
- Transport to/from Renal Units for Patients attending haemodialysis (Including Satellite Clinics)
- Transport to/from O / T Home Visits – where any hospital Patient requires an Occupational Therapy assessment at their normal place of residence prior to full discharge, transport should be provided for the Patient in line with treatment requirements. The Commissioner will work with the Provider to develop an early warning system for this type of booking.

The Provider is expected to accept a Patient's place of residence as any address specified at the time of booking which may include Patients living outside of the Nottinghamshire (plus 10 mile radius) boundary but who are registered with a Nottinghamshire or Bassetlaw CCG GP Practice.

The Provider will ensure that Patients are transported in a safe, friendly, dignified, clean and comfortable environment taking into consideration their specific personal circumstances and medical needs without discrimination.

There will be occasions where Nottinghamshire and Bassetlaw CCG registered Patients require transport to/from a community or acute healthcare setting that is outside of the Nottinghamshire and Bassetlaw CCG's (plus 10 mile radius) boundary or from other points of care not listed as core in Section 1.1 above. In all cases this will be an ECJ. If the ECJ return journey value is below the pre agreed rate with Commissioners the Provider does

not need to seek Commissioner agreement. If above this rate Commissioner agreement is required before the journey takes place in all circumstances.

3.2.2 Transportation Requirements

The Provider is expected to allow a small amount of luggage per Patient to be carried on the vehicle but not if this restricts vehicle utilisation and/or crew safety. In these circumstances the Provider will liaise with the Commissioners to discuss possible solutions such as asking the Patients family to transport the excess luggage. Parents travelling with infants will be entitled to take a single box of feeding supplies.

It is expected that, where possible, all personal belongings, not appropriate / required in transit will be transported by family or friends.

These allowances are in addition to the Patient's notes and any equipment that is vital to assisting the Patient to access and egress safely from / to their place of residence, vehicle or Point of Care. To ensure infants and children's safety during transit, child seats are to be provided by the Provider and NEPTS staff trained in their fitment and use. Examples of the types of equipment are listed below but this list is not exhaustive:-

- Portable Oxygen (with a maximum flow rate of 6 litres per minute)
- Walking frames / Sticks
- Wheelchairs. These can be powered, unpowered, standard or bariatric. It is expected that the booking process is sufficiently thorough to collect enough information on the type and size of any wheelchair that is likely to be transported. Based on the information received at the time of booking, if there are likely to be any issues transporting the wheelchair these should be discussed with Commissioners prior to the journey.
- Self-Managed Syringe Drivers

Assistance dogs will be allowed to travel on vehicles free of charge. The Provider will be responsible for ensuring assistance dogs can be appropriately secured in transit so as not to create a risk to Patients, crew or the dog.

Requests for transporting large amounts of luggage will be discussed with Commissioners and a decision made on how to transfer the luggage agreed.

The Provider will adhere to all current legislation and guidance when transporting wheelchairs.

The Provider will adhere to all current legislation and guidance when transporting stretchers

The Provider will ensure that Patients are secured safely, using appropriate safety belt / infant and child car seats for the duration of the Journey except for those covered under DVLA exemptions.

Any requests to transport any other goods not listed in this specification should be discussed with Commissioners in the first instance.

For all Bariatric Patients prior to their first transportation the Provider will carry out an assessment of the Patient's mobility, mode of travel required and any equipment required for safe access / egress from pick up / drop off location. This may need a home or hospital visit assessment which may cause some delay in transporting the Patient and this should be clearly explained to the Patient, carer, or healthcare professional at the time of making the booking

The Provider is expected to optimise the number of Patients per vehicle at all times without a detrimental effect on travelling times.

Due to the variety and size of wheelchairs, such as standard, oversize, electric, bariatric, foldable, non foldable, Providers may need to stratify the WC1 and WC2 categories to differentiate those wheelchair users who can, perhaps, transfer to a car and the wheelchair folded and carried in the vehicle.

Under no circumstances will a Patient be allowed to travel on a disability scooter.

The Provider will ensure that the appropriate vehicle is dispatched to the eligible Patient in accordance with the mobility categories as defined in the table below:-

Mobility Categories		
CODE	CODE DESCRIPTION	CATEGORY DESCRIPTION
C	WALKER	A Patient who can walk and does not require assistance / supervision.
C1	WALKER	A Patient who can walk but may require minimal assistance / supervision.
WC1	WHEELCHAIR USER	A Patient who uses a wheelchair and does not require supervision, but may need some assistance from the driver.
WC2	WHEELCHAIR USER	A Patient who uses a wheelchair and requires supervision and assistance from an attendant.
A1	LIMITED MOBILITY	A Patient who will be able to walk but may have mobility issues necessitating the need to travel by Ambulance only; the Patient may also need the assistance of the driver to or from their place of residence / care setting but does not require supervision during transit
A2	LIMITED MOBILITY	Patients who will need the skills of two people to manually assist them into the vehicle or to / from their place of residence / care setting. The Patient may also be one that requires supervision during the Journey. A two person lift may be required where the Patient needs to be lifted or carried at some care settings in the Journey.
A4	LIMITED MOBILITY	Patients who will need the skills of four or more people to manually assist them into the vehicle or to / from their place of residence / care setting. The Patient may also be one that requires supervision during the Journey. A four or more person lift may be required where the Patient needs to be lifted or carried at some care settings in the Journey.
ST	LIMITED MOBILITY	A Patient who cannot mobilise and requires the assistance of two or more people and will require use of a stretcher and the supervision of an attendant, these Patients may also need to travel in a recumbent or semi recumbent position.

BAR	LIMITED MOBILITY	A bariatric Patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environment access with one or more of the following areas: - has a body mass index (BMI) >30kg / height in metres and / or - are 40kg above ideal weight for height (NICE 2004) and / or exceed the working load limit and dimensions of the support service such as a bed, chair, wheelchair, couch , trolley, toilet and mattress.
NP	NONPATIENT EQUIPMENT	Equipment such as monitors etc. that require returning to stakeholder premises after use.

The Provider is responsible for the transportation of all eligible Patients for all the mobility types listed above.

The Provider will collect / return Patients to / from their place of residence in a clinically appropriate manner for their medical condition and / or their mobility, which may include the use of mobility aids, excluding hoists.

The Provider will transport the Patient to / from a designated waiting area at the healthcare setting. Where no such waiting area exists the Provider will transport the Patient to / from the correct clinic or ward, and ensure appropriate handover. Under no circumstances should Patients be left before the department or premises are open.

The Provider will ensure that when Patients are returned to their normal place of residence they enter the premises safely and where appropriate are handed over to a relative, carer or other responsible person. Under no circumstances should a Patient be left without assurances that they are fit to be left appropriate to their medical condition and / or their mobility. The Provider should have appropriate procedures in place for escalating any safe and well concerns in respect of the Patient's condition or living conditions.

