

Reference: FOI.ICB-2526/196

Subject: Non-Emergency Patient Transport (NEPT) Commissioning

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
<p>I am writing under the Freedom of Information Act 2000 to request information on how Non-Emergency Patient Transport (NEPT) services are currently commissioned in your area.</p> <p>For clarity, by NEPT I mean the transport service commissioned (not emergency ambulance) which carries patients to and from routine or pre-booked medical appointments and hospital discharges.</p> <p>Please provide the requested information for your Integrated Care Board (ICB) area. If any information is held at a more local level (e.g., place / sub-ICB / former CCG area), please indicate which sub-area it relates to.</p> <p>Please answer the following questions:</p> <p>1) Which compan(ies) are currently providing your non-emergency patient transport (NEPT) services?</p>	<p>Please refer to requesters template enclosed.</p>

<p>2) Do they use any subcontractors and, if so, what compan(ies) are those?</p> <p>3) What is the £ value of the NEPT contracts you have commissioned (please state annual value or total contract value and indicate which)?</p> <p>4) What is the length of the NEPT contracts with the providers (initial term and any extension options)?</p> <p>5) What requirements have you shared with providers for what services they have to run and with what kinds of vehicles (please summarise your specification, including any accessibility/vehicle-type requirements, and how many of each kind of vehicle)?</p> <p>6) Are there any other compan(ies) on your 'framework' (or approved supplier list) that can bid for these services in future and, if so, who are they?</p> <p>7) When are you next due to go out to tender (or re-commission) NEPT services, or when do current contracts expire?</p> <p>8) How long did you have to wait between appointing a NEPT provider and the provider commencing the provision of services (mobilisation period)?</p>	
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<p>9) Approximately how many patients are served annually by NEPT in your ICB area that require wheelchair accessible transport?</p> <p>10) Approximately how many appointments do patients miss annually because of lack of accessible transport? What kind of missed appointment (e.g. dialysis) is most common?</p> <p>If any of the above is not held or not applicable, please state that explicitly (e.g., 'not held' or 'not applicable'). I would prefer to receive the response by email, using the spreadsheet attached.</p>	
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The information provided in this response is accurate as of 21 October 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Sub-area / Place (if applicable)	1. Company / Provider(s)	2. Subcontractor(s)	3. £ Annual Contract Value (or total; specify)	4. Contract Length (term + extensions)	5. Service / Vehicle Requirements	6. Framework / Other Eligible Companies	7. Next Tender / Re-commission Date	8. Mobilisation Period	9. Approximately how many patients are served annually by NEPT in your ICB area that require wheelchair accessible transport?	10. Approximately how many appointments do patients miss annually because of lack of accessible transport? What kind of missed appointment (e.g. dialysis) is most common?
BNSSG (Bristol, North Somerset and South Gloucestershire)	Veezu (Heamodialysis Car Service)	N/A	£796,138	April 2024 for 5 years + 2 years optional extension.	In terms of patients that require wheelchair accessible transport, the ICB does not hold this information, we advise you to contact Veezu directly for further information - info@veezu.co.uk Please find Service Spec enclosed (DOC 01)	N/A	Contract ends March 2029 or March 2031 if extension is applied. Procurement is usually around 18-12 months before the end of the contract.	6 to 9 months.	Not held - please contact Veezu directly	Not held - please contact Veezu directly
BNSSG	UHBW (University Hospitals Bristol and Weston NHS Foundation Trust) (Planned Non-Emergency Patient Transport Service)	NBT (North Bristol NHS Trust) and Bristol Ambulance EMS	£5,331,710	18 months until March 2026. New contract will be from April 2026 for 5 years plus 2 years optional extension.	In terms of patients that require wheelchair accessible transport, the ICB does not hold this information, we advise you to contact VeezuUHBW directly - FreedomOfInfo@uhbw.nhs.uk Please find Service Spec enclosed (Doc 02)	N/A	A Procurement exercise is currently in process for this contract. The new contract being procured is due to start in April 2026 for 5 years plus 2 years.	6 to 9 months.	Not held - please contact UHBW directly for this information, not held by the ICB - FreedomOfInfo@uhbw.nhs.uk	
BNSSG	UHBW (Unplanned/Same Day Non-Emergency Patient Transport Service)	N/A	£1,680,695	Currently this service sits within the overall UHBW contract and therefore sits under Direct Award A	Please contact UHBW directly for this information, not held by the ICB - FreedomOfInfo@uhbw.nhs.uk	N/A	Currently this service sits within the overall UHBW contract and therefore sits under Direct Award A	6 to 9 months.	Not held - please contact UHBW directly for this information, not held by the ICB - FreedomOfInfo@uhbw.nhs.uk	
BNSSG	Bristol Ambulance (Non-Emergency Patient Transport Service - Planned Transport Hub)	N/A	£400,000	April 2024 for 5 years + 2 years optional extension.	Please find Service Spec enclosed (Doc 03)	N/A	Contract ends March 2029 or March 2031 if extension is applied. Procurement is usually around 18-12 months before the end of the contract.	6 to 9 months.	58000 calls per year (note this is total calls received)	N/A

Specification and Tender Response Document

Haemodialysis Car Service Specification

Service	BNSSG Haemodialysis Car Service
Commissioner	BNSSG ICB
Period covered	1 st August 2024 – 31 st March 2029
Review	30 th September 2027 <i>Please note that commissioners reserve the right to review this specification before this date</i>

1. National / Local Context

The Department of Health defines Non-emergency Patient Transport Service (NEPTS or PTS) activity as being the non-urgent, planned transportation of patients, with a medical need for transport, to and from premises providing NHS healthcare. This encompasses a wide range of vehicle types and levels of care consistent with the patients' medical needs (see the NHSE NEPTS eligibility criteria as outlined in Appendix 1).

Included in the updated Eligibility Criteria is a universal commitment of transport support for patients attending in-centre haemodialysis. All patients registered with a GP in England who are receiving in-centre haemodialysis should be offered transport support. This offer applies to journeys to or from in-centre haemodialysis only, though dialysis patients attending another type of appointment, or who are being discharged, may be eligible for NEPTS if they meet another of the NEPTS eligibility criteria. Further, subject to meeting the qualifying criteria, dialysis patients may be able to claim support with travel costs from the Healthcare Travel Cost Scheme (HTCS) for other appointment types.

The universal commitment to offering transport support does not mean a universal commitment to provide a NEPTS resource. Rather, the commitment is for the NHS to support a patient's transport to and from in-centre haemodialysis and/or help them decide which transport option best meets their requirements.

This Haemodialysis Transport service is commissioned by Bristol South Gloucestershire and North Somerset Integrated Care Board (BNSSG ICB).

The above referenced organisation will be known as the 'Commissioner or Commissioners' and NHS Patients will be known as 'Patient or Patients'.

The purpose of the haemodialysis transport service is to ensure that there is an equitable and accessible service to all eligible patients based on their medical need. The model is

based on all journeys being booked through a central point of contact (referred to in this specification as the Patient Transport Hub or PTH) where journey requests are made directly by patients/carers and/or appropriate health and social care professionals.

Bookings for eligible patients will then be referred by the PTH to the Provider who shall transport those eligible patients to and from in-centre haemodialysis services. GPs are not required to book transport for patients but may do so if they feel that a patient needs specific help with determining eligibility.

The Provider must comply with all relevant current and future NEPTS legislation, national standards, and evidence base set out within this specification and required in the provision of this Service, including the "Eligibility Criteria for Patient Transport Services (PTS) DH 2022" and the "Who pays" commissioner guidance. Full details of the national eligibility criteria and 'who pays' guidance is hyperlinked in Appendix 1.

The Provider and Commissioners must agree and comply with any future changes in, or modifications to, national policy or guidance and where appropriate, review or update this specification to reflect any changes required.

These are normally set out in the NHS operating framework annually, or in other formal notifications. Advance notice of any changes is to be given to providers no less than 4 weeks before implementation.

Applicable Standards

The Provider will have in place a detailed staffing plan that describes the staffing arrangements that will enable the delivery of the services for the duration of the contract. This shall include, if relevant, numbers of volunteers and bank staff used and the percentage(s) of additional staff available for large sickness outages, annual leave, union strikes, etc.

All staff are to be trained to the relevant standard to deliver services as defined in this service specification. The Provider must have an appropriate range of HR policies (including, but not limited to, policy for recruitment, performance, appraisal, disciplinary issues, staff grievances, alcohol and substance misuses). The Provider will also have appropriate Occupational Health procedures including, but not limited to, procedures to check that staff are fit to carry out all duties safely, including regular eyesight screening / testing.

All staff must be trained in and adhere to the NHS Information Governance requirements and to have signed the Provider's Code of Confidentiality. All staff with access to patients or patient related information are required by this Contract to have an up-to-date current DBS (at an appropriate level as defined by the Home Office) which must be made available upon request to the Commissioner. The DBS would also be required by any voluntary car drivers used as well as basic first aid training, safeguarding and other

appropriate checks.

The Provider will require that all staff are easily identifiable as working for the Service. This shall include legible ID cards with an up-to-date photograph when collecting patients or on NHS sites. The Provider shall have a staff conduct policy which covers inappropriate behaviours, appearance of staff and personal hygiene, customer care, etc. Drivers are not permitted to accept any form of gratuity, tip or reward. Penalties incurred by drivers whilst on duty (e.g. parking, speeding etc.) are not the responsibility of the Commissioner. Drivers will be required to drive in compliance with the Road Traffic Act and the Traffic Signs Regulations.

The Provider shall ensure that staff are aware that they are prohibited from offering food, drink (other than bottled water which the provider is permitted to offer patients at their request), medicines, money, cigarettes, or any other substances to patients.

The Provider will operate a safer recruitment process which discourages unsuitable people from applying for roles which bring them into contact with vulnerable adults/children. The Provider must have a written and regularly reviewed safeguarding policy which is current and reflects most recent safeguarding legislation.

The Provider will ensure that all staff, including drivers, are prohibited from taking photographic and video images of patients.

2. Scope

Aim and objectives of the Service.

The aim of the service is to transport BNSSG patients to/from in-centre haemodialysis treatment only. This will generally be between their places of residence and haemodialysis units. (Though dialysis patients attending another type of appointment, or who are being discharged, may be eligible for NEPTS if they meet other NEPTS eligibility criteria)

The provider needs to ensure all eligible patients can be transported safely regardless of their mobility levels. This may require some manual handling / two members of staff to enable this. At no time should either the driver or the escort be expected to lift the full weight of a patient.

The objectives of the service are to ensure the following service outcomes:

- **Quality and Safety** – The provision of this service must be a patient centred service and be delivered in a safe, friendly, and effective manner by appropriately trained staff. The Provider will keep journey times to a minimum and ensure promptness of arrival and pick-up.
- **Flexibility and Responsiveness** – The service must provide flexibility to respond to changing levels of activity and the patient needs (e.g. new healthcare locations

providing NHS treatment, specialist requirements, on-the-day urgent requests or flexible times for pick-up and delivery)

- **Activity and Performance Information** – An agreed minimum data set is required monthly. Activity, finance and quality of service provision will be discussed on a quarterly basis via a contract review meeting. Any additional ad hoc reporting requirements will be agreed at the contract review meetings.
- **Efficiency Savings** – Public sector organisations are required to make efficiency savings whilst maintaining and improving the quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. The Provider must demonstrate innovation in their approach using best practice to support Commissioners to achieve their annual financial objectives. An example of such efficiency is to review journeys regularly and propose routes and timings that support multi-use journeys at a reduced cost e.g. one vehicle collecting two or three patients.
- **Value for Money** – The service must be affordable and provide value for money.
- **Environmentally Sustainable** – The service should be designed to minimise the likelihood of unnecessary journeys and to ensure maximum use is made of technology to reduce both carbon emissions and costs. This requires an analysis of the likely carbon footprint of the whole service with measures to control this and make reductions where there are opportunities. These opportunities relate to types of vehicles used, driving skills, flexible working arrangements, maximum use of electronic communications, procurement of equipment and management of energy and resources at premises. The Provider should have a Sustainability policy which underpins their service design.
- **Innovation and use of Information Technology** – The service must be innovative in its approach using best practice to respond to future needs. It needs to make the most effective use of technology for the booking and scheduling of journeys. As part of the move towards common digital standards, interoperable clinical information systems and a paperless NHS, the Provider must comply with interoperability requirements for the NHS, specifically working with, but not limited to, the hospital PAS systems and the PTH.

2.2 Operational Planning and Booking

BNSSG ICB will contract a PTH for public and professional requests for transport. The PTH will be issued with access to the haemodialysis provider's IT system to facilitate the prompt and accurate transfer of information to the provider for appropriate planning and delivery of the service in line with the agreed Key Performance Indicators (KPIs) – detailed in Appendix 2. The PTH must be able to send live bookings by electronic transfer to the Provider of this service in an agreed data system approved by the Commissioner and must ensure requests can be sent by alternative methods in the event of system failure.