The Provider is responsible for returning equipment owned by healthcare facilities which is transported with the Patient. The return of this equipment and location for the return will be agreed with the relevant healthcare facility and is a chargeable journey.

3.2.3 Communication Provision

- The NEPTS Provider will maintain contact with all vehicles, at all times using a real time vehicle tracking system (excluding volunteer driver vehicles).
- The NEPTS Provider will provide the Commissioners with channels of communication to senior staff, in order that matters requiring immediate attention are dealt with. It is important that the communication is with personnel who can make on the spot decisions and who do not need to refer to someone more senior. The NEPTS Provider will ensure that drivers have the facility to contact the relevant parties in the event of an emergency

3.2.4 Commissioning Requirements

The Commissioners will commission a safe, high-quality service that provides value-for-money based on proven economic practice and flexibility of provision. How these will be achieved is at the discretion of the NEPTS service Provider while achieving service and performance requirements.

The NEPTS Provider should ensure (and be able to demonstrate) that all staff responding to people accessing the service are capable of carrying out their duties competently, and to a standard that meets the requirements of this specification.

The NEPTS Provider will demonstrate that they have systematic management processes in place. The Commissioners require the Provider of the NEPTS service to have a continuous quality improvement model in place and to demonstrate how this will be used in the service delivery. The NEPTS Provider should note that the Commissioners will performance manage the Contract for this service.

3.2.5 Changes to Services Provided

This specification describes the requirements of the Commissioners as at commencement of the Contract. It is expected that services will evolve over time to reflect improvements made by the NEPTS service Provider and also in line with the National Directives, Commissioners' requirements and changes to Patient pathways.

3.2.6 Integration and Innovation

The Commissioners will commission a service that is fit for purpose and incorporates creative and innovative ways of working. This specification is designed to encourage innovation that brings tangible, demonstrable Patient and Commissioner benefits, and requires such changes to be implemented as part of an agreed project plan with Commissioners and acute, community and mental healthcare Providers.

3.2.7 Community Engagement

The NEPTS Provider must respond to the requirements of the Health and Social Care Act 2012 and associated national guidance and assure the Commissioners that it will continue to learn from research and good practice promoted by the Department of Health, NHS England and other partners e.g. County Councils, Voluntary Organisations, Patient representatives and any successor organisations and implement the resulting good practice.

The NEPTS Provider must ensure that they have demonstrable plans to carry out the following as a minimum:

- Provide an opportunity for service users to make comments, compliments and complaints at all times and for there to be a mechanism for the Provider of the NEPTS service to respond, review comments and discuss developments or corrective action with staff through a documented procedure. The following details should be available to enable service users to provide their feedback:
 - Comment cards in all vehicles (inc NHS Friends & Family Test)
 - Contact information in / on all vehicles e.g. telephone number, email, website
 - Service user feedback calls.
- Complete a user satisfaction survey after 3 months of the start of the NEPTS Contract and then at least annually and report all findings to the Commissioners. The results of these surveys will be used to link with other public involvement organisations as part of the Commissioners' Patient satisfaction programmes. When an area of dissatisfaction is identified a survey should be carried out to identify the cause(s). The Commissioners also recommend the use of a 'secret shopper' programme to gain unbiased insight into the performance of their staff and vehicles.
- Engagement with Healthwatch
- Produce reports and attend Local Authority Health Overview & Scrutiny Committee

The NEPTS Provider will demonstrate their plans to liaise with potential key service users on at least a bi-annual basis to gain their views on access and provision of services and feedback from this exercise should be made available to inform future interagency planning.

3.2.8 Aborted / Cancelled Journeys

All journeys cancelled by healthcare Providers, or Patients, prior to the vehicle commencing the journey (wheels turning), will not be considered chargeable or aborted.

Where a Patient is not ready to travel within 15 minutes of their booked collection time, either due to the fault of the Patient or acute / community Provider at the Patient location, the NEPTS Provider will obtain permission from their control room to record this as an aborted Journey, and the reason must be documented on the Provider systems for audit purposes.

All NEPTS Journeys that are aborted must be reported to the Commissioner. The Commissioner must be notified of these in a timely manner and the reason for abort provided.

In these circumstances the Provider is expected to proactively manage the situation to ensure the maximum number of Journeys take place. Should the Commissioners be of the view, acting reasonably, that the Supplier can no longer provide the Services, following discussion and agreement with ERS Medical, and if Commissioners are therefore required to book additional resources to support the Provider these may be recharged back to the Provider plus 10% administration charge. The Provider will be responsible for notifying Patients and their healthcare destinations.

An aborted Journey is:

- One that is terminated once the Patient Journey is underway (wheels turning), including pre-Patient collection
- Where collection of a Patient is attempted but they do not travel, where the Provider is not at fault

The Provider must evidence all aborted Journeys and communicate them, where appropriate, to the receiving healthcare Providers at the time of occurrence.

Failed Journeys where the failure was in the control of the Provider will not be considered aborted and will not be chargeable to the Commissioner. The Provider will be required to evidence what steps were taken to complete the booking, including sourcing alternative transport at the Providers expense, or rearranging the journey after discussion and agreement with the Patient or clinical Provider. Any such agreement should be documented for audit purposes.

When an inbound NEPTS Journey does not occur, for whatever reason, it must be communicated to the receiving healthcare setting immediately. Any return journey will automatically be treated as Cancelled.

Patients are considered to have arrived for appointments, or to have been collected, when they are booked in or out of the relevant department by the Providers Staff. For Mental Health or vulnerable Patients a signature will be required by the Providers Staff.

3.2.9 Booking Requirements

The Provider is responsible for assessing the eligibility of Patients and escorts against the Criteria set out in this specification at the time of booking, including where a healthcare professional makes the booking

NEPTS will be bookable via an online booking facility and a dedicated Freephone (for landlines, non-Premium Rate charges may apply for mobile) landline telephone number operating 24 hours a day, 7 days per week. Those making the ebookings should receive confirmation of the booking and have the ability to review and edit the bookings, as well as providing instantaneous confirmation of cancellations. The Provider's system must have the

ability to handle electronic transfer and import an electronic data file of transport bookings from other systems, for example a PAS system.

The booking centre will be accessible through one Freephone number for Patients and healthcare staff who are not able to use the online booking system.

Patients, family members, healthcare professionals or care homes on behalf of the Patients can make bookings via the Freephone number. Only healthcare staff will use the online booking system.

The Provider is expected to have a contingency plan in the event that the booking system fails or is unavailable for any reason.

The booking system should allow for block bookings for Renal and Oncology Patients up to three months in advance. Individual bookings can also be made on a regular basis. Both these and on the day bookings will be subject to the eligibility criteria.

The booking system must enable the Provider to capture and report key Patient data and key Journey data and cost, to support all aspects of service delivery including those defined as Key Performance Indicators (KPIs).

The booking system will include an End of Life Facility for Patients. These bookings must take priority over all other journeys.

End of Life Patients are defined as those in the end stage of life where the booked journey is to a location identified as their preferred place of death. End stage of life can be a prognosis of death within 24-48 hours and the Provider should take direction from the healthcare professional with regards to the priority of the journey. All Patients in end stage of life shall not travel on a vehicle with other Patients. The Provider will devise a process for End of Life Patients needing priority transport and agree this with the Commissioner before the Contract commences. The Provider will ensure that they have a clearly documented policy for the Do Not Resuscitate (DNR) process and that staff have been trained to follow this.

All bookings are considered confirmed unless the Provider is notified of a change by the Patient, a healthcare professional or care home.

The Provider will offer a messaging service that reminds Patients of their booked journey 24-48 hours in advance of their journey and again when they are en route to collect the Patient. The Provider will make attempts to collect appropriate contact details at the time of booking transport and request authority to use it to contact Patients for this purpose.

3.2.10 Service Management

The Provider will promptly inform the Commissioner of any unresolved problems relating to the provision of the NEPTS such as staffing or fleet issues, telephony or IT issues or major failure to deliver the service.

The Provider will use activity data to drive both the strategic and delivery planning of the NEPTS to ensure that Patient appointment times are met and essential treatment provided. This will include provision for seasonal variation e.g. Winter, Bank Holidays and the Summer Holiday period.

The Provider will follow the guidance contained in the NHS Standard Contract in relation to:-

- Emergency Preparedness and Resilience Including Major Incidents
- Business Continuity Plan - This must include the use of alternative vehicles (e.g. 4x4 vehicles) in the case of extreme weather conditions.
- Incident Response Plan
- GDPR

- Prevent Policy on Anti-Terrorism

The Provider will attend monthly service review meetings

Key Performance Indicators (KPIs) will be used to measure the success of the service against this specification and are defined in Schedule 4.

The Provider will hold a documented complaints procedure including an escalation process and outcomes process which will be subject to agreement with the Commissioner; The complaints process should also align with the NHS Complaints Advocacy Service and the CCG's Patient Experience Team (PET), or equivalent, to ensure complaints received this way are appropriately addressed.

The Provider will have a system to track the progress of complaints and this will be reported on a monthly basis at the service review meetings and Quality Meetings.

The Provider will operate a feedback facility that clearly defines the action taken from feedback received.

The Provider will be expected to produce annual reports for publication on NHS choices including but not limited to include information surrounding the Quality Standards.

3.2.11 Potential Service Developments

Nottinghamshire County Council has recently been working on a Total Transport Pilot. At present the Council has a clear understanding of the transport that it provides within the pilot areas; mainstream and SEN education transport, Adult Care and local bus services.

The pilot seeks to explore opportunities' to integrate this transport with key transport provided outside of the Council. The Provider is encouraged to actively engage with the County Council and Nottingham City Council to investigate whether any shared or integrated services can be achieved to improve efficiencies to all parties.

The option is therefore reserved to review the scope of this Contract with the successful Provider with a view to developing the provision of integrated Patient / passenger transport services between the two organisations. Should any such variation take place, the terms & conditions and pricing mechanism of this Contract would need to be amended to ensure that the Contract adequately and appropriately provides for the change in service delivery and addresses the requirements of the Councils. This shall include adjustment of the pricing mechanism (if not already appropriately provided for within the existing provisions) to allow for maximum efficiencies to be derived from any increase in volume and adjustment made for any decrease.

3.3 Any acceptance and exclusion criteria and thresholds

Eligibility for the NEPTS will be determined by the Provider in accordance with the following principles:-

- The Patient is responsible for arranging and funding their own transport to and from healthcare facilities, unless a medical need for transport is required, including support for vulnerable people;
- The NHS shall be responsible for providing, and funding, transport for Patients who meet the eligibility criteria;
- The NHS shall not be required to fund, or provide, transport for Patients who do not require clinical support when travelling;
- The Healthcare Travel Costs Scheme addresses affordability by providing financial assistance for Patients on a low income;
- The NHS shall not be required to provide transport for Social Reasons, or to private Patients
- Some Patient groups who do not require clinical support but do need assistance with transport to be able to access healthcare - such cases shall be considered on

an exceptional and individual basis by the Patients CCG (or CSU representative), and the Provider shall deliver agreed Journeys as an integral part of this service specification.

Transport shall not be booked by the Provider, or provided, by the NEPTS purely on the basis that the Patient:-

- Lives a long distance from the hospital / healthcare facility;
- Is elderly; or
- Is on a limited income

NEPTS Staff should be aware of the eligibility criteria as set out in this specification for the NEPTS in general and the criteria applicable for individual Patients. Feedback must be provided to the Commissioner where there is concern that the eligibility criteria may not have been met or the wrong mobility identified for any particular Patient and this should be recorded on the staff members PDA.

3.3.1 Escorts

The Provider shall permit a maximum of one escort (2 if a nurse and carer are required) to accompany a Patient where appropriate and include on the booking the reason why the escort was required. This may include, but is not be limited to those where a Patient:-

- Is aged under 16 years;
- Has a psychiatric or learning difficulty and needs constant supervision on the Journey;
- Requires specialist medical staff to provide clinical care on the Journey; or
- Is dependent on the help of a relative or carer (e.g. blind, mentally impaired, or elderly with dementia / acute confusion)
- The Patient requires an escort to communicate with the NEPTS or medical staff

Escorts shall not be conveyed by the NEPTS purely because:-

- They are related to the Patient;
- They are on a ward / unit at the same time as the Patient is leaving;
- They are on a limited income; or
- They suffer from mobility problems

Escorts must not themselves require assistance or the skills / support of PTS staff during the inward and outward journey.

Escorts will need to arrange their own transport for the return Journey where the Patient is admitted to the healthcare facility. However, the Provider will make reasonable efforts to return clinical escorts to their home base or a suitable alternative location where practicable to the operation of the NEPTS.

3.3.2 Service Eligibility Exclusions

The following shall be excluded from the NEPTS:-

- Patients requiring Emergency Ambulance Services
- Patients requiring treatment for injury at the scene of a road accident or other accident;
- Patients attending A&E (although Patients may be eligible for NEPTS on discharge from A&E / Ambulatory Care Units or from prearranged clinic appointments)
- Mental Health Patients who are assessed as high risk. A risk assessment must have been completed which clearly identifies whether the Patient is fit for transportation and that the transport is fit for purpose. This will be a joint assessment between the Approved Mental Health Professional (AMHP) and the NEPTS Provider.
- Sectioned Patients without a section 17 assessment or those deemed to be high risk under the section 17 assessment.
- Sectioned Patients where a section 17 assessment concludes an appropriately trained Mental Health escort is required but no escort can be provided.