Whilst the PTH is a public and professional facing call-handling and booking service it will not operate 24/7. The Provider of the Haemodialysis services must maintain a capability to

be contacted outside the times of operation of the Planned Transport service. (18.00 – 08.00 and weekends/bank holidays).

The Provider will be expected to reduce the number of single passenger journeys and increase the number of multiple passenger journeys based on the patient's dialysis times and home postcode.

Demonstrate how the service will provide an improved, supportive response for patients who have access needs which require higher levels of support or patients who have any specific patient requirements, for example but not limited to language barriers, equalities etc. The provider will collect relevant protected characteristics and equalities data to evidence compliance.

2.3 Cancelled and Aborted Journeys

Where the Provider has been notified that a journey is no longer needed, the time of the cancellation will be recorded by reason code and reported to the PTH. There will be no charge to the commissioner for cancelled journeys. Cancelled journeys under this contract require a minimum notice period of two hours. The Provider will work together with Commissioners to provide and publicise an easy and effective way for patients and others to cancel a booked journey that is no longer needed.

An aborted journey is one that is no longer needed but the notification to the Provider is after the vehicle has been dispatched or the Provider's vehicle has arrived at its pick up destination and the journey will not continue at that point (i.e., patient not well enough to travel, etc.). The reason for the aborted journey is to be recorded and what organisation/person caused the aborted journey (including, but not limited to, Provider, patient, haemodialysis unit or other reason).

The provider is encouraged to support individual patients and haemodialysis unit staff by having a system in place useable by all patients or staff to communicate and record promptly any changes to timings on the day. The use of a smart-phone App is encouraged in delivering this aim but there must also be system for patients unable or unwilling to use the App.

Whilst the use of an App or other appropriate technology will allow instantaneous communication of any delays or coming ready early, the provider is not required to change the planned time if the difference is less than 45 minutes between the existing planned pick-up and the revised pick-up time.

If the Provider has arrived on schedule and the patient is not ready, the driver is expected to wait up to 15 minutes before the journey becomes abortive and use reasonable endeavours to avoid an abortive journey.

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

Where the provider is unable to deliver a journey, as specified within this contract, they will be expected to source an alternative resource to deliver the journey, at their expense. The provider will be expected to outline how they will manage a reduction in capacity in a service continuity plan, which should be submitted to the commissioner, in advance of the start of the contract.

2.4 Service Description

This document describes the required services but does not specify how the Provider is to manage its service.

The Provider must:

- Ensure that patients get the transport mode most appropriate to their condition and mobility.
- Work with the PTH Booking Service by monitoring eligibility assessment to identify the entitlement to services for NHS patients carried under this part of the specification and alert the PTH if they suspect the patient does not meet the eligibility criteria.
- Liaise with the patients, their carers and / or their clinical teams.
- Provide a service 06:00 – 22:00 every day, inclusive of public holidays. (365 days a year and 366 days in each leap year)
- Manage daily flows such as peaks and troughs in demand and seasonal patterns and flex resources accordingly.
- Accept repeat booking of regular journeys. Repeat bookings will be reassessed every month for eligibility by the PTH.
- Provide an advance planning function which allocates transport to patients appropriate to their condition and mobility and which ensures that they are collected, delivered, and returned, as appropriate, within the key performance indicators set out in this Contract.
- Provide access to booking requests from health and social care professionals.
- Hold regular meetings with haemodialysis service providers to ensure services work effectively together.
- Provide a planning/day control function which manages the plan and the transport resources.
- Ensure that data required by the National Minimum Data Set (MDS) is obtained for each booking request, in line with the approved booking system from day one of the contract being operational.
- Ensure that all vehicles represent 'smoke free' environments, in order to safeguard patients' wellbeing.
- In particular, the provider must be able to identify and implement service provision during bad weather including but not exclusively snow, ice and road flooding.

2.5 Provider Responsibilities:

- Transport patients to the chosen place of residence/ in-centre haemodialysis facility as requested on the booking.
- Establish and confirm the identity of the patient being collected/set down.
- Comply with any patient's current Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Always treat patients in a courteous manner which pays due regard to their medical condition, age, personal modesty, and circumstances, without discrimination and in compliance with equal opportunities and equality and human rights legislation.
- Ensure that patients are comfortable during their journey with a vehicle that is able to be warmed/cooled and ventilated as patients require.
- Provide assistance as required to patients (with or without the use of aids) to undertake the journey. Assistance may be required at both the patient's residence and healthcare site.
- Always ensure that the vehicle does not move when any patient is still boarding or alighting, and all doors of the vehicle have been shut securely and all persons are clear of the vehicle.
- Always check the vehicle at the last stop before proceeding, to ensure there are no patients or patients' property still on board. Any patient property left behind must be handed over and reported on a formal lost property log following a lost property policy.
- If patients are carrying valuable items or confidential items (e.g. medical records required for current care), the driver should notify the control room so it can be recorded.
- Ensure that all patients are secured safely using seat belts before the vehicle moves, unless covered by DVLA exemptions.
- Transport patient's essential medical equipment.
- Ensure patients are attended whilst negotiating steps or stairs.
- Minimise the time for which any patient is left unattended on any vehicle during the loading and unloading of other patients.
- Vulnerable patients should not be left unattended under any circumstances.
- Inform the relevant contact or department at the destination to which the patient is being transported if the patient becomes unwell during the journey and follow agreed procedures which may include calling emergency services.
- Escort the patient to their point of care on arrival and advise the relevant staff of their arrival.
- Report patient collections to the relevant health staff prior to departure.
- Ensure that a patient handover is undertaken to support the needs of the patient.

- Always update the patient and the receiving health care facility regularly about pick up times and any delays.
- Do not carry passengers other than carers or escorts required by the patient's condition.
- If a patient appears to be behaving in an uncooperative or disorderly manner, the Driver may make a discretionary decision not to transport that patient and will follow the agreed protocol developed by the Provider and agreed with Commissioners.
- The Provider must report to the Commissioner as soon as possible any such instances of uncooperative or disorderly behaviours by patients, including smoking on the journey or in smoke-free zones.
- When dropping off a patient at their home address, the Provider's staff shall escort the patient into the premises if needed and ensure that they are left in a comfortable position and in a secure environment. If the staff member is not confident that this is the case, they should escalate concerns and seek advice on next steps. An escalation protocol is required from the provider.
- Identify any medically appropriate equipment and luggage to be transported with the patient.

2.6 Vehicle Requirements

Sufficient and suitable dedicated vehicles with appropriate and approved fixtures to fulfil the contract will be always available and must have a seating and load capacity suitable and sufficient to convey the patients on each journey safely.

The Provider must have additional capacity for vehicles over and above the contract requirements (at least 5%) to ensure continuity of service during times of vehicle breakdown, vehicle service, etc.

The Provider should take action to try and reduce the carbon footprint of patient journeys wherever possible and demonstrate how they will contribute to green efficiency.

The vehicles must meet all relevant UK and European Legislation, Department of Transport standards, Licensing Authority.

The Provider must ensure at all times that the vehicles used in the provision of the Services are roadworthy, have a current valid MOT certificate (for vehicles over three years old) and road tax, and maintain appropriate insurance. Vehicles are to be insured for patient liability.

Vehicles must be maintained, tested and inspected to a high standard which complies at least with the maintenance standards recommended by the manufacturer of the vehicle, being serviced by appropriate qualified mechanics.

The vehicle interiors will be of a clean and tidy appearance with no damaged upholstery. The successful provider will have plans in place for the routine infection-control cleansing of cars regularly, in addition to any kind of pandemic or infectious outbreak.

Cleaning procedures must be undertaken in accordance with the highest standard of infection control policy and national standards from the National Patient Safety Agency: www.npsa.nhs.uk.

The Provider must ensure that the relevant notices/symbols are displayed clearly in vehicles as agreed with the Commissioner which may include relevant safety information such as warning signs, no smoking signs, etc.

Vehicles must not be parked in such a manner to cause an obstruction or constitute a hazard.

Any summons to appear before the Traffic Commissioner, magistrate's court, County Court, Licensing Authority or any immediate prohibitions issued to vehicles whilst performing the contract must be notified to the Commissioner as a mandatory condition of this contract within five working days.

No animals may be carried in any vehicle unless it is a medical assistance animal needed for the patient's journey (such as Guide dog or assistance animal).

The provider will ensure that all vehicles represent 'smoke free' environments, in order to safeguard patients' wellbeing.

2.7 Vehicle Equipment

The Provider will ensure that all equipment is maintained, inspected, tested, calibrated and decontaminated in accordance with manufacturers' contract, taking account of usage and infection control.

All vehicle equipment should be checked on a daily basis. This should include any necessary cleaning in line with infection control and national standards.

2.8 CCTV

The use of CCTV is not a requirement relating to this contract, however if the Provider does choose to use it the following applies. When using closed circuit television ("CCTV") equipment and handling CCTV footage, the Provider must:

- display clear signage informing patients that CCTV is being used
- ensure that at all times the CCTV footage is handled in strict compliance with current legislation
- ensure that the CCTV footage remains available for the duration of any investigation led by commissioner or provider, if requested.

2.9 Management Structures

The Provider must ensure that there are always locally based BNSSG managers available.

The Provider should have nominated key personnel which shall include (but is not limited to) the functions of:

- Operations/Service Manager
- Health and Safety Manager
- Quality Assurance Manager
- Caldicott Guardian

Contact details of the designated staff are to be made available i.e. names, titles, email addresses and telephone numbers. A senior manager will be available or on-call whenever the Provider is open, plus an emergency contact will be available 24/7 within the business continuity plan.

2.10 Technical Infrastructure

The provider must have a fully resilient managed technical infrastructure which is able to meet peak service demands, with associated business continuity plans and Disaster Recovery Procedures.

The provider will ensure that any servers retaining or holding data are remotely located from the provider's main premises, are replicated in case of server failure and where appropriate, manually backed up daily in case of catastrophic failure.

The provider must comply with all relevant Data Protection and GDPR legislation. All staff must receive regular training on all aspect of data security and Information Governance.

When requested the provider will engage with any investigations, meetings or provide written statements. The provider is required to comply with all legislation and best practice concerning record keeping.

2.11 Equality Impact Assessments

The Provider will be expected to meet the full requirements of equality legislation both in relation to the universal service offered to patients but also in how it delivers equality within its organisation and constituent staff. The provider will be required to complete an Equality Impact Assessment for the service during mobilisation and provide this to Commissioners and implement the recommendations to an agreed timeframe. In addition to this, the Provider is required to collate and regularly report equalities data to the commissioner.

3. Quality

3.1 Engagement

The Provider will:

- Ensure public awareness of the access to the service (e.g., via an effective website and information sheets and in a form that is available to all including, but not limited to, languages other than English, large print, audio, braille, Easy Read format, etc.)
- Inform patients of their obligation to be ready on time when confirming new bookings 24 hours in advance of the first journey.
- Support haemodialysis patient groups within the BNSSG health care system to assist it in the on-going cycle of service monitoring and improvement, so that it will always have patients working with it to plan for a better service.
- Ensure feedback is given to patients as to what it has done about issues they have raised.

The Provider will provide Patient feedback to commissioners every quarter at contract review meetings (or at intervals agreed with Commissioners). The provider will demonstrate evidence of improvement in service in line with the feedback.

Complaints

The Provider shall establish and operate a robust complaints procedure in line with ICB agreed guidelines to deal with any complaints in relation to any matter connected with the provision of services under the Contract.

It is recognised that some complaint or dissatisfaction may be raised informally. It is the expectation of Commissioners that the Provider will establish a system for dealing with these complaints and engage with other providers and patient groups in improving processes and pathway.

All complaints should be monitored, audited and appropriate action taken when required. The Provider shall take reasonable steps to ensure that patients are aware of the complaint's procedure.

The Provider shall provide a summary of all complaints and recommendations received, progress outcome and actions taken quarterly to the Contract Review meeting with Commissioners.

The provider shall ensure that:

- Compliance with complaints regulations are met
- Their Complaints Policy is explicit as to Duty of Candor in respect of complaints handling and patient safety events.

- 100% complaints are acknowledged within 2 working days.
- 95% Complaints responded to in 25 working days. The response must include an action plan (quarterly complaints audit results to detail compliance).

Quarterly reports shall include, but are not limited to:

- Number of complaints
- Complaints rates and timeliness of responses
- Trend analysis of complaints
- The report should contain actions implemented as a result and lessons shared.
- Number of complaints reopened.
- Number of complaints sent to the Health Service Ombudsman and outcome.
- Complainant survey results, detailing 100% complainants surveyed, response rate and survey results.

3.3 Serious Incidents

The provider will be required to cooperate with Serious Incident investigations where appropriate and must comply with local and BNSSG policies.

- Provider ensures Serious Incidents are reported on the Management System within 25 working days, supported by the ICB Quality lead.
- Provider agrees grading with Commissioner within 3 working days
- Provider completes report and shares initial findings with the patient / family
- Provider submits report to Commissioner for quality assurance review within 45 / 60 days dependent on grade (100% are to be completed in time frame)
- Commissioner will agree that the report is robust and suitable for closure or Commissioner may require Provider to make changes to the investigation report or action plan before closure
- Provider shares the altered report with patient / family within 10 days
- Provider provides reports to provide assurance to demonstrate 95% completion of actions within timeframes agreed on the action plan.