- Mental Health Patients who are heavily sedated and may require care and monitoring during transport.
- Mental Health Patients who have been restrained.
- Mental Health Patients who have to be escorted by a Police Officer / Prison Officer or Security Guard for safety reasons.
- Transport for routine Primary Care appointments at GP Clinics, health centres and dental surgeries provided under NHS Contract by General Medical Services / Personal Medical Services / General Dental Services / Personal Dental Services
- Prisoner transport
- High Dependency Patients requiring staff whose skills are above those of an ACA
- Patients with challenging behaviour, as described in this specification
- Paediatric Patients
- Non-NHS Patients
- Patients requiring transport outside of England, Scotland and Wales;
- Unaccompanied children under 16 years of age
- Patients requiring complex care during a Journey which needs a paramedic trained crew
- Intensive Care Transfers
- Visitors to hospital
- Patients registered to a GP outside of Nottinghamshire and Bassetlaw (including those receiving treatment at Nottinghamshire and Bassetlaw Healthcare settings)
- Patients who do not meet the Eligibility criteria
- GP Urgent Transport requests to Acute settings

3.3.3 Patient Behaviour

Any Patient who has presented at Healthcare Premises with a history of violent or challenging behaviour and has been deemed to pose a threat to Healthcare Premises and its staff will be identified within this category. Such Patients who have had their right to local NHS care removed are only entitled to services if denial of treatment would cause lasting harm, or put their lives at risk.

There is no obligation to provide NEPTS to attend the home of these Patients identified as posing a risk, where there is no immediate clinical need.

3.4 Interdependence with other services / Providers

The NEPTS will provide clear regular and effective communication with all Parties and support or feed into strategic planning of individual NHS healthcare Providers where appropriate.

The Provider will be expected to support and assist with the education of staff at service delivery sites as to eligibility criteria and response times. The Provider is also expected to work with local organisations to resolve issues locally before escalating to the Commissioner. It is an obligation on the employer at delivery sites to educate their own staff.

The Provider will understand its position and its own impact on the financial efficiency of both community and acute healthcare Providers.

The Provider will work closely with NEPTS Providers in neighbouring counties to maximise transport efficiencies.

The Provider will be expected to work closely with local Emergency Ambulance Services.

In the event of a major incident the Provider must be prepared to work with and follow guidance from Commissioners but will be instructed to work closely with the Emergency

Services and Healthcare Providers. In this event the Provider may be used to support A&E services and vehicles may be needed for evacuation to channel Patient home at short notice, or to ferry the walking wounded to treatment centres.

3.4.1 Whole-System Relationships

The NEPTS Provider will also have key relationships with but not exclusively:

- Local Patients
- Commissioners
- General Practitioners
- East Midlands Ambulance Service NHS Trust
- Community Health Services
- Social Services
- Community Mental Health Services
- Acute Hospitals
- Palliative Care Services
- NHS111
- OOH services
- Nursing and Residential Care Homes
- Community Hospitals
- Nottinghamshire and Bassetlaw Family Carers
- Voluntary Car Schemes
- And other stakeholders within the local health economy.

4. Applicable Service Standards

4.1 Applicable national Standards (e.g. NICE)

The NEPTS Provider should comply with all Department of Health (DH), NHS and other relevant evidence based guidance and legislation on accepted current and future best practice including NICE guidance. Where the Provider of the NEPTS service has deviated from any national or locally agreed clinical guidance, it is required to update the Commissioners in writing at the earliest opportunity along with the reasons for non-compliance.

The NEPTS Provider must ensure that all services provided are fully compliant with the requirements set out in the Disability Discrimination Act 1995.

Any commissioned service must meet all national Standards of service quality and clinical governance. It will be the responsibility of the NEPTS Provider to ensure that all services commissioned by the Commissioners follow the aims and objectives described in this specification and achieve as a minimum the following Standards.

- Compliance with the Care Quality Commission essential Standards of Quality and Safety
- Compliance with Department of Health Direction on Confidentiality (DH 2000).
- Compliance with the Data Protection Act and GDPR.
- Supporting the Commissioners with their compliance with the Freedom of Information Act.
- Compliance of the Information Governance Standards for Information Technology.
- Compliance with the Fundamental Standards of Care

- Compliance with Safeguarding Directives

The NEPTS Provider will provide the service for the Commissioners and will provide a service that meets the relevant National Requirements. The NEPTS Provider will innovate and design services that extend and build on the National Quality Requirements, particularly where these offer an improved Patient experience.

This specification may be subject to change in the light of changes in National Quality Requirements, and any other amendments or additions to the relevant legislation.

The NEPTS Provider must recognise the possible changes to the hours and times of operation and have mechanisms in place that adjust resources and costs appropriately.

4.2 Applicable Standards set out in Guidance and / or issued by a competent body (e.g. Royal Colleges)

Not applicable

4.3 Applicable local Standards

Local Standards are set out throughout the specification.

4.3.1 Change of Destination

Patients must not be taken to a destination other than that specified on the booking request or as subsequently amended unless it is authorised by the Commissioners' as a designated Point of Care.

4.3.2 Delivery Points

It is a principle that every reasonable attempt is made to collect / deliver Patients to and from the agreed points at the agreed time. Within NHS facilities, Patients will be delivered to the designated Ward / Department and collected from the same unless a discharge lounge system is in place or alternative destination is specified.

4.3.3 Location of Office Base and Vehicles

The NEPTS Provider is required to have an office base from which it will manage the service. The Commissioner will not be providing the office base.

The NEPTS Provider will provide garaging, maintenance, cleaning and consumables for all vehicles.

The NEPTS Provider will provide as many office bases, garages, shower, rest and changing areas and facilities for their staff as are required to service the Contract. These are expected to be Disability Discrimination Act compliant and to be of a good standard in line with being a good employer.

4.3.4 Sub-Contracting

The Provider will have the ability to sub-contract out elements of the contract if they feel it supports the aims and delivery of the service. Sub-contracting may take place in the form of:

- A community transport Provider supporting the transportation of Patients
- Other Non-Emergency Patient Transport Service Providers who are better placed to perform activity within the Contract
- Third parties such as taxi companies
- Other Providers or services who can help meet or support the Provider in achieving the delivery of the service such as Local Authorities

The contract outlines the contractual position on sub-contracting. The Provider will ensure that the activities they undertake in relation to sub-contracting includes but is not limited to:

- The principles of the NHS Contract are applied in sub-contracting arrangements
- The contracting for activity is undertaken by the Provider directly including invoicing and administration arrangements
- Third parties collecting and sharing information with the Provider are in a form that reflects the data requirements for the piece of activity undertaken

- The Provider has in place the correct governance arrangements so it is satisfied on the quality of service delivery. The Provider is able to react to identified quality issues with actions put in place to mitigate the issue as quickly as possible
- The Provider will supply details of all sub-contractor Providers to the commissioners and ensure they are included within the Contract

4.3.5 Workforce

- The Provider will ensure that an operational manager will oversee the delivery of the NEPTS Services at all times during the hours of operation.
- All Staff engaged by the Provider for the delivery of the NEPTS Services whether directly employed, sub-contracted or volunteer must be appropriately trained, and will comply with current legislation with respect to the Road Traffic Act and any other laws applying to the operation of the NEPTS Services.
- Ambulance Care Assistants (ACA's) will be required to achieve Future Qualifications and Training: Level 3 Award – Non-Urgent Care Services' or equivalent. This training will include the use of a Defibrillator;
- ACA skills will be updated annually via a mandatory course of Continuing Professional Development;
- All ACA's will wear a uniform and an identification badge with a photograph; and
- All Volunteer Car Drivers will wear an identification badge with a photograph.
- The Provider will work closely with volunteers and Voluntary organisations to enhance the service. This includes escorting Patients to / from the transport vehicles to the clinics within acute hospital sites.
- The Provider should have a clear non-smoking policy in line with local healthcare non-smoking policies, including offering support to Staff to quit smoking.

All persons engaged by the Provider in a driving capacity within the NEPTS Service will possess a full driving licence, which will be endorsed with no more than 3 current penalty points. The Provider will ensure that such persons also possess a PCV licence if applicable;

The Provider will regularly check the driving licences of all persons engaged in a driving capacity within the NEPTS Service and will provide evidence to Nottinghamshire and Bassetlaw CCGs on request. Such checks will be undertaken by the Provider at least annually;

All new drivers will be subject to a driving assessment which will be performed by the Provider and evidence of such assessment will be submitted to Nottinghamshire and Bassetlaw CCGs on request.

The Provider must comply with:

- Safer Recruitment to NHS Employment Check Standards (July 2010);
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice);
- Any Standards or guidance issued under the Health and Social Care Act 2008, paragraph 45(2);
- Procedures for ensuring compliance that all clinical staff (including doctors, nurses and Allied Health Professionals) are registered with the relevant UK Professional and Regulatory Bodies;
- Recruitment, Health and Safety and other relevant policies, including those on environmental protection; and
- Provision of a Staff Handbook setting out the Terms and Conditions of employment for staff.

As a minimum this Contract will require the skills of an Ambulance Care Assistants.

The Provider will ensure that all staff have appropriate training including but not limited to:

- Emergency First Aid including resuscitation and use of a defibrillator (Adult, Child and Baby).

- The care and safety of all Patients, including mental health clients.
- Kinetics of lifting and moving and handling techniques (including equipment, rota stands, etc.) Patients, and other relevant vehicle equipment.
- Driving Proficiency
- Health and Safety at Work Act 1974 and other relevant legislation and codes of practice.
- Customer care, communication skills, and knowledge of transporting Patients with communicable diseases.
- Infection prevention and control guidelines.
- Managing clinical waste.
- Management of oxygen therapy up to 6 litres per minute flow rate.
- Information governance.
- Management and reporting of incidents.
- Basic emergency accident management.
- Safeguarding children and adults training including mental health and learning disability awareness and process for referring.
- End of life training such as Gold Standard Framework or My Care Choices.
- Equality and diversity training.
- Dementia awareness training such as Dementia Friends

The Provider will also be responsible for the following:

- Ensuring staff and volunteers have the necessary qualifications, including driving licence category, to drive the vehicle, as well as adequate experience and sufficient knowledge to drive the vehicle in a manner conducive to Patient safety and comfort.
- The Provider will be responsible for ensuring that all staff and volunteers are formally trained to national and local recognised qualifications including safeguarding children and adults.
- Staff and volunteers will at all times comply with legislation and other laws in respect to the operation of this service.
- If any Patient is found in a life-threatening situation, the Emergency Ambulance Service must be contacted immediately – using the 999 telephone system, also advising the Provider's controller at the earliest opportunity in line with the Providers own Deteriorating Patient Policy.
- Ensure Patients are not left unattended while negotiating steps or stairs, or when boarding or alighting from the vehicle – when necessary, assisting the Patient.
- The Provider will seek agreement from Commissioners for the employment of any individual who has current driving licence penalty points in excess of 3 points.
- All staff and volunteers will have enhanced Disclosure and Barring Service (DBS) before commencing employment and whenever they move to a different role following competitive interview or internal change of job role.
- The Provider will be expected to manage anyone found to have a criminal conviction or police caution with their appropriate policy(s).
- The Rehabilitation of Offenders Act will apply to all staff employed on this Contract.
- Training records are to be maintained by the Provider and evidenced to Commissioners upon request.
- The Provider will ensure that there is an appropriate organisational structure to provide services to the levels specified in this Contract.
- The Provider will supply an organisational structure identifying lines of accountability and key functions of staff.
- The Provider is expected to be proactive to ensure the organisation is a good place to work. This includes setting internal Key Performance Indicators and encouraging staff feedback through formal and informal processes.
- The Provider is responsible for supplying all uniforms and personal protective equipment (PPE) to their staff, this may include PPE that is stipulated by the Commissioner including gloves, masks, aprons, eye protection, high visibility clothing, safety footwear (as per the H&S at Work Act).

- The Provider must have a protocol for its Staff to raise concerns and safeguarding issues for the Patients it transports to the relevant agency.
- For vulnerable Patients such as those with learning disability or mental health, problems including dementia, the Provider will ensure that wherever possible continuity of Staff is maintained.

The Provider will ensure that senior management oversees the delivery of NEPTS and are available during the main hours of operation, operating an on call rota outside of these hours. The Provider will ensure that staff on call are able to take action and escalation plans are in place as necessary.

The Provider must have systems and protocols in place for staff to ensure:

- All Staff involved in delivering this service will abide by the site rules for example, speed limits, abiding by parking regulations set on the community and acute healthcare premises as well as their own company protocols.
- All Staff delivering the NEPTS will understand how their individual actions represent the overarching NHS brand and ethos and they will not engage in any activity whilst on duty that will negatively impact this.
- The Staff will follow an agreed protocol (the Provider's existing protocol or a new one must be developed and included in the agreed contract) regarding a Patient not answering the door.
- The Staff are responsible for asking whether the Patient is carrying all necessary medication and documentation relating to the appointment for which they are receiving NEPTS and when a Patient is discharged or leaving an appointment.
- The Staff are responsible for providing assistance to the Patients irrespective of their mobility category as and when required.
- The Staff should, where necessary, ask if the Patient's place of residence is secure, all appliances are switched off and the Patient has their keys.
- The Staff should ensure that the Patient's outerwear is appropriate for the weather conditions and personal dignity during transport and transfer.
- All Staff will wear a uniform and a photographic identification badge. Uniform should clearly show the company name of the Provider.