3.4 Exclusions:

The following are excluded from this haemodialysis transport service:

- 999 calls for immediate response (i.e. emergency journey).
- Urgent Transfers
- Transport to / from outpatient appointments
- Transport for hospital discharges / transfers
- Patients that do not reside in BNSSG and are not registered with a BNSSG GP.
- Patients that reside in BNSSG and are registered with a GP outside of BNSSG.
- Patients that do not have a registered address and are not registered with a BNSSG GP and wish to be transported to an address outside BNSSG following treatment within BNSSG.

- Patients needing renal dialysis who require special assistance (e.g. bariatric)
- Patients who are assessed by a health or social care professional as high risk and who are not suitable for NEPTS (e.g., violent or who pose a threat to the safety of the driver).
- Prisoners – Transport is provided by the prison service.
- Non-NHS-funded patients (i.e. private patients).

4. Contract Management Review Meetings

Contract Management meetings will be held quarterly to:

- Review the performance in the preceding three months, receive and review any mitigating reasons for missed targets.
- Review the quality; finance; data reporting of the service.
- Apply any sanctions where required and agree the preparation of Remedial Action Plans that include actions, owners and timescales for delivery where required.
- Review a Quality dashboard that will monitor incidents, complaints, compliments, etc. and ensure that any SIs are being dealt with by the appropriate parties
- Review patient experience data and discuss what action the provider has taken in response to improve the service.

Service	BNSSG NEPTS Planned Service
Commissioner	BNSSG ICB
Period covered	1 st October 2024 – 31 st March 2026
Review	1 st January 2025 <i>Please note that commissioners reserve the right to review this specification before this date</i>

1. National/local context and evidence base

The Department of Health defines Non-emergency Patient Transport Service (NEPTS or PTS) activity as being the non-urgent, planned transportation of patients, with a medical need for transport, to and from premises providing NHS healthcare. This encompasses a wide range of vehicle types and levels of care consistent with the patients' medical needs.

The overarching principle of PTS is that patients who are eligible for transport will receive safe, timely, comfortable and clinically appropriate transport, without detriment to their medical condition.

This service is commissioned by NHS Bristol, South Gloucestershire and North Somerset ICB. The above referenced organisation will be known as the 'Commissioner or Commissioners' and NHS Patients will be known as 'Patient or Patients'.

This service does not apply to privately funded care.

The purpose of the PTS service is to ensure that there is an equitable and accessible service to all eligible patients based on their medical need. The model is based on all journeys being booked through a central point of contact where journey requests are made directly by patients/carers and or appropriate health social care professionals.

Bookings for eligible patients will then be referred to the Provider which shall transport those eligible patients to and from providers of NHS acute and community care and other agreed places of NHS care. GPs are not required to book transport for patients but may do so if they feel that a patient needs specific help with determining eligibility.

The Provider must comply with all relevant current and future legislation, national standards and evidence base set out within this Contract and required in the provision of this Service.

The Provider must comply with all other relevant legislation and regulations which may include, but are not limited to:

Eligibility Criteria for Patient Transport Services (PTS) DH 2022 and the "Who pays" responsible commissioner guidance unless separately identified in this Contract.

Full details of the national eligibility guidance are in:

[B1244-nepts-eligibility-criteria.pdf \(england.nhs.uk\)](#)

The Provider and Commissioners must agree and comply with any future changes in, or modifications to, national policy, guidance or survey results and where appropriate, review or update this contract to reflect any changes required. These are normally set out in the NHS operating framework annually, or in other formal notifications. Advance notice of any changes is to be given to care providers within 4 weeks of implementation. Any changes impacting on the care providers and /or patients will only be agreed with appropriate engagement and consultation with Commissioners and each care provider.

1.1 Applicable national standards – e.g.

NICE, Royal College Applicable national standards, e.g. NICE, Royal Colleges. Any national standards that are relevant must be adhered to including, but not limited to, bariatric and nuclear medicine.

1.2 Applicable local standards

The Provider will have in place a detailed staffing plan that describes the staffing arrangements that will enable the delivery of the services for the duration of the request. This shall include numbers of volunteers and bank staff used and the percentages of additional staff available for large sickness outages, annual leave, union strikes, etc. (i.e., 20% over) contract, to be provided upon request.

All staff are to be trained to the relevant standard to deliver services as defined in the service specification. The Provider is to submit to the Commissioner prior to service commencement and then annually thereafter for approval, an annual training programme for all staff. The Provider must have an appropriate range of HR policies (including, but not limited to, policy for recruitment, performance, appraisal, disciplinary issues, staff grievances, alcohol and substance misuses, etc.).

The Provider will also have appropriate Occupational Health procedures including, but not limited to, procedures to check that staff are fit to carry out all duties safely, including regular eye sight screening/testing.

The Provider must ensure all staff are aware of, and adhere to, the procedure for reporting incidents in accordance with the ICB's Patient Safety Incident Framework.

All staff must be trained in and adhere to the NHS Information Governance requirements and to have signed the Provider's Code of Confidentiality. All staff with access to patients or patient related information are required by this Contract to have a current DBS check (at an appropriate level as defined by the Home Office) which must be made available upon request to the Commissioner. This shall include any PTH staff.

DBS checks should be reviewed and repeated in accordance with standard NHS guidance. DBS would also be required by any voluntary car drivers used as well as basic first aid training, safeguarding and other appropriate checks.

The Provider will require that all staff are easily identifiable as working for the Service. This shall include legible ID cards with an up-to-date photograph and/or uniform which shall be worn at all times when collecting patients or on NHS sites.

The Provider shall have a staff conduct policy which covers inappropriate behaviour, appearance of staff and personal hygiene, customer care, etc. Drivers are not permitted to accept any form of gratuity, tip or reward. Penalties incurred by drivers whilst on duty (e.g. parking, speeding etc.) are not the responsibility of the Commissioner.

Drivers will be required drive in compliance with the Road Traffic Act and the Traffic Signs Regulations.

The Provider shall ensure that staff are aware that they are prohibited from offering food, drink (other than bottled water which the provider is permitted to offer patients at their request), medicines, money, cigarettes, or any other substances to patients.

The Provider will operate a safer recruitment process which discourages unsuitable people from applying for roles which bring them into contact with children and/or vulnerable adults. This includes a variety of checks (including relevant levels of DBS and ISA checks as defined by Home Office Guidance) to ensure there is no reason why they should not work with children or vulnerable adults.

The Provider must have a written and regularly reviewed safeguarding children and vulnerable adult's policy which is current and reflects most recent safeguarding legislation. The Provider will ensure that all staff, including drivers, are prohibited from taking photographic and video images of patients, except for ICO registered.

2. Outcomes, Framework Domains and Indicators

NHS Outcomes Framework Domains & Indicators PTS is a facilitative patient service and will therefore support the achievement of all the NHS Outcomes Framework, specifically Domain 4 - *Ensuring people have a positive experience of care* and Domain 5 - *Treating and caring for people in a safe environment and protecting them from avoidable harm*.

Domain 1

- Preventing people from dying prematurely

Domain 2

- Enhancing quality of life for people with long-term conditions

Domain 3

- Helping people to recover from episodes of ill-health or following injury

Domain 4

- Ensuring people have a positive experience of care

Domain 5

- Treating and caring for people in safe environment and protecting them from avoidable harm

Local defined outcomes

- Patients will be transported in safe and timely manner in a vehicle appropriate to their needs
- Patients will not spend an unreasonable amount of time in vehicles
- Patients will be collected promptly, in reasonable timescales, following their appointment
- Patients will be treated with courtesy, dignity and respect at all times
- There will be no detriment to patients' health and wellbeing during their journey
- The specified requirements of how these outcomes will be measured are detailed in this document.

3. Scope

3.1 Aim and objectives of service

The aim of the service is to provide transport for eligible BNSSG patients with a medical need, between their places of residence, community and acute settings in reasonable time and comfort without detriment to their medical condition for secondary care treatment. This shall include secondary care services provided in a primary care setting.

The geographical scope of this contract includes the transport of all BNSSG patients to points of NHS care. All required service standards are detailed in this contract.

This document refers to "Planned Transport" and specifically covers pre-booked journeys to and from healthcare booked prior to 17:00 the day before transport. The Commissioners will work with the successful provider to limit the time preceding an appointment to avoid natural changes causing wastage in the system. Good practice sets this at no more than a month before the day of travel down to two-weeks before the day of travel.

Non urgent patient transport should be seen as part of an integrated programme of care and a non-emergency patient is one who whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

Non-emergency PTS is provided for patients who are being transported to an NHS funded secondary-care service for NHS treatment and who are deemed medically eligible based on the DOH eligibility criteria.

Agreement to NHS requests must be subject to the patient fulfilling the relevant eligibility criteria which primarily ensure that there is a 'medical need' for transport. Exclusions have been detailed further in this contract.

BNSSG ICB has commissioned a Patient Transport Hub (PTH) for public and professional requests for transport. The PTH will be issued with access to the provider's IT system to facilitate the prompt and accurate transfer of information to the provider for appropriate planning and delivery of the service in line with the agreed Key Performance Indicators (KPIs).

Eligibility criteria for the purpose of this contract will be in line with published NHSE NEPTS Eligibility Criteria. Commissioners reserve the right to amend or change the eligibility criteria during the term of the contract.

The objectives of the service are to ensure the following service outcomes:

- **Quality and Safety** – The provision of this service must be a patient centred service and be delivered in a safe, friendly and effective manner by appropriately trained staff. The Provider will keep journey times to a minimum and ensure promptness of arrival and pick-up in line with the agreed KPIs. The Provider must comply with all aspects of Care Quality Commission registration, or any subsequent organisation.
- **Flexibility and Responsiveness** – The service must provide flexibility to respond to changing levels in future activity and the patient needs (e.g. new healthcare locations providing NHS treatment, specialist requirements, on-the-day requests, flexible times for pick-up and delivery including evenings, weekends and bank holidays). Timeframe of implementation and redesigned elements to be agreed as part of the monthly meetings.
- **Communication and Performance Information** – The service must include high-quality communication with partners and healthcare providers to discuss effective management of the system. Clear and complete information must be provided monthly on activity, finance and quality of service provision. Additional ad hoc reporting requirements will be agreed at the monthly performance meetings. All reporting must be provided at individual ICB level.
- **Efficiency Savings** – Public sector organisations are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. The Provider must demonstrate innovation in their approach using best practice to support Commissioners to achieve their annual financial objectives. Any initiatives which impact on service delivery will be agreed prior to implementation with Commissioners. An example of such efficiency is to review journeys regularly and propose routes and timings that support multi-use journeys at a reduced cost e.g. one vehicle collecting three or four patients.
- **Value for Money** – The service must be affordable and provide value for money.
- **Environmentally Sustainable** – The service should be designed to minimise the likelihood of unnecessary journeys and to ensure maximum use is made of technology to reduce both Carbon emissions and costs. This requires an analysis of the likely carbon footprint of the whole service with measures to control this and make reductions where there are opportunities. These opportunities relate to types of hybrid or electric vehicles used, driving skills, flexible working arrangements, maximum use of electronic communications, procurement of equipment and management of energy and resources at premises. The Provider must abide by the Department of Health's Sustainability Reporting Framework (see www.sdu.nhs.uk/sd_and_the_nhs/reporting.aspx).
- **Innovation and use of Information Technology** – The service must be innovative in its approach using best practice to respond to future needs. It needs to make the most effective use of technology for the booking and scheduling of journeys and must include the data as agreed with Commissioners. As part of the move towards common digital standards, interoperable clinical information systems and a paperless NHS the Provider must comply with interoperability requirements

for the NHS, specifically working with, but not limited to, the hospital PAS systems and the Provider.

3.2 Operational Planning and Booking

The rules for access and standards of provision will be the same across the whole of the ICB. The PTH must be able to send live bookings by electronic transfer to the 'Planned' provider's planners in an agreed electronic data system approved by the Commissioner and must ensure requests can be sent by alternative methods in the event of system failure.

Any booking system must identify and record all the details necessary to schedule the patient journey and deliver the National Minimum Data Set. The booking system must also be able to make post-travel enquiries in order to investigate complaints, accidents and appeals.

The procedures and cut-off time for exporting pre-planned journeys must be agreed between Provider, acute care providers and Commissioners to ensure an efficient service.

3.2.1 Bookings

Whilst the Patient Transport Hub is a public and professional facing call-handling and booking service (PTH), this will not operate 24/7 and the provider of 'Planned' contract must maintain a capability to be contacted throughout the out of hours period including bank holidays. (18.00 – 08.00 and weekends/bank holidays).

All bookings will specify either a pick up time or required arrival time. The Provider will be expected to introduce an innovative method of meeting the requirements of this service specification. (Please see "Innovation" below)

The Provider will identify all the details necessary to schedule the patient journey and deliver the service standards required.