4.3.6 Vehicles

The Provider will ensure that its vehicles meet the necessary Standards and requirements to deliver high-quality and safe service. This will include but not be limited to:

- Sufficient and suitable dedicated vehicles to fulfil all elements of the contract.
- Vehicles will be available during the agreed operating hours.
- The vehicles will need to meet all relevant UK and European Legislation, Department of Transport Standards, requirements of Licensing Authority and any other Codes of Practice.
- Vehicles used by the Provider for the purposes of this service will ensure the exterior will be clean and tidy with body panels of a uniform colour. Vehicles provided must be solely used for PTS or as agreed through a CV with Commissioners; the livery will show that the vehicle is for non- emergency Patient Transport Service. The format of this needs to be agreed and comply with NHS Branding. This may not be relevant where subcontracting or outsourcing occurs.
- All vehicles must carry a company identification label clearly displayed on the vehicles.
- The vehicle interior will be of a clean and tidy appearance with no damaged upholstery. The interior will be made of a hard surface material that is easy to clean / wipe.
- Cleaning procedures must be undertaken in accordance with the highest standard of infection control and the national Standards available.

- Space is to be available for the storage of wheelchairs or equipment that is required to accompany the Patient. Such equipment must be conveyed in a safe and secure manner.
- The Provider will check all vehicles for defects on a daily basis and maintain a "vehicle check and defect report".
- The Provider will provide breakdown cover on all vehicles. The Provider will ensure that a replacement vehicle will be available within 1 hour of any vehicle breakdown, or from the time a defect is noted, necessitating its temporary removal from use. Replacement vehicles will remain available for the duration that the original is out of use.
- The Provider will ensure that notices in vehicles are visible to those with impaired sight.
- The Provider will not allow advertising on or in the vehicle unless agreed with the Commissioner.
- The Provider will ensure that vehicles such as an ambulance have reversing alarms or use banksman where the Patient's condition allows.
- When on NHS property, all drivers should turn off their vehicle engines when parked to either pick up or drop off Patients. Vehicles must not be parked in such a manner to cause an obstruction or constitute a hazard.
- Where clear glass windows are fitted in the saloon of the vehicle, provision must be made available to obscure the windows when it is necessary to maintain Patient privacy and modesty.
- The Provider will have a green transport and environmental policy. To address environmental concerns, the Provider will specify, where possible, that vehicles use current technologies such as low-emission models, hybrid vehicles, electric vehicles, automatic stop / start, speed limiters, lean-burn engines, green-optimised models and LPG dual fuel to assist in the reduction of the carbon footprint where they are commercially available and financially viable.
- All Provider vehicles including car transport used to service this agreement, must be equipped with satellite navigation and two-way radio or mobile telephone. Hands free equipment must be installed in all vehicles.
- All vehicles used to service this agreement must be equipped with a tracking device or a similar system which enables service monitoring which will include Personal Digital Assistant (PDA) for car drivers, which are compliant with the appropriate security arrangements.
- Any radio or satellite equipment installed on the vehicles must comply with all legislation and national Standards, be regularly updated and must not interfere with systems and equipment used by healthcare Providers. Please adhere to the guidance attached here:
<https://www.england.nhs.uk/wp-content/uploads/2015/07/ps-alert-amb-sat-nav.pdf>
- All vehicles should meet UK and EU legislation in relation to road worthiness and fulfil any additional requirements of any appropriate licensing authority, CEN, British Safety Standards.
- All vehicles to be taxed and insured with passenger liability.
- All vehicles are to have a planned maintenance programme, ensuring continuous operation in a safe manner and where appropriate replace equipment.
- Provider to be responsible for all repairs and servicing. Provider is to evidence service records as and when required.
- All vehicles must be fit for purpose.

All vehicles must be no more than 3 years old at the start of the contract and no more than six years old at any point in the contract. Vehicles must be compliant with all appropriate Safety Standards.

Fully functional seat belts must be available for all passengers. Staff must ensure Patients and escorts are fully secure prior to departure and during the journey.

All vehicles must be equipped to meet the needs of Patients being transported in accordance with:-

- The type of vehicle
- The level of skills of Staff members on the vehicle
- The needs of the Patients conveyed

To ensure fulfilment of the Patient transport requirements for the area, it is anticipated that the Provider may subcontract some of the Patient transport workload to other contractors. It is the Provider's responsibility to ensure that all subcontractors comply with the same Standards above.

The Provider is responsible for ensuring that they have detailed planning software and a rota tool to ensure that they have enough vehicles appropriate for the transportation required (booked in advance) and for "on the day" journeys to deliver the service on a daily basis.

The Provider must also ensure that all vehicles, including car transport, and equipment minimise the risk of infection through effective hygiene management in keeping with infection prevention and control best practice Standards. The Provider is responsible for arranging a bi-annual deep clean of all vehicles, however where the need arises, a more frequent schedule should be implemented or a clean will be required following transfer of isolation Patients i.e. Patients with MRSA (Methicillin-Resistant Staphylococcus Aureus) or Cdiff (Clostridium Difficile) or to meet the requirements of the Provider Cleaning Policy.

4.3.7 Equipment

It is the responsibility of the Provider to ensure that all vehicles used in the service (including sub-contractors vehicles, voluntary drivers vehicles etc.) must be equipped and provide service records in accordance with:-

- The type of vehicle
- The level of Staff manning the vehicle
- The needs of the Patients conveyed

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 additional special requirements, which where possible will be stated at the time of making a booking. The following is a minimum required equipment list:-

LIST 1 - Basic, single-manned vehicles and VCS vehicles

- Alcohol hand gel
- First Aid kit
- Disposable wipes
- Disposable vomit bowls
- Umbrella
- Torch

LIST 2 - In addition to list 1, for an Ambulance:

- Carry chair
- Clean Blankets, pillows, towels
- Dressing Packs
- Incontinence pads
- Infection control protective clothing
- Infection control spills kit
- IV fluid holders (for use by nurse escort accompanying Patient)
- Portable ramps
- Sharp boxes

- Safe storage of bio-waste
- Sterile gloves
- Traceable infection control waste disposal system
- Wheelchair clamps and appropriate safety belts
- Stretcher with safety straps
- Bariatric stretcher with safety straps (only for bariatric vehicle)
- Bariatric wheelchair with safety straps (only for bariatric vehicle)
- Bariatric equipment for stairs (only for bariatric vehicle)
- Piped Oxygen to 6ltrs per minute flow rate
- Fresh drinking water

The Provider will also be responsible for the following:

- BS or equivalent approved child seats must be supplied by the Provider for the conveyance of young children and babies. They will be properly fitted in accordance with the manufacturer's instructions and the Provider's staff will be responsible for ensuring that the occupant is properly secured.
- 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.
- It is the responsibility of the driver / operator to ensure that all passengers wear fitted seat belts and all vehicles are able to safely secure equipment by means of restraints / straps. Patients refusing to wear seat belts must produce appropriate documentation that authorises the non-use of seat belts or they will be refused transportation by the driver / operator of the vehicle.
- Should either a Patient or carer be pregnant the Provider must be satisfied that seat belts used are safe and meet any regulations for expectant mothers.
- The Provider must ensure that all equipment is serviced in accordance with manufacturers' specifications, legal requirements and / or guidance, taking account of usage and infection control. All vehicle equipment will 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.
- Where stretcher cases are included, unless otherwise agreed with the Commissioner, sufficient vehicles must be configured to transport stretcher cases, and have facilities to safely secure wheelchair-bound Patients (including electric wheelchairs) whilst in transit. Vehicles must comply with MDA DB2003 "Guidance on the Safe Transportation of Wheelchairs and Vehicle Mounted Passenger Lifts" or subsequent revisions. All vehicles with wheelchair facilities should have a tail-lift or ramp, together with steps; these should be clearly marked to allow maximum visibility of the edges.
- All ambulance vehicles used for Stretcher and Wheelchairs must meet M1 and M2 Standards (2007 / 46 / EC as last amended by 385 / 2009) along with meeting the standard BS EN 1789:2007 for vehicles carrying stretchers.
- If the Provider is not able to successfully clamp and / or fit a universal headrest to the Patient's wheelchair and the Patient is unable to travel in the vehicle seat, then the Provider must provide an alternative mode of transport and this needs to be agreed with the Commissioner.

5. Applicable quality requirements and CQUIN goals

Applicable Quality Requirements (See Schedule 4A-D of the Contract)

5.1.1 Quality of Care Provision

The development of the service delivery model to provide improved financial and clinical sustainability and better value for money must also ensure that quality Standards are maintained or improved upon.

5.1.2 Continuous Quality Improvement

The NEPTS Provider will be expected to take part in audits and needs assessments to ensure quality assurance and identify any gaps in service provision. The NEPTS service Provider will be asked to define a set of indicators, to be agreed by the Commissioners, which defines the key quality requirements of the service. The NEPTS Provider will be required to define how it will use these measures and others to ensure that the quality of the service is continuously improved.

5.1.3 Management and Staffing Arrangements

- The NEPTS Provider will provide the Commissioners with a detailed staffing structure of its organisation and that of any other sub contracted Provider. These should indicate the managerial responsibilities for the provision of the service and full corporate governance structure. The NEPTS Provider must also inform the Commissioners of any material new appointments or proposed changes to the existing organisational structure throughout the term of any resulting Contract.
- The NEPTS Provider must put in place an escalation procedure, including full contact details, which will be shared with Commissioners and care delivery organisations.
- The NEPTS Provider must, in accordance with the Commissioners' instructions and requirements, work in partnership with other agencies including, but not limited to, acute hospitals, Community and Mental Health Trusts, local authorities and voluntary agencies, as well as other NHS organisations and agencies.
- The NEPTS Provider will, when recruiting potential employees for the purpose of the Contract, act in accordance with the specification. The NEPTS Provider will also ensure that employees of appropriate levels of experience and expertise perform the services.
- The NEPTS Provider must ensure that their employees communicate with Patients and carers and work effectively with colleagues from their own and other professions and ensure that those employed have sufficient language competence to do this.
- The NEPTS Provider will be responsible for ensuring that staff are of good character and empathetic to the needs of the Patients. Offers of employment should be subject to a satisfactory Disclosure & Barring Service check.
- The NEPTS Provider will ensure that all staff members are treated within the requirements of the law relating to Equal Opportunities, Disability Discrimination Act, Employment Law and Health and Safety. The NEPTS Provider will guarantee that during periods of staff absence such as sickness and holidays, that the service will not be adversely affected and arrangements for cover will enable the service to continue in line with this specification.
- The NEPTS Provider will, in accordance with the Commissioners' instructions and requirements, work closely with colleagues in the Commissioners to ensure that a robust IT infrastructure is in place and that computerised record keeping and data collection is used, including for reporting / monitoring purposes.
- The NEPTS Provider should evidence achievement of a generic certification such as Investors in People or similar.

5.1.4 Environmental Sustainability

The Commissioners recognise that the actions as an organisation have an effect on the local, regional and global environment, and are committed to continuous improvement in environmental performance and the prevention of any actions that may cause damage or do not support attempts to improve the sustainability of the environment.

The NEPTS Provider is expected to comply with environmental regulations, legislation and codes of practice as the minimum Standards. The Commissioners will look to ensure

that the NEPTS service Provider's performance exceeds these requirements wherever possible.

The NEPTS Provider organisation should agree to a range of sustainability and environmental impact targets and Standards, within the first 2 years of the contract, to include:

- Active monitoring of staff travel
- Waste management
- Energy consumption

Environmental sustainability impacts should be considered in all key decisions by the use of impact assessments.

All new builds, extensions and major refurbishments should be assessed to BREEAM healthcare Standards https://www.qcic-group.com/services/design-services/design-consultancy/security-needs-assessments-and-breeam?qclid=EAlalQobChMI4q_6rdve4AIVkkPTCh2NvgAJEAAYASAAEglOX_D_BwE

;including having a travel plan credit.

5.1.5 Emergency Preparedness

In accordance with the Civil Contingency Act (CCA) 2004, a requirement of the CCA is that all NHS Trusts have an emergency plan to deal with major incidents / emergencies that may occur. In addition to this requirement trusts must also plan for specific emergencies such as pandemic flu, severe weather etc.

The NEPTS Provider will ensure that they produce a Major Incident Plan as part of mobilisation to support the Commissioners' responses in the event of a Major Incident. This plan should be compliant with the requirements of the Civil Contingency Act (CCA) 2004 and associated, devolved legislation and guidance, such as the NHS Emergency Planning Guidance 2005. As a minimum the plan should cover:

- Capacity, demand management and escalation.
- Assistance with the identification of vulnerable persons.

To ensure that the Provider of the NEPTS service is factored into NHS and multi-agency emergency planning, the NEPTS Provider will provide appropriate representation to the relevant NHS and multi-agency emergency planning groups, if required. To ensure that the NEPTS Provider has a robust and compatible Major Incident plan in place, it will conduct an annual review of the plan, engage in NHS or multi-agency emergency preparedness exercises, at least once per year if required and make the plan available for review by the Commissioners on request. The NEPTS Provider may be required to take part in a live exercise every 3 years, an annual table top exercise and a six monthly communications test.