When a call is answered by the Provider's Call Centre staff member, a baseline set of demographic data will be captured including all fields necessary for the National Minimum Data-set (if the Caller is willing to provide the information) including recording patients details who are deemed ineligible and why.

To deliver the requirements of the National Minimum data-set the provider will maintain a Customer-Relations-Management (CRM) type system that leads with the patient with their bookings or ineligibility underneath and not lead with journeys to which the patient-details are ancillary. If a patient, their carer or HCP has called before for that patient, existing records should be called up from within the call handling system and the new episode added to the existing record.

Patient records should be matched to the Patient Demographic Service (PDS) to verify the NHS Number. The NHS Number should be used as the primary patient identifier when transferring data between providers. The Provider's Call Centre must be able to accept batches of bookings from the PTH, acute and community hospitals in a safe, Caldicott compliant method.

The Provider will deploy an IT system and share access with the PTH booking service, and the system will record all the details necessary to schedule the patient journey and deliver the service standards required.

3.2.2 Mobility Types

Vehicle 1

Patients who are able to walk with limited assistance and require no lifting or moving – one person assistance.

Vehicle 2

Patients who require two persons' assistance to board or alight from the vehicle, or to be lifted in a chair.

Wheelchair 1

Patients who require to travel in their own wheelchair for the journey, with one person's assistance, requiring no lifting or moving.

Wheelchair 2

Patients who require to travel in their own wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.

Electric Wheelchair 1

Patients who require to travel in their own electric wheelchair for the journey, with one person's assistance, requiring no lifting or moving.

Electric Wheelchair 2

Patients who require to travel in their own electric wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.

Stretcher (ST)

Patients who require to lie down for at least part of the journey, with the assistance of two persons' required.

Escort (ESC)

Healthcare patients who have a medical need to be accompanied to/from their appointment by carer/relative/healthcare professional or guide/aid assistance dogs.

This may also include a nurse, clinical team or carer may accompany any of the above categories if the patient's condition is such that they require constant attention. This includes patients who have severe communication difficulties such as profound deafness or speech and language difficulties. Such escorts and the escort's mobility will be notified to the Provider at the time of booking. A return journey may be required for clinical escorts accompanying patients being transferred or discharged.

Bariatric (BAR)

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) >40kg/m² 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 mattress.

3.2.3 Cancelled and aborted Journeys

Where the Provider has been notified that an outpatient journey is no longer needed, both the time of cancellation and time of transmission of the cancellation will be recorded by reason code and reported to the PTH. There will be no charge for cancelled journeys. Cancelled journeys under this contract require a minimum notice period of two hours.

The Provider will provide and publicise an easy and effective way for patients and others to cancel a booked journey that is no longer needed.

An aborted journey is one that is no longer needed but the notification to the Provider is less than two hours or in the event that the Provider's vehicle has arrived at its pickup destination and the journey will not continue at that point (i.e. patient deceased, patient not well enough to travel, etc.). The reason for this aborted journey is to be recorded including details on the organisation/individual which has caused the aborted journey (including, but not limited to, the Provider, the patient, acute or community hospital or other reason).

The Provider will work with Commissioners, acute and community hospitals to agree a list of reasons for aborts and the responsible party(ies) for the cost of those aborts. Aborts will be reported on a monthly basis. If the Provider has arrived on schedule and the patient is not ready, the crew is expected to wait up to 15 minutes before the journey becomes abortive and use reasonable endeavours to avoid an abortive journey (Reasonable

endeavours will be in the context of both the individual under discussion and the other patients booked to be carried by the same crew in the near future. One patient's situation cannot be allowed to drive multiple patient-delays.

The Provider will work proactively with the Commissioner and providers of NHS services on ways to manage/reduce avoidable aborted journeys. A reduction plan will be agreed jointly between the relevant stakeholders. The Provider must not cancel any journeys of its own accord without prior notification to the person/team who made the booking, the patient, in line with Business Continuity Plan to maintain essential services. Compliance will be reported as part of the suite of Service standards. Aborted journeys will not be charged where the reason is due to the Provider not being able to complete the journey.

Where the provider is unable to deliver a journey, as specified within this contract, they will be expected to source an alternative resource to deliver the journey, at their expense. The provider will be expected to outline how they will manage a reduction in capacity in a service continuity plan, which should be submitted to the commissioner, in advance of the start of the contract.

3.2.4 Essential Services

A proportion of journeys are considered to be essential although may be commissioned in one of the other lots but they include:

- Services for oncology
- Services for patients receiving renal dialysis treatment

3.2.5 Extra-Contractual Journeys / Repatriation of BNSSG Patients

Extra-contractual journeys (ECJs) are ad hoc journeys not covered within this PTS contract, and which the PTH may ask the provider of the 'Planned' contract to quote for or provide on a case by case basis. They include:

- Patients that do not reside in BNSSG and are not registered with a BNSSG GP.
- Patients that reside in BNSSG and are registered with a GP outside of BNSSG.
- Patients that do not have a registered address and are not registered with a BNSSG GP and wish to be transported to an address outside of BNSSG following treatment within BNSSG.
- The transport of patients to manage bed pressures.
- Repatriation of BNSSG patients from out of area.

Requests for any BNSSG-related ECJs should be passed to the PTH, who will identify and arrange a suitable provider and authorise costs. The final decision will rest with the PTH service.

The PTH may ask the Provider of the 'Planned' contract to quote for or provide these journeys on a case-by-case basis. The Provider may undertake these journeys only if they can do so without impairing their capacity to deliver core services to the contracted performance and quality standards.

3.2.6 Exclusions

The Commissioners recognise that there are exclusions from this service and these are listed below. In each case there may be occasions when the inclusions of one or more journeys from within this list is required for the delivery of essential healthcare in the area. The Provider is expected to support such unplanned inclusions as much as can be reasonably expected.

The following are excluded from this service:

- Patients booked after 6pm the day before the day of journey.
- 999 calls for immediate response (i.e. emergency journey).
- Urgent transfers.
- Patients who are assessed as not being eligible for PTS.
- Patients that do not reside in BNSSG and are not registered with a BNSSG GP.
- Patients that reside in BNSSG but are registered with a GP outside of BNSSG.

- Patients that do not have a registered address and are not registered with a BNSSG GP and wish to be transported to an address outside BNSSG following treatment within BNSSG.
- Patients who are assessed by a health or social care professional as high risk and who are not suitable for PTS (e.g. violent or who pose a threat to the safety of the crew, etc.).
- Transport for General Medical Services/Personal Medical Services/General Dental Services e.g. routine appointments at GP clinics/health centres and dental surgeries.
- Prisoners – Transport is provided by the prison service.
- Neonatal intensive care unit (NICU) urgent transfers to available NICU and CATS (Children's Acute Transfer Service) facilities.
- Non NHS-funded patients (i.e. private patients).
- Conveyance of general supplies, mail or any other goods that is not associated with patients or escorts requirements for essential personal belongings and equipment for the journey.
- Transport to or from social care premises. For the avoidance of doubt, transfer from hospital to visit a resident in a care home is not provided for. This does not include the transport of eligible patients for outpatient appointments, discharges to places of residence or transport to nursing care homes. The transport of eligible patients requiring such journeys are included as part of the core contract.
- Patients who require transport outside England, Scotland, Wales, Northern Ireland. For these journeys, please refer to the National Health Service 'Reimbursement of the Cost of EEA Treatment' Directions, April 2010, for guidance.

3.2.7 Operational Delivery

The Provider is required to have a validation system that can validate activity/journey data that will be agreed respectively with Commissioners, acute and community provider trusts. The expectation is that the provider will be able to undertake compliance checks on all aspects of the contract both ad hoc and on a regular basis, as agreed respectively with the commissioner.

The Provider must establish relationships such that the system is managed effectively. The Provider must provide storage for all paper and electronic records and aim to minimise paper use.

3.3 Service description/care pathway

This document describes the required services but does not specify how the Provider is to manage its service.

The Provider must:

- Ensure that patients get the transport mode most appropriate to their condition and mobility.
- Provide support to the other Lots in the procurement including the PTH Booking service by monitoring eligibility assessment to identify the entitlement to non-emergency transport services for NHS patients carried under this part of the specification.
- Liaison with the patients, their carers and or their clinical teams may be required.
- Provider will provide a service 06:00 – 22:00 every day inclusive of bank or public holidays. (365 days a year and 366 days in each leap year)
- Provide a call-to-confirm / text-to-confirm the day before travel.
- The flow of service activity will be required to change and develop in accordance with service development across the health and social care system.
- Ensure sufficient service resilience to meet surges in demand, utilising bank staffing and/or sub-contracting where appropriate. The Provider should ensure that due diligence is carried out on any organisations they wish to sub contract, and this evidence should be available to the Commissioner on request
- Ensure sufficient service capacity to accommodate all rebooked on-day outward journeys (where the patient is not ready to travel homeward at the planned time)
- Significant changes in activity will be agreed as part of regular contract meetings.

- The provider is required to manage daily flows such as peaks and troughs in demand and seasonal patterns and flex resources accordingly.
- Provide a patient liaison staff member at Southmead and the BRI between 08:00 and 18:00 trained to an appropriate level of authority to assist with patient flow and who can perform risk assessments where necessary.
- Accept repeat booking of regular journeys. Repeat bookings will be reassessed every month for eligibility by the PTH.
- Transport patients needing renal dialysis and who require special transport outside of the renal transport contract.
- Provide an advance planning function which allocates transport to patients appropriate to their condition and mobility and which ensures that they are collected, delivered and returned, as appropriate, within the key performance standards set out in this Contract.
- Provide access to booking requests from health and social care professionals. This may be either via the single point of contact at each Trust (as above) or via an alternative method to be agreed with the Commissioner.
- Answer queries from health and social care professionals in accordance with agreed protocols.
- Provide a planning/day control function which manages the plan and the transport resources
- Change services to be responsive to the changing demographic needs of the patient population, such as bariatric patients with increasing complex needs, ageing populations
- Either have BSI ISO 9001 quality management system accreditation or work in accordance with BSI ISO 9001 quality management standards pending accreditation.
- Ensure good systems of communication exist that contribute to collaborative working with healthcare services, social care and mental health services to ensure continuity.
- Ensure the service is easily accessible by all eligible patients.
- Ensure staff are trained to provide a supportive response for patients who have access needs which require higher levels of support
- Ensure that all staff are trained in the key requirements of the service specification and agree to abide by all terms and conditions
- Provide a supportive response for patients who are deaf or have language, learning difficulties or other conditions which require higher levels of support or those whose first language is not English.
- Ensure access to professional/clinical advice is available to support eligibility criteria decisions.
- Ensure that data required by the National Minimum Data Set (MDS) is obtained for each booking request, in line with the approved booking system.
- Ensure that an appropriate and timely appeals process, including clinical input, is available in the event of any eligibility disputes. The Provider is required to screen all existing patients to access their eligibility so that full compliance can be demonstrated from day one.
- Ensure that all vehicles represent 'smoke free' environments, in order to safeguard patients wellbeing

3.3.1 The Provider will ensure that staff:

- Transport patients to chosen place of residence/healthcare facility as requested on the booking.
- Establish and confirm the identity and destination of the patient being collected/set down.
- Comply with any patient's current Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) or any local end of life care pathway.
- Always treat patients in a courteous manner which pays due regard to their medical condition, age, personal modesty and circumstances, without discrimination and in compliance with equal opportunities and equality and human rights legislation.

- Ensure that patients are comfortable during their journey with a vehicle that is able to be warmed/cooled and ventilated as patients require.
- Provide assistance as required to patients (with or without the use of aids) to undertake the journey. Assistance may be required at both the patient's residence and healthcare site.
- Always ensure that the vehicle does not move when any patient is still boarding or alighting, and all doors of the vehicle have been shut securely and all persons are clear of the vehicle.
- Always check the vehicle at the last stop before proceeding, to ensure there are no patients or patients' property still on board. Any patient property left behind must be handed over and reported on a formal lost property log following a lost property policy.
- Ensure that the patient takes all relevant belongings with them. (e.g. medication, door keys, appointment card, doctor's letter, etc.)
- Complete a transfer log between sites, where patients are carrying valuable items or confidential items (e.g. medical records required for current care.)
- Ensure that all patients are secured safely using seat or stretcher safety belts before the vehicle moves, unless covered by DVLA exemptions. It is the duty of the patient or carer or responsible professional to inform the Provider of any conditions likely to cause the patient to be exempt.
- Transport patient's essential medical equipment.
- Ensure patients are attended whilst negotiating steps or stairs, or when boarding or alighting from the vehicle, assisting them as required.
- Minimise the time for which any patient is left unattended on any vehicle during the loading and unloading of other patients. Ensure that the doors are shut/secured so that the patients are safe and warm. Vulnerable patients should not be left unattended under any circumstances. It is the duty of carers or professional bookers to inform the Provider of a patient's vulnerability.
- Inform the relevant contact or department at the destination to which the patient is being transported if the patient becomes unwell during the journey and follow agreed procedures which may include calling emergency services.
- Escort the patient to their point of care on arrival and advise the relevant staff of their arrival.
- Ensure that any patient requiring transport to or from cardiac care units travel in a single vehicle with a cardiac trained crew. This includes admission, and outpatient appointments/diagnostics.
- The Provider will work with the hospitals to agree arrival/departure times depending on patient's position on the theatre/clinic list.
- Non-BNSSG journeys should be charged by the Provider directly to the appropriate ICB.
- Report patient collections to the relevant health/social care staff prior to departure.
- Ensure that a patient handover is undertaken to support the needs of the patient.
- Ensure that, in the case where vulnerable patients or patients with a mental health condition receiving in patient care for their mental health condition are being transported, transfer the care of said patient to the appropriate medical professional designated at the time of booking transport (including patients who fall under Section 136 of the Mental Health Act and who are not sectioned). The Provider is required to record details of the cases where vulnerable patients or patients with special needs are being transported and the details of the appropriate medical professional to whom to transfer care of said patients.
- Always update the patient and the receiving health care facility/acute SPOC regularly about pick up times and any delays.
- Do not carry passengers other than carers or escorts required by the patient's condition. If a patient appears to be behaving in an uncooperative or disorderly manner, the Driver may make a discretionary decision not to transport that patient and will follow the agreed protocol developed by the Provider and agreed with Commissioners.

- The Provider must report to the Commissioner as soon as possible any such instances of uncooperative or disorderly behaviour by patients, including smoking on the journey or in smoke-free zones.
- When arriving at a healthcare facility, report to the relevant health or social care professional in charge or key worker for formal patient handover, including health requirements (DNACPR Order where applicable) and safe movement of patient onto transportation equipment.
- When dropping off a patient at their home address, the Provider's staff shall escort the patient into the premises if needed and ensure that they are left in a comfortable position and in a secure environment. If the staff member is not confident that this is the case, they should escalate concerns and seek advice on next steps. An escalation protocol is required from the provider.
- Identify any medically appropriate equipment and luggage to be transported with the patient.
- Do not accept bookings for passengers other than carers or escorts required by the patient's condition. The Provider will be tasked with reducing inappropriate escorts.

3.3.2 Training/ Education/ Research activities

The Provider's staff must be trained to the relevant standard to deliver services as defined in the service specification, with updates at appropriate intervals and in accordance with Department of Health and all legal requirements. There may also be a need for some enhanced PTS training related to specialist vehicle equipment or crew training to meet patient's clinical requirements.

Staff who are patient facing must complete infection control training, safeguarding training and training on how to manage the unexpected collapse of a patient before they have any patient contact.

All non-clinical staff must complete level 1 safeguarding children training before they have any patient contact. Relevant staff must complete level 2 or level 3 Safeguarding training before they have any patient contact.

All staff will be required to complete conflict resolution training and training for managing difficult situations.

3.3.3 Mental health and other vulnerable callers

The Provider must be aware and demonstrate how they will work to the principles of the Mental Health Crisis Care Concordat – Improving Outcomes for People Experiencing Mental Health Crisis (18 February 2014) and work with Commissioners and patient groups to ensure the most convenient and appropriate access to the Patient Transport Service.

3.3.4 Procedure for Booking and conveying of Mental Health Patients (Including those Detained under a section of the Mental Health Act for in-patient treatment of their mental health condition)

A detained or sectioned patient is one who has been detained under the Mental Health Act. This Act defines a detained or "sectioned" patient as one suffering from mental illness which requires assessment and/or treatment to protect their own safety or that of others. Occasionally, it will be necessary to transfer mental health patients between inpatient services across BNSSG. However, most mental health patients are transported through another contract and the Provider will be expected to liaise with that service to determine what patients are to be transported under this service.

The transport of eligible patients with mental health conditions is subject to a risk assessment relevant to the individual's risk to themselves and others in proximity.

If any behaviour of the patient is likely to pose a risk to the Provider's crew, the primary mental health service provider shall undertake a risk assessment to determine the transport arrangements required. Where it has been determined through this process that the patient does not pose a risk to the Journey Provider's crew, the PTH will accept the booking and this service should facilitate such journeys. The Provider is required to transport all other patients with mental health needs in accordance with the general terms of this service

including those that may pose a risk to themselves. Any eligible patients falling under this category must not pose a risk to any of the PTS staff. Patients posing a risk to PTS staff will be referred to alternate transport such as police, etc., including those who require secure transport, by the PTH.

3.4 Key requirements

3.4.1 Vehicle Requirements

Sufficient and suitable dedicated vehicles with appropriate and approved fixtures to fulfil the contract will be available at all times and must have a seating and load capacity suitable and sufficient to convey the patients on each journey safely. The Provider must have additional capacity for vehicles over and above the contract requirements (for example, 5%) to ensure continuity of service during times of vehicle breakdown, vehicle service, etc.

The Provider should take action to try and reduce the carbon footprint of patient journeys wherever possible and demonstrate how they will contribute to green efficiency.

The vehicles must meet all relevant UK and European Legislation, Department of Transport standards, Licensing Authority, any Codes of Practice and any relevant aspects of requirements of CQC registration.

The Provider must ensure at all times that the vehicles used in the provision of the Services are roadworthy, have a current valid MOT certificate (for vehicles over three years old) and road tax, and maintain appropriate insurance. Vehicles are to be insured for patient liability.

Vehicles must be maintained, tested and inspected to a high standard which complies at least with the maintenance standards recommended by the manufacturer of the vehicle, being serviced by appropriate qualified mechanics.

The vehicle exteriors must be clean and tidy. All vehicles will clearly display a company identification label. Any livery displayed on the vehicles will be agreed with Commissioners.

The vehicle interiors will be of a clean and tidy appearance with no damaged upholstery. The successful provider will have plans in place for the routine infection-control cleansing of cars in the event of any kind of pandemic or infectious outbreak.

Cleaning procedures must be undertaken in accordance with the highest standard of infection control policy and national standards from the National Patient Safety Agency: www.npsa.nhs.uk.

The Provider must check all vehicles for defects on a daily basis and maintain a "vehicle check and defect report" which can be available on request.

The Provider must ensure that the relevant notices/symbols are displayed clearly in vehicles as agreed with the Commissioner which may include relevant safety information such as warning signs, no smoking signs, etc.

The Provider must not allow advertising on or in the vehicle unless agreed with the Commissioner.

Where possible, drivers should turn off their vehicle engines when either picking up or dropping off patients. Vehicles must not be parked in such a manner to cause an obstruction or constitute a hazard.

Any summons to appear before the Traffic Commissioner, magistrate's court, County Court, Licensing Authority or any immediate prohibitions issued to vehicles whilst performing the contract must be notified to the Commissioner as a mandatory condition of this contract within five working days.

No animals may be carried in any vehicle unless it is a medical assistance animal needed for the patient's journey (such as Guide dog or assistance animal).

The provider will ensure that all vehicles represent 'smoke free' environments, in order to safeguard patients' wellbeing.

3.4.2 Vehicle Equipment

The minimum internal equipment requirements will be dependent on the vehicle type and crew grade contracted to meet the needs of the patients conveyed. Additional equipment may be required for patients with any special requirements as outlined above. British Safety (BS) or equivalent European Safety (CE) approved child seats must be available for the conveyance of young children and babies. They must be properly fitted in accordance with the manufacturer's instructions and the driver must be responsible for ensuring that the occupant is properly secured. Seats must be fitted with high backs suitable for the conveyance of elderly/infirm patients and must conform in all aspects of BS/CE.

The Provider will ensure that all equipment is maintained, inspected, tested, calibrated and decontaminated in accordance with manufacturers' Contract, taking account of usage and infection control.

All vehicle equipment should be checked on a daily/shift basis by the allocated crew. This should include, but is not limited to, checking stock levels and any necessary cleaning in line with infection control and national standards.

3.4.3 Staffing

The Provider will have in place a detailed staffing and contractor plan that describes the staffing arrangements that will enable the delivery of the services for the duration of the contract, to be provided upon request.

All staff are to be trained to the relevant standard in order to deliver services as defined in the contract.

The Provider must have an appropriate range of HR policies (including, but not limited to, policy for recruitment, performance, appraisal, disciplinary issues, staff grievances, alcohol and substance misuses, etc.).

The Provider will also have appropriate Occupational Health procedures including, but not limited to, procedures to check that staff are fit to carry out all duties safely, including regular eye sight screening/testing. The Provider is to submit to the Commissioner prior to service commencement and then annually thereafter for approval, their Occupational Health procedures and check list.

All staff must be trained in and adhere to the NHS Information Governance requirements and to have signed the Provider's Code of Confidentiality.

All staff with access to patients or patient related information to have a current DBS check (at an appropriate level as defined by the Home Office) which must be made available upon request to the Commissioner. The Provider must also report any negative DBS checks and to jointly agree with the Commissioner whether that employee should remain employed. DBS checks should be reviewed and repeated in accordance with standard NHS guidance.

The Provider will require that all staff are easily identifiable as working for the Service. This shall include legible ID cards with an up-to-date photograph and/or uniform which shall be worn at all times when collecting patients or on NHS sites.

The Provider shall have a staff conduct policy which covers inappropriate behaviour, appearance of staff and personal hygiene, customer care, etc.

Drivers are not permitted to accept any form of gratuity, tip or reward.

Penalties incurred by drivers whilst on duty (e.g. parking, speeding etc.) are not the responsibility of the Commissioner.

Drivers will be required drive in compliance with the Road Traffic Act and the Traffic Signs Regulations.

Any summons to appear before the Traffic Commissioner, or any immediate prohibitions issued to vehicles whilst performing the contract, must be notified to the Commissioner within 5 working days.

The Provider must communicate expectations to drivers on efficient driving behaviours to minimise fuel use and in a manner consistent with low levels of carbon emissions.

The Provider shall ensure that staff are aware that they are prohibited from offering food, drink, medicines, money, cigarettes, or any other substances to patients.

The Provider will operate a safer recruitment process which discourages unsuitable people from applying for roles which bring them into contact with children and/or vulnerable adults. This includes a variety of checks (including relevant levels of DBS and ISA checks as defined by Home Office Guidance) to ensure there is no reason why they should not work with children or vulnerable adults.

The Provider must have a written and regularly reviewed safeguarding children and vulnerable adult's policy which is current and reflects most recent safeguarding legislation.

3.4.5 CCTV

We do not require the use of CCTV, however if the Provider does choose to use it the following applies. When using closed circuit television ("CCTV") equipment and handling CCTV footage, the Provider must:

- display clear signage informing patients that CCTV is being used;
- ensure that at all times the CCTV footage is handled in strict compliance with current legislation;
- ensure that the CCTV footage remains available for the duration of any investigation, if requested.

3.4.6 Management Structures

The Provider must ensure that there are locally based BNSSG managers available at all times.

The Provider should have nominated key personnel which shall include (but is not limited to) the functions of:

- Director (oversees the entire contract and is a point of contact for serious issues that cannot be resolved with PTS Service or Operational Managers)
- PTS Operational Senior Manager
- Quality Assurance Manager
- Clinical Lead at corporate and service level
- Caldicott Guardian
- Communications and Engagement Lead
- Operational manager (based in BNSSG)

Contact details of the designated staff are to be made available for each health economy, i.e. names, titles, email addresses and telephone numbers. A senior manager will be available or on-call whenever the Provider is open, plus an emergency contact will be available 24/7 within the business continuity plan.

3.4.7 Technical Infrastructure requirements

- Provider must have a fully resilient managed technical infrastructure which is able to meet peak service demands.

- Provider will ensure that any servers retaining or holding data are remotely located from Provider's main premises, are replicated in case of server failure and where appropriate, manually backed up daily in case of catastrophic failure.
- Provider must comply with the Data Protection Act 1998 and GDPR 2018 and the latest NHS Caldicott guidance for information governance and data security. All staff must receive regular training on all aspects of data security and Information Governance
- Provider is expected to have a nominated Confidentiality or Information Sharing Lead Officer, policies relating to information governance, security and confidentiality of service user information and robust Information Sharing Protocols
- Provider must provide storage of all paper and electronic records and aim to minimise paper use.
- Provider will be required to store any physical and electronic files received from existing provider until destruction date required under National standards.

3.4.8 IT Service Management

The Provider must have a Disaster Recovery Procedure (DRP) in place that contains robust, detailed methods and procedures that will be followed in the event of service failure / disaster. The DRP should be tested on a regular basis to ensure it remains current and robust. Provider will have robust failure monitoring processes in place and robust and tested backup procedures in place. Provider must have the ability to produce detailed service management reports in accordance with best practice.

3.4.9 Equality Impact Assessments

The Provider will be expected to meet the full requirements of equality legislation both in relation to the universal service offered to patients but also in how it delivers equality within its organisation and constituent staff. Provider will be required to complete an Equality Impact Assessment for the service and provide this to Commissioners and implement the recommendations.

3.4.10 Care Quality Commission

Provider must be registered with the Care Quality Commission and comply with the requirements of registration and notify commissioners of any statutory and legal requirements, enforcements or improvement notices. When requested, Provider will engage with any investigations, strategy meetings or provide written statements. Record keeping Provider is required to comply with all legislation and best practice concerning record keeping. All calls received by the Provider must be recorded. Calls from adults and calls from or about children will be retained in line with Department of Health guidance on records retention schedules.