5.1.6 Pandemic Flu

The NEPTS Provider must have a pandemic flu contingency plan in place by no later than commencement of the NEPTS service, which will support the Commissioners members' responses in the event of a pandemic incident, specifically in respect of the provision of Call Handling and transport services. This plan needs to be compatible with the pandemic flu contingency plans of the Commissioners and that of other care Providers. The NEPTS Provider's pandemic flu contingency plan as a minimum should cover:

- Capacity, surge management and escalation.
- Significant loss of staffing.

- Requirement to provide representation to the Commissioners' Incident Management Teams.

The NEPTS Provider must also ensure that it participates in the relevant pandemic flu planning groups as requested by the Commissioners' Pandemic Flu planning leads. To ensure that the Provider of the NEPTS service has a robust and compatible Pandemic Flu contingency plan in place, the NEPTS Provider will conduct an annual review of the plan, engage in NHS or multi-agency emergency preparedness exercises as directed by the Commissioners and make the plan available for review by the Commissioners on request.

5.1.7 Business Continuity

- The NEPTS Provider will ensure that they produce a contract specific business continuity plan by no later than commencement of the NEPTS service which follows the principles and processes of BS25999, the NHS Resilience and Business Continuity Management Guidance 2008 and relevant NHS Information Governance & IM&T requirements. This plan should demonstrate that the NEPTS Provider has robust systems in place to continue critical business in the event of an emergency or loss of functions and capabilities (including, but not limited to, disruption to information technology and telephony systems). This must also apply to any sub-contractors that the NEPTS service Provider contracts with. The Plan should include an annual assessment of potential risks, escalation and continuity and be available for review by the Commissioners to inspect and to practically test at any reasonable time, and will be subject to regular updating and revision throughout the tenure of the Contract. As a minimum the business continuity plan will cover:
 - Significant loss of staffing
 - Loss of IT / Telephony systems
 - Loss of utilities
 - Disruption to supplies
 - Fuel shortages
 - Loss of premises
 - Extreme weather, e.g. lengthy periods of extreme snow leading to road / transport disruption.

The NEPTS Provider will conduct a business continuity exercise at least once per annum and make available any debrief reports to the Commissioners upon request.

5.1.8 Transition Process

In the event of a transition process, through the Contract being awarded to a new Provider, the new and old NEPTS service Providers will work in partnership with Commissioners in the implementation and building of a positive working relationship, by agreeing the best way to implement and deliver a consistent, quality outcome focused service across the Commissioners' area. This will include, but not be limited to:

- Involvement with key stakeholders, outgoing Providers and service users in the transition to the new service and implementation of the new Contract.
- Timely and clear arrangements for Transfer of Undertakings (Protection of Employment (TUPE)) transfers should these be necessary.
- Integration of the implementation of the new service with the revised contract management arrangements and the development of an outcome focused approach to contracting.

- Ensuring that management and monitoring of contracts is continued, to demonstrate that quality services are being delivered which give positive outcomes for service users and value for money.
- Exchange of information regarding the incumbent Provider's volunteer workforce

The NEPTS Provider must identify clear transitional arrangements showing a service and system development plan with a robust timetable, setting out arrangements for working with local organisations to develop the Patient referral pathways. The NEPTS Provider must ensure that the Commissioners continue to have appropriate transport support in the event of a Major Incident, where this occurs in the transition phase.

5.1.9 Health Records Management

The NEPTS Provider must have local policies in place that describe the protocols being adhered to for employees of the service, to access Patient health records.

The Records Management: NHS Code of Practice has been published by the Department of Health as a guide to the required Standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based upon current legal requirements and professional best practice.

It is a fundamental requirement that all of the health records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Commissioners' business functions.

The NEPTS Provider must regularly (at least annually) audit its records management practices for compliance with the National Archives and Records Administration's (NARA) framework.

All staff of the NEPTS service Provider must be made aware of their responsibilities for record-keeping and health record management through generic and specific training programmes and guidance.

5.2 Applicable CQUIN goals (See Schedule 4D)

An initial CQUIN regarding ward education and incentivisation for the reduction of C1 and stretcher journeys, incorrect mobility bookings and cancelation / abortions will be explored with the NEPTS Provider.

6. Location of Provider Premises

A Nottinghamshire based control room which will manage the service and the booking service and local bases for QMC, Kings Mill and Bassetlaw Hospitals to co-ordinate and manage the daily allocation and control of resources at QMC, Kings Mill and Bassetlaw Hospitals. Patient Transport Liaison officers are expected to work at QMC, Kings Mill and Bassetlaw Hospitals in addition to a Renal Liaison Officer who works across the Renal Dialysis units.

The Provider will maintain operating hours of the hospital liaison desks to cover clinic timings and discharges

7. Individual Service User Placement

Not applicable

8. Renal Patients
General Requirements The importance of an effective transport service is reflected in the Renal National Service Framework (2010) and The Renal Association Clinical Practice Guidelines for hemodialysis (2017) The Provider is expected to adhere to the guidelines principles but adjust the timings to take account of the geography of Nottinghamshire and Bassetlaw. The Renal KPI's are shown within the Contract. The Provider should adhere to the Standards of transport of the NICE quality Standards for chronic kidney disease in adults issued in 2017. Non-emergency renal hemodialysis and peritoneal dialysis Patients will normally be booked by the renal unit in advance of the day of expected travel; however, short notice bookings may be required. There are currently a number of Renal units (including satellite units) which Nottinghamshire and Bassetlaw Patients travel to and the Patient can choose, subject to machine availability, which dialysis unit they attend. The number of units is not fixed and is subject to change. Therapy is provided daily, seven days per week (Monday-Sunday); the number of sessions per week and length of appointment times, per session, will vary depending on the treatment. The schedule of individual Patients will be determined by acute healthcare Providers in accordance with clinical needs, Patient choice, geographical location (when not compromised by the first two considerations) and session availability. Renal hemodialysis and peritoneal dialysis Patients are defined as essential Patients. The Commissioner anticipates an increase in Dialysis activity over the life of the Contract. Renal Patients are identified as "Essential Patients" and the Providers Business Continuity plan should specifically address how Patients will be conveyed in all circumstances. This must include the use of alternative vehicles (e.g. 4x4 vehicles) in the case of extreme weather conditions. The Provider will work to the Key Performance Indicators defined in Schedule 4 of the Contract.

Appendix A – Core Hours

Provider	Hospital Site	DOW	Times
All Nottinghamshire and Bassetlaw based Providers (plus 10 mile) and those Providers listed in 1.1	All sites	Mon - Sun	06.00 – 12.00 midnight