3.4.11 Sustainability and Carbon Management

The Provider should have a Sustainability policy which underpins their service design. This will include annual assessment of the carbon emissions associated with the service and a plan to minimise them. In accordance with the NHS and Commissioner's commitment to promoting carbon reduction initiatives, the Provider should 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 to assist in the reduction of the carbon footprint of the service.

The Provider is responsible for the supply and payment for linen supplied laundered to HSG(95) 18 standards.

The Provider will; also be responsible for arrangement and payment relating to disposal of waste especially clinical waste streams. The Provider will abide by the Department of Health's Sustainability Reporting Framework (see www.sdu.nhs.uk/sd and the nhs/reporting.aspx)

The Provider will have an appropriate range of health and safety related policies including, but not limited to, health and safety, driving at work, first aid, working time/driving hours,

risk assessment/management and business continuity. A full list of policies and their contents is to be made available to Commissioner upon request.

If necessary, the Provider will work with the acute/community care facilities to establish an agreement/procedure for laundry cleaning, exchange of laundry and on site cleaning facilities, if needed. The Provider is responsible for ensuring that they have sufficient supplies of portable medical gases and cannot exchange empty bottles for any full medical gas bottles at any of the acute or community hospital unless previously agreed in writing with that hospital. Personal Health Budgets

4. Quality

4.1 Communications and Engagement

The Provider, with the Commissioner will establish a proactive communications/customer relations policy (to be approved by the Commissioner).

The aim of this policy is to:

- Ensure public awareness of the access to the service (e.g. via an effective website and information sheets and in a form that is available to all including, but not limited to, languages other than English, large print, audio, braille, Easy Read format, etc.)
- Inform patients of their obligation to be ready on time when confirming the booking 24 hours in advance (if applicable).
- Encourage correct understanding and use of the criteria by patients (e.g. information sheets and face-to-face meetings with key departments).
- Encourage understanding of the system and co-operation from all professionals and patients who are booking transport.
- Ensure the highest standards of communication with professionals and patients so there can be a proactive improvement programme.
- Eliminate abuse of the service and reduce abortive journeys and cancellations and identify organisational learning from patient safety events.
- Ensure that the Provider listens to patients' experiences of services, then work with patients to agree the actions which will improve services and address issues raised through patient surveys, complaints or any other format for capturing patient views.
- Make sure that the Provider takes reasonable steps to ensure that the complaints procedure is accessible to all patients, including those with specific issues such as hearing impairment, non-English first languages, visual impairment, learning disabilities and other access issues.
- Ensure that the Provider makes information readily available to patients and their advocates on how they can make a complaint if the service is unsatisfactory. Their availability must be advertised clearly to patients.
- Ensure that feedback is given to patients by the Provider on actions taken about issues they have raised.
- Identify Authorised Officers and contact points in the contract for Commissioner, and at major acute, community and healthcare sites.
- Ensure that the Provider establishes relationships such that the system is managed effectively, using suitable on-site staff and processes.
- Ensure that procedures exist for handling complaints in line with the Commissioner's complaints procedures.
- Ensure that patients have regular opportunity to give formal feedback on the service and that the results are presented to the commissioner, for further review.

The Provider shall make information readily available to patients and their advocates on how they can make a complaint if the service is unsatisfactory. Leaflets explaining the complaints procedure should be available in every PTS vehicle and at the Provider's hospital-based facilities. Their availability must be advertised clearly both in the vehicles and at these facilities. Provider shall take reasonable steps to ensure that the leaflets and complaints procedure is accessible to all patients, including Easy Read versions and those with specific issues such as hearing impairment, non-English first languages, visual impairment, learning disabilities and other access issues.

The Provider must feedback to patient's actions has been taken about issues they have raised.

The Provider's staff must have a proactive, friendly, solution-focussed style of communication. A key principle is to have high-quality communication to discuss flexible and innovative approaches.

The Provider will gain patient feedback every quarter. The provider will demonstrate evidence of improvement in service in line with the feedback. The Provider will gain staff feedback on an annual basis. The Provider is expected to be proactive in implementing appropriate actions as determined from patient and staff feedback, surveys, complaints procedures.

The Provider will ensure the Commissioner is made aware of any actions that could impact on service delivery or publicity. The Commissioner will ensure the Provider is made aware of any actions that could impact on service delivery or publicity.

4.1.1 Complaints

Provider shall establish and operate a robust complaints procedure in line with ICB agreed guidelines to deal with any complaints in relation to any matter connected with the provision of services under the Contract. It is recognised that some complaint or dissatisfaction may be raised informally. It is the expectation of Commissioners that Provider will establish a system for dealing with these complaints and engage with other providers and patient groups in improving processes and pathway.

All complaints should be monitored, audited and appropriate action taken when required. Provider shall take reasonable steps to ensure that patients are aware of the complaints procedure. Provider shall provide a summary of all complaints and recommendations received, progress outcome and actions taken quarterly to Commissioners.

The Provider shall ensure that:

- Compliance with complaints regulations are met
- Their Complaints Policy is explicit as to Duty of Candour in respect of complaints handling
- 100% of complaints are acknowledged within 2 working days
- 95% of Complaints responded to in 25 working days. The response must include an action plan (quarterly complaints audit results to detail compliance). Quarterly reports shall include, but are not limited to:
 - Number of complaints
 - Complaints rates and timeliness of responses
 - Trend analysis of complaints broken down by operational department and division and theme. The report should contain actions implemented as a result and lessons shared
 - Number of complaints reopened
 - Number of complaints sent to the Health Service Ombudsman and outcome
 - Complainant survey results, detailing 100% complainants surveyed, response rate and survey results

4.1.2 Patient Safety Investigations

The provider will be required to cooperate with Patient Safety/Serious Incident investigations where appropriate and must comply with local BNSSG policies. Provider reports Serious Incidents including Never Events reported in accordance with National Guidance:

- Provider ensures Serious Incidents are reported on the Management System within 25 working days
- Provider completes report and shares initial findings with the patient / family
- Provider submits report to Commissioner for quality assurance review within the Patient Safety Incident Response timeframe.

- Commissioner will agree that the report is robust and suitable for closure or Commissioner may require Provider to make changes to the investigation report or action plan before closure
- Provider shares the altered report with patient / family within 10 days
- Provider demonstrates organisational learning from Patient Safety Events.

5. Business Continuity

The Provider will demonstrate robustness of emergency planning and business continuity arrangements.

The escalation procedure must be in alignment with the local system escalation plans, and ensure the essential services continue to be delivered. These plans are to be tested with commissioners and acute and community providers and reported on annually.

The provider will have systems and arrangements in place so that in the event of fluctuations in demand, technical failure or staff shortages they can invoke this contingency and continue to provide an acceptable level of service to the population.

The Provider is required to have business continuity and contingency arrangements for use when there is an unexpected problem not related to local surges of demand. For the purpose of clarity, this refers to unforeseeable circumstances that affect the provision of the service.

Generally, any such arrangements are used when there is a catastrophic loss of service due to for example, a major technical issue, loss of power or loss of premises. In these situations, the Provider have a mutual aid arrangement with another Provider.

The Provider will be expected to ensure that all vehicles are located in a secure parking facility overnight, either on its own premises or appropriately secure at a hospital or other location. Any facility used by the Provider for provision of any part of this service, including those for staff, must be CQC compliant and must operate within the local planning regulations.

The Provider must be fully conversant with BNSSG emergency planning arrangements for major incidents and emergencies and to participate and respond as necessary and appropriate. In addition, the Provider will be expected to appropriately liaise with and assist other local providers with capacity management issues as part of the area escalation procedure at no extra cost to Commissioners.

The Provider is to contribute to the development of a major incident plan for BNSSG and to participate in training in support of that plan. Any plan must include working with other Providers during times of business continuity.

Any sub-contractors used in such cases must meet the minimum requirement standards.

5.1 System Functionality

The Provider's will facilitate:

- Functionality for acceptance of regular, repeat bookings
- Functionality for call-to-confirm / text-to-confirm the day before travel.
- Highlighting of ineligible patients and reporting for investigation
- Highlighting and investigation of aborted journeys/cancellations.
- The recording of the reason for the aborted journey and whether it was as a result of the Provider, patient, acute or community hospital or other reason.
- Highlighting and investigation of any patient who regularly refuses to travel, and has not cancelled their booked transport.
- Recording and reporting of patient information and delivery against quality measures.
- Highlighting relevant patient specific details such as communicable diseases for example.

6. Contract Management

6.1 BNSSG PTS - Contract Management

Contract Management meetings will be held monthly to:

- Review the performance in the preceding month, receive and review any mitigating reasons for missed targets.
- Agree the preparation of Remedial Action Plans that include actions, owners and timescales for delivery where required.
- Review the risk register, action log, complaints and compliments log and any themes that emerge that may warrant appropriate action.
- Review a Quality dashboard that will monitor patient safety events, complaints, compliments, etc. and ensure that any Patient Safety Investigations are being dealt with by the appropriate parties, where necessary initiate a Joint Investigation.
- On a quarterly basis, review patient experience data and discuss what action the provider has taken in response to improve the service
- Review the level of demand and any known factors likely to influence it such as change to clinic arrangements. Confirm any new places where care covered by the contract is to be delivered.
- Calculate and apply any marginal pricing (after each complete quarter). Agree adjustment payments or carry/forward values. Apply any sanctions where required.
- Review and discuss any open Contract Performance notices and agree closure/withdrawal.

6.2 Regular Reporting

Commissioners require the Provider to be able to collect data and report activity where required, through Quality and KPI requirements on a monthly basis. The nature of the demands that arise are such that regular reporting on a number of key standards is necessary to ensure the on-going safety of patients. In this regular reporting, it is critically important that the data is disaggregated in such a way as to reveal the way the service performs at different times of the day and days of the week, notably at peak times. Providers must also ensure their data reporting system can produce data reports in line with expected national reporting requirements, as outlined in schedule 6.

During challenging periods of the year e.g. Winter, Bank holidays, industrial action, surges in activity etc, there may be the need for the Provider to support regular conference calls or submit further plans and to provide performance and operational planning updates.

7. Innovation

NEPTS is a developing arena with standards being set for changes in delivery and quality including the management of carbon dioxide emissions. Providers will be expected to work with the commissioners on developing the contract so that it does not remain static in a point of time.

This will include but not exclusively:

- New communication methods including the use of Apps to improve communication and reduce calls and messaging.
- The introduction of low, very low or zero carbon-dioxide emission vehicles
- New systems to improve efficiency of usage and reduce costs around:
 - Increasing the multi-use of vehicles consistent with efficiency but not at the expense of the patient with excessively long journey times.
 - Alternate vehicles and types of transport based on the zoning of patient journeys e.g. electrical multi-seat vehicles operating in a five mile radius within the built up urban area and other vehicles for longer distances.

Integration with the healthcare Travel Costs Scheme (HTCS) for patient's on low income and how that may improve accessibility for the less-well off whilst reducing overall system spend.

8. Information governance

The Provider will use an Information Technology solution which will deliver the Information and Security Management requirements of the contract.

The Provider is responsible for:

- The provision and management of IM&T hardware and software which complies with the IG Level 2 Toolkit, Ensuring that appropriate information management and governance systems and processes are in place to safeguard patient information and to comply with confidentiality and Data Protection laws/regulations and Confidentiality Codes of Practice and all other requirements as defined by Department of Health. This must be supported by appropriate training for all staff. All information must be secure in any form or media, such as paper or electronic system. Any exchange of personal/sensitive data must be via an appropriate secure method/process.
- Ensuring full detailed information is available for performance management, audit trail of each patient journey, prevention of fraud and investigation of any complaints and patient safety events.
- Data migration support from existing booking/record systems to the new Provider system to ensure a seamless transfer. All staff must respect the confidentiality of any information relating to the Commissioners, NHS staff or patients. Where patient records are transported with the patient for their ongoing care, appropriate IG protocols must be followed. The Provider is responsible for the secure storage and appropriate destruction of all paper records and electronic records in compliance with the NHS document retention policy. Privacy impact assessments should always be carried out for all services and projects and subsequent risks being managed accordingly. The PIA should be appropriate for the scale of the services and demonstrate adequate robustness. If patient identifiable information is being used and shared appropriately, Provider will ensure that data is anonymised or pseudonymised information is used wherever possible.

THE SERVICES

A. Service Specifications

Service	BNSSG NEPTS Patient Transport Hub
Commissioner	BNSSG ICB
Period covered	1 st August 2024 – 30 th March 2029
Review	1 st April 2027 <i>Please note that commissioners reserve the right to review this specification before this date</i>

1. Population Needs

1.1 National/local context and evidence base

The Non-Emergency Patient Transport Service (NEPTS / PTS) is for NHS non-emergency patients and their escorts who meet the eligibility criteria. These are journeys between their place of residence and healthcare facilities, and between hospitals. The place of residence is defined as any address specified at the time of booking, e.g. home, nursing home, hospice, hospital or treatment centre. There may be a requirement for patients to be taken to non-NHS establishments e.g. private hospitals; however, this will only be the case when they are going to receive NHS Funded treatment at that establishment.

BNSSG ICB will be known as the 'Commissioner'; North Bristol Trust (NBT) and University Hospitals Bristol and Weston NHS FT (UHBW) will be known as 'Commissioning Agents'.

This service specification is underpinned by the following documents:

Department of Health – Eligibility Criteria for non-emergency patient transport

The Provider and Commissioner will agree any future amendments in view of changes to national policy, guidance or survey results.

The service is primarily for patients and their escorts who are GP-registered in BNSSG and who meet the agreed eligibility criteria for NEPTS. The eligibility criteria have been determined using national and local guidance.

The current national guidance states that the ICB in which a patient is registered is responsible for funding their NEPTS needs, provided they meet the eligibility criteria set out in the 2022 guidance and any supplementary local criteria. The national guidance states eligible patients for NEPTS are those where it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

Full details of the national eligibility guidance are in <https://www.england.nhs.uk/wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf>

The Healthcare Travel Costs Scheme (HTCS) is a separate scheme and provides guidance on reimbursement of journey expenses for patients meeting low-income criteria. See www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/DH_075759

The journeys will mainly be in or around the South West area but there will be a requirement for transport to or from anywhere within England, Northern Ireland, Scotland or Wales.

There may also be a requirement to assist or transport some patients who are not GP-registered. For patients who are not registered with a GP, the responsible commissioner (ICB) is determined by their place of residence. Therefore, patients resident within BNSSG but not registered with a GP at all, must be considered within the cohort for the BNSSG PTH.

The PTH will be responsible for signposting to an appropriate point of contact at another PTH or ICB, any patients for whom BNSSG is not the responsible ICB.

2. Scope

2.1 Aims and objectives of service

Over-Arching Purpose:

PTH's over-arching role is to:

- Provide a patient-facing Call Centre with a telephony booking and signposting service that:
 - Provides an access point to public callers wishing to request pre-booked, NHS funded transport, and renal dialysis transport.
 - Undertakes a nuanced and patient-focused assessment of need against national eligibility criteria.
 - Books routine mainstream transport with the ICB-purchased mainstream transport provider, e.g. routine outpatient or admission journeys booked by, or behalf of, patients.
 - Provides information and explanations to callers about their rights to NHS Funded Transport and their alternatives for accessing their desired destination.
 - Deals with enquiries from patients wishing to make journey amendments or journey enquiries.
 - Accepts and resolves initial issues and complaints from the public.
 - Processes formal complaints according to a policy aligned with NHS Complaints Practice.
- Provide a professional-facing telephony booking service that:
 - Books routine mainstream transport with the ICB-purchased mainstream transport provider, e.g. routine outpatient journeys booked by primary care teams.
 - Books journeys that fall outside of the mainstream contract as required, e.g. requests for repatriation journeys or patient moves for BNSSG patients from sites outside BNSSG.
- Provide a patient-facing online site with:
 - Information on volunteer and community patient transport services in the area, eligibility criteria for NEPTS, Healthcare Travel Costs Scheme etc.
 - Contact form or email enquiry route for patients.
 - The possibility of online booking functionality and live chat, should it be required in the future.
- Provide accessible information for the many and varied requirements of the patient population in BNSSG, including (but this is not an exhaustive list):
 - Braille
 - Language translation and provision of information in different languages
 - Chaperone services.
- Support the ICB by:
 - Providing a breakdown of incoming service enquiries and their outcomes.
 - Ensuring best value outcome for all patient journeys through effective signposting and appropriate booking of patient transport services.
 - Alerting the ICB to potential misuse of the system by any stakeholder.
 - Undertaking on behalf of the ICB the journey cost approval process for repatriation of BNSSG patients travelling from out of area, providing a robust check and challenge, minimising costs for the ICB.
 - Answer complaints on behalf of the ICB consistent with the NHS Complaints procedures.
 - The PTH provider will look to allocate any ad hoc journeys to the most suitable local provider to the patients' point of origin, ensuring that the provider meets the safeguarding requirements of NHSE NEPTS DPS and the cost is in line with the NHSE NEPTS DPS pricing schedule - [Non-Emergency Transport and Other Transport Services DPS | NHS Commercial Solutions \(commercialsolutions-sec.nhs.uk\)](#).
 - If that doesn't produce an appropriate provider for the required journey, the PTH hub must source documentation from an alternative provider, who

can manage the patient's needs, to demonstrate their compliance with health and safety/ safeguarding regulations, along with details of their staff conduct policy.

- Commissioning, on behalf of the ICB, block and single journeys that are required outside the commissioned block.
- Engaging in innovative developmental work with the ICB, including but not limited to:
 - Renal Patient-Held Transport Budgets.
 - Voluntary sector engagement.
 - Advice and signposting to public transport, voluntary sector transport and the NHS-run Healthcare Travel Cost Scheme (HTCS).
 - Maintaining an up-to-date awareness of safe, high-quality alternatives to ambulance transport to improve patient access and to control costs for the ICB.
 - Integration of NEPTS with other public sector transport needs to provide a coordinated ("Total Transport") approach.

Key Outcomes:

- Answering telephone, email and other electronic enquires.
- Checking eligibility for NEPTS against national criteria, prompt booking with service as appropriate, signposting to other travel solutions and support.

The objectives of the specification are to ensure the following:

Quality – Patient-centered services delivered in a safe, friendly and effective manner by trained staff. This includes the consistent application of the relevant eligibility criteria (including continual assessment for each journey of the same patient), and effective signposting to appropriate alternative solutions.

Flexible and Responsive – Service must provide flexibility to respond to changing needs, e.g. new healthcare locations, surges in demand, changing requests from patients.

Communication and Performance Information – High-quality communication with commissioners to discuss flexible and innovative approaches. Clear and complete information must be provided regularly on activity, demand, outcomes, finance and quality of service provision. High-quality, daily operational communication with transport providers and acute trust transport SPOCs to facilitate effective and safe patient care.

Efficiency Savings - Public Sector organisations are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. The PTH will be required to demonstrate implementation of innovations to achieve the Commissioners objectives, as detailed in the over-arching service description above. Any initiatives which impact on service delivery will be agreed prior to implementation with the Commissioner.

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

Green – Service must take action to reduce the carbon footprint of patient journeys wherever possible, e.g. through increasing opportunities for journey sharing by signposting to public or community travel solutions, and by timely transfer of bookings to providers of the pre-planned NEPTS service and the haemodialysis car service.

Innovation and use of Information Technology – Service must be innovative in its approach using best practice to respond to future needs. It needs to make the most effective use of technology for provision of a high-quality, accessible service for patients, effective service monitoring and management information, and to enable timely and accurate transfer of information to NEPTS providers for the pre-planned NEPTS service provider and the haemodialysis car journeys provider, who will be delivering the journeys.

The following are also essential requirements of the Call Centre Provider:

- Booking information must be transferred by the Call Centre team directly into the electronic booking systems of the ICB-commissioned pre-planned NEPTS provider and the haemodialysis car service provider.
- Key performance indicators with proposed incentives and deductions for the Provider are set out in the standard contract documentation. The Provider and Commissioner must agree and comply with any future changes in view of changes to national policy, guidance or survey results.

2.2 Service description/care pathway

Structure:

The Patient Transport Hub (PTH) is an integrated part of BNSSG's delivery of a quality, safe and timely Non-Emergency Patient Transport Service (NEPTS). The PTH will manage all patient transport booking for BNSSG non-complex, outpatient and admission journeys which are booked before 18:00 on the day before the journey is required.

The main blocks of planned Patient Transport are purchased by the ICB through an NHS Contract procurement and will be administered by the PTH on a day-to-day basis.

PTH: the one-stop shop for booking of NEPTS that also provides a signposting service for patients looking for transport who may not be eligible for NEPTS. This may include the voluntary sector, the Healthcare Travel Costs Scheme (HTCS) and advice on accessible public transport relevant to the patient.

The purpose of this service is to ensure that there is an equitable and accessible service to all eligible patients based on their medical need. The model is based on a central point of contact where journey requests are made directly by all patients, unless the journey forms part of the clinical discharge or transfer process, or pre-determined social care and mental health pathways, or the booking is made later than 18:00 the day before the journey is required, or if there are complex journey requirements e.g. requiring equipment not standard for NEPTS.

This specification describes the Call Centre functions and should be read in conjunction with the NEPTS specification as the Provider of the PTH will need to have a comprehensive understanding of the NEPTS service in order to provide a high-quality service to meet the needs of BNSSG patients who are eligible for treatment. The successful provider of the PTH will have an overarching remit in relation to any other providers providing transport services and the PTH will act as a central coordination and facilitation service for PTS in the pre-planned NEPTS service and the haemodialysis car service.

This specification describes the required service but does not specify how the provider is to operationalise or manage its service or where the service should be located, although it is important that there is an understanding of the BNSSG geography and the needs of patients in relation to PTS. The Provider must meet specified outcomes and relevant performance indicators as described in the contract and these elements will form the basis of performance management.

The PTH Provider and Commissioner must agree and comply with any future changes in view of changes to national policy, guidance or survey results and where appropriate, review this specification to reflect any changes required.

The key elements to be provided are:

- To provide an office based within the UK from which it will manage the service.
- To be the first point of access for PTS requests from patients, for pre-booked journeys and haemodialysis car journeys.
- To enable bookings to be made efficiently as possible, with direct online booking access to the booking systems of providers of the pre-booked NEPTS service and the haemodialysis car service.

- To be accessible through means of a single point of contact (using a single telephone number).
- To enable block booking of regular journeys to minimise individual requests (for example, renal, oncology treatments or other regular bookings).
- To provide access to booking requests from healthcare professionals (e.g. GPs booking on behalf of a patient).
- To provide a robust eligibility screening service to identify the entitlement to non-emergency transport services for NHS patients.
- To ensure that premises access issues at either the pick-up or destination are established in order to determine whether a risk assessment is undertaken by the pre-planned NEPTS provider or the haemodialysis car service provider.
- To provide an appropriate response without undue delay or duplication.
- To ensure that when the PTH has confirmed a request for a journey that the journey is booked with the appropriate transport provider in a timely manner in accordance with agreed protocols.
- To answer queries from patients, patient representatives, PTS providers and acute trust SPOC teams in accordance with agreed protocols.
- To be compliant with the Department of Health guidance, legal requirements and best practices.
- To offer transport advice and assistance to passengers who do not meet the eligibility criteria which must include alternative transport options available to them in their area, access to HTCS scheme for reimbursement of travel costs, voluntary services and other means of transport.
- To be able to reconcile activity with provider invoices to assist in processing of payments and allowing a common currency to be developed, including any claims to commissioners and/or commissioning agents for HTCS using as an example HC5(T) forms.
- To establish robust relationship with hospital/ healthcare staff ensuring that clinical views are considered if a patient's medical conditions has changed.
- To ensure PTH staff understand local needs and conditions to offer knowledgeable local information and demonstrate an excellent knowledge of the geography and infrastructure of the areas covered by BNSSG.
- To ensure good systems of communication exist that contribute to collaborative working with healthcare services, social care and mental health services to ensure continuity.
- To ensure the service is easily accessible by all patients including those who have learning difficulties, are vulnerable, with special needs, whose first language is not English or who have impaired hearing.
- To ensure a call handling system is staffed by appropriately trained personnel, supervised by competent persons and supported by appropriate software.
- To ensure appropriate access to professional/clinical advice is available to support eligibility criteria decisions.
- To ensure that minimum data requirements are obtained for each booking request in line with the National Minimum Data Set, and that such information is kept and retained, in line with patient wishes.
- To ensure that an appropriate and timely appeals process is available in the event of any eligibility disputes.
- Production of management information to assess performance of all transport providers, as well as PTH performance targets.

Days and Hours of Operation:

Monday to Friday excluding Bank Holidays. The call centre operates from 8:00 –18:00.

Out of Hours including Bank Holidays is covered by the pre-booked transport provider and the haemodialysis car service provider, and a suitable message should be in place to redirect callers.

Cancelled Journeys

Where PTH staff have been notified that a journey is no longer required, they must inform the Transport Provider as soon as possible to minimise the number of aborted journeys. The PTH Provider must record and action cancellations received by reason code. This information must be matched as part of the invoice validation process and discrepancies queried.

2.3 Operational Planning and Booking

The PTH system must have the ability to record and retain enquiry details and outcomes including which transport provider delivers the journey, and any further issues or subsequent support was required to effect successful conveyance. This will be essential in order to investigate complaints, accidents or potential disciplinary matters.

The Provider must ensure requests can be recorded by alternative methods in the event of system failure. This must be clearly stated as part of the business continuity plan.

The Provider must provide storage of all paper and electronic records in a safe and effective way with appropriate business continuity plans in place.

The Provider must provide appropriate staff to manage the contract on a daily basis and to receive a daily workload.

The Provider is expected to contribute to reducing cancelled journeys. There must be an agreed system between the Provider and Commissioner to achieve this objective.

The Commissioner shall have the right to full access to the PTH Providers computer information.

In the event of the Transport Providers of the pre-booked NEPTS service and haemodialysis car service not being able to perform a journey (other than in the case of a special needs contract), the PTH staff must arrange as an emergency measure, for a replacement operator to provide the journey at the Transport Providers expense and must notify the Commissioner accordingly at the earliest opportunity as per core legal cause and definitions clause in the contract. Such a replacement operator must fulfil all statutory requirements in the same way as the provider.

The majority of journey requests will be received during normal working hours re 8am – 6pm Monday to Friday. However, for requests received out of hours, these patients must be signposted to the out of hours call service for the pre-booked NEPTS service and the haemodialysis car service.

2.4 Mobility Categories

Patient Groups covered including exclusion criteria.

The PTH Provider must establish the appropriate mode of transport once eligibility criteria have been fulfilled. There are a number of mobility categories which will determine the type of vehicle needed for the patient.

The PTH must record when an NHS patient will be accompanied to/from their appointment by a carer, relative or a healthcare professional due to the patient having a health need for an escort.

The mobility categories' of Patients/Passengers are shown below and this information must be contained on the booking request form for the Provider.

Vehicle 1

Patients who are able to walk with limited assistance and require no lifting or moving – one person assistance.

Vehicle 2

Patients who require two persons' assistance to board or alight from the vehicle, or to be lifted in a chair.

Wheelchair 1

Patients who require to travel in their own wheelchair for the journey, with one person's assistance, requiring no lifting or moving.

Wheelchair 2

Patients who require to travel in their own wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.

Electric Wheelchair 1

Patients who require to travel in their own electric wheelchair for the journey, with one person's assistance, requiring no lifting or moving.

Electric Wheelchair 2

Patients who require to travel in their own electric wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.

Stretcher (ST)

Patients who require to lie down for at least part of the journey, with the assistance of two persons' required.

Escort (ESC)

Healthcare patients who have a medical need to be accompanied to/from their appointment by carer/relative/healthcare professional or guide/aid assistance dogs.

This may also include a nurse, clinical team or carer may accompany any of the above categories if the patient's condition is such that they require constant attention. This includes patients who have severe communication difficulties such as profound deafness or speech and language difficulties. Such escorts and the escort's mobility will be notified to the Provider at the time of booking. A return journey may be required for clinical escorts accompanying patients being transferred or discharged.

Bariatric (BAR)

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) >40kg/m² 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 mattress.

For all categories patients with additional needs will be clearly identified at the time of requesting. This may include the following:

Clinical requirements of the patient

Patients may have a number of clinical requirements of varying levels of complexity. These include journeys suitable to book with the pre-booked NEPTS service and the haemodialysis car service:

- Oxygen required (intermittent and continuous) at varying levels of concentration.
- Immunocompromised patients or, due to other health issues, patients required to travel without other patients.

Journeys to redirect to acute trust SPOC (single point of contact):

- Infusion drips and drains, and pumps in situ (where possible, these will be disconnected for the journey but some may be required to be continued).
- Patients who require ongoing monitoring during the journey, for example cardiac or other equipment.

- Patients may also require the specialist skills of trained crew including spinal injury management.
- NB. Due to the complexity of patient medical conditions, a nurse or doctor escort may be required to manage the patient's condition during the journey and crew support may also be necessary.

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

- If the patient has been treated for, or is currently experiencing symptoms of, an infectious disease such as Covid-19, Norovirus, MRSA, C Diff or Swine Flu.
- Whether the patient's weight and mobility needs require specialist equipment and/or the support of extra personnel.
- Whether there are any access issues at either the pick-up or destination which require a full risk assessment due to patient's mobility. This includes steps and narrow corridors.
- Whether the patient is considered at risk of cardiac or respiratory arrest during the journey and whether a Do Not Resuscitate (DNR) position has been confirmed for the journey.

Other Special Requirements:

Request for a male or female crew member

Escorts: A parent or other responsible adult must accompany all children under the age of 18 years. Patient escorts will be transported only when an authorised request is made at the time of booking, and this includes escorts for end-of- life patients. The definition of who is eligible as an escort is included in the PTS eligibility criteria. Escorts are not subject to journey charging.

Registered Disability Dogs are essential for some patients and accepted by Health Providers for outpatient appointments. The Provider will need to be able to accommodate these transport requests.

Exclusions

1. Patients who need emergency transport. The Emergency Ambulance Service provides call handling and prioritisation of 999 calls from the general public, and other calls and requests from healthcare professionals and other emergency services.

a) Emergency calls from members of the public and healthcare professionals. Redirect to 999.

b) Urgent requests for ambulance transport from other healthcare professionals defined as being required within 1 to 4 hours. Redirect to acute trust SPOC.

c) Inter-hospital transfers of an urgent or emergency nature where the patient is moving to a higher level of care. Redirect to acute trust SPOC.

d) Mental health patients who are under the care of any of the Mental Health partnership Trusts who are assessed as high risk (e.g. sectioned patients) and are not suitable for PTS. A risk assessment tool will be agreed for use. Redirect to acute trust SPOC.

Mental Health - specialist inter- unit transfers

Patients will present with complex presentations i.e. physically violent, aggressive and detained under a section of the mental health Act.

Qualified Crew (High Dependency) or journeys requiring specialist equipment, or other complexities.

These journeys sit with the provider of the 'on the day' journeys and should be passed directly to the appropriate SPOC.

2. Transport to primary care services provided under the following NHS contract; General Medical Services/Personal Medical Services/General Dental Services/ Personal Dental Services, e.g. routine appointments to GPs/health centres and dental surgeries.

3. Prisoners – Transport is provided by the prison service.

4. Paediatric intensive care retrieval.

5. Neonatal intensive care retrieval (NICU). (This is a two-way journey to collect a specialist team and transport them to the patient)

6. Non NHS-funded patients.

7. Patients assessed to be not eligible for NHS funded transport.

8. Conveyance of supplies, mail or any other goods unless previously agreed between the Provider and the Commissioner or Commissioning Agent.

9. Patients who require transport outside England, Scotland and Wales. NB: These journeys, if and when they occurred, would be agreed on an individual pricing basis.

2.5 Population covered

The service is for patients registered with a GP in BNSSG and who meet the eligibility criteria.

The journeys will mainly be in or around Bristol, North Somerset, South Gloucestershire and Weston-super-mare areas but there will be a requirement for transport to anywhere within England, Scotland or Wales.

There may also be a requirement to assist or transport some patients who are not GP-registered. For patients who are not registered with a GP, the responsible commissioner (ICB) is determined by their place of residence. Therefore, patients' resident within BNSSG but not registered with a GP at all, must be considered within the cohort for the BNSSG PTH.

The PTH will be responsible for signposting to an appropriate point of contact at another PTH or ICB, any patients for whom BNSSG is not the responsible ICB.

Undertake on behalf of the ICB the journey cost approval process for repatriation of BNSSG patients travelling from out of area, providing a robust check and challenge, minimising costs for the ICB. There may also be a requirement to arrange repatriation journeys with an approved framework provider or through the acute trust SPOC teams.

2.6 Interdependencies with other services

The Provider will work proactively and jointly with Commissioning Agents to ensure the adherence to Eligibility Criteria. To underpin this, the Provider will give regular information on potential misuse of the service so that issues can be quickly resolved. Where there is thought to be blatant disregard for the criteria the Provider is empowered to refer the request to the authorised transport co-ordinator within the Commissioning Agency, or if necessary escalate to the relevant Commissioner.

Communication with Commissioner, Commissioning Agents, Health Staff and Patients
The Authorised Officer of the Commissioner is named in the contract.

The Commissioner expects the Provider's staff to have a proactive, friendly, solution-focused style of communication. A key objective is to have high-quality communication processes to discuss flexible and innovative approaches.

The Provider shall establish a proactive communications/customer relations policy with the Commissioner. The aim shall be to:

- Ensure public awareness of the access to the service, e.g. via an effective website and information sheets.
- Encourage proper use of the criteria by service users within the Commissioner and Commissioning Agents, e.g. via an effective website, information sheets.

- Encourage understanding of the system and co-operation from all Healthcare professionals/patients who are requesting transport.
- Ensure the highest standards of communication with Healthcare professionals/patients so there can be a proactive improvement programme.
- Eliminate abuse of the service and minimise abortive journeys and cancellations.

2.7 Incidents & Complaints Processes

The Provider shall establish and operate a robust complaints procedure in line with ICB agreed guidelines to deal with any complaints in relation to any matter connected with the provision of services under the Contract.

It is recognised that some complaint or dissatisfaction may be raised informally. It is the expectation of Commissioners that the Provider will establish a system for dealing with these complaints and engage with other providers and patient groups in improving processes and pathway.

All complaints should be monitored, audited and appropriate action taken when required. The Provider shall take reasonable steps to ensure that patients are aware of the complaints procedure.

The Provider shall provide a summary of all complaints and recommendations received, progress outcome and actions taken quarterly to Commissioner.

Provider shall ensure that:

- Compliance with complaints regulations are met
- Their Complaints Policy is explicit as to Duty of Candour in respect of complaints handling and patient safety events.
- 100% complaints are acknowledged within 2 working days
- 95% Complaints responded to in 25 working days. The response must include an action plan (quarterly complaints audit results to detail compliance).

Quarterly reports shall include, but are not limited to:

- Number of complaints
- Complaints rates and timeliness of responses
- Trend analysis of complaints
- The report should contain actions implemented as a result and lessons shared
- Number of complaints reopened
- Number of complaints sent to the Health Service Ombudsman and outcome
- Complainant survey results, detailing 100% complainants surveyed, response rate and survey results.

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2.7.2 Serious Incidents

Provider will be required to cooperate with Serious Incident investigations where appropriate and must comply with local and BNSSG policies.

Provider reports Serious Incidents including Never Events reported in accordance with National Guidance:

- Provider ensures Serious Incidents are reported on the Management System within 25 working days, supported by the ICB Quality lead.
- Provider agrees grading with Commissioner within 3 working days
- Provider completes report and shares initial findings with the patient / family
- Provider submits report to Commissioner for quality assurance review within 45 / 60 days dependant on grade (100% are to be completed in time frame)
- Commissioner will agree that the report is robust and suitable for closure or Commissioner may require Provider to make changes to the investigation report or action plan before closure
- Provider shares the altered report with patient / family within 10 days
- Provider provides reports to provide assurance to demonstrate 95% completion of actions within timeframes agreed on the action plan.

3. Standards

3.1 Applicable national standards e.g. NICE, Royal College

The Provider must comply with all relevant current and future legislation, national standards and evidence base set out within this Service Specification and required in the provision of this Service.

4. Outcomes

4.1 Key Service Outcomes

The outcomes of this specification are to deliver an efficient, responsive, equitable and accessible service to all eligible patients measured through the key quality standards as set out in the contract.

The Provider must provide Commissioners with an implementation plan, as part of the tender documentation. This will demonstrate how they will achieve a seamless take-over of undertaking all requests for transport without adversely affecting the quality and reliability of the service. The implementation plan must include a detailed timed program for achieving certain key identified milestones. It must be updated and reported to commissioner's during the mobilisation period. As a minimum this must include:

- Launching of the service to ensure that from day one, patient care comes first.
- The establishment of a booking service for patient transport
- The implementation of computer and other systems
- The implementation of communications systems, including media coverage to notify the public/ patients and local NHS and unitary authority staff regarding the new booking process for patients to follow.
- A staff training programme
- Recruitment and transfer of staff

- Management of TUPE responsibilities
- Appointment of managers
- The provision of policies, procedures and reporting standards

5. Information governance

The Provider will use an Information Technology solution which will deliver the Information and Security Management requirements of the contract.

All staff must respect the confidentiality of any information relating to the Commissioners, NHS staff or patients.

Where patient records are transported with the patient for their ongoing care, appropriate IG protocols must be followed.

The Provider is responsible for the secure storage and appropriate destruction of all paper records and electronic records in compliance with the NHS document retention policy.

The Provider will be expected to be 'IG' Toolkit compliant in order to provide assurance around the security of information. Prior to service commencement, the Provider must submit to the Commissioner for approval, a detailed proposal in respect all Information Governance issues. Following contract award and prior to commencement of service, the Provider will agree to undertake to complete a Privacy Impact Assessment (PIA) to provide assurance that the service will be legally compliant with the Data Protection Act. At any later time during the term of this contract, should the service undergo substantial redesign or implementation of new software, a further PIA will be required before any change can be implemented. Additionally, the Provider shall report all IG incidents to the Commissioner and the originator of the information (i.e., care provider) in accordance with the Serious Incident Policy.

5.1 Equality Impact Assessments

The Provider will be expected to meet the full requirements of equality legislation both in relation to the universal service offered to patients but also in how it delivers equality within its organisation and constituent staff. The Provider will be required to complete an Equality Impact Assessment for the service and provide this to Commissioners and implement the recommendations.