



Sussex Non-Emergency Patient Transport Service (NEPTS)

Service Specification

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1. Background

- 1.1.1. NHS Sussex is the Integrated Care Board (ICB) responsible for commissioning most healthcare services across East Sussex, West Sussex and Brighton & Hove.
- 1.1.2. NHS Sussex (referred to as “the commissioner”) is undertaking a procurement of a new Non-Emergency Patient Transport Service (NEPTS) for the whole of Sussex due to go live on 1st April 2025 and is inviting suitably qualified and experienced transport providers to bid for the new service.
- 1.1.3. This document is the service specification for the Sussex NEPTS. It provides a detailed description of the service the transport provider is expected to provide during the lifetime of the contract. It is also a record against which the transport provider will be measured over the lifetime of the contract to ensure that the transport provider delivers what is specified.

2. Our patient population

- 2.1.1. Sussex comprises the three upper tier local authority areas of East Sussex, West Sussex and Brighton & Hove and has a total area of 934,900 acres (3,783 km²). According to the Census 2021, the population of Sussex is 1.705m. The geography of the area is divided into an urban coastal area and rural hinterland with the majority of the population living along the coastal strip and in a handful of larger inland towns with populations over 30k such as Crawley, Horsham, Haywards Heath and Burgess Hill.
- 2.1.2. The transport provider will need to deliver a service that meets the needs of the Sussex patient population. Details of the patient population of Sussex who are more likely to use NEPTS or who require due consideration by the transport provider for their specific needs – such as people with protected characteristics under the Equality Act 2010 or other disadvantaged groups – are described in **Appendix 1**.

3. National Context

- 3.1.1. Non-emergency patient transport is defined by the Department of Health and Social Care (DHSC) as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare, and/or between providers of NHS-funded healthcare.
- 3.1.2. National guidance on the operation of patient transport services were originally set out in 1991 and updated again in 2007. NHS England (NHSE) undertook a national review of NEPTS in 2021 in response to calls from patient groups and charities, including Healthwatch, Kidney Care UK and Age UK, and by many in the patient transport sector themselves.
- 3.1.3. As a result of the review, NHSE has published a new national framework for NEPTS, national eligibility criteria, mobility categories, national dataset, and commissioning, contracting and core standards. ICBs are required to implement these new national standards locally and they are reflected in this service specification.
- 3.1.4. The overarching principle of the NHSE’s new national guidance is that most people should travel to and from hospital independently by private or public transport, with the help of

relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

- 3.1.5. The national guidance says the only patients who will be considered eligible for NEPTS are those who have either been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – that is, diagnostics or treatment – or those who are being discharged from NHS-funded treatment. It further states that a NEPTS does not provide transport to primary care services but may be used for secondary healthcare treatment delivered in primary care settings.
- 3.1.6. The national guidance also recommends that NEPTS providers should consider providing people with information about the Healthcare Travel Cost Scheme (HTCS) and providing local information on alternative transport options to those who make enquiries about eligibility for NEPTS. These alternatives to NEPTS are relatively unknown, with most patients having not heard of the HTCS or considered using community transport.
- 3.1.7. NEPTS and the HTCS is estimated to constitute around 20% of NHS travel emissions in England, around 57,000-65,000 tonnes of carbon dioxide equivalent each year.
- 3.1.8. NHSE has set out an ambitious roadmap to reach net zero by 2045 for the emissions it controls directly, including NEPTS. This timeline includes an ambition to achieve an 80% reduction in schedule 1 and 2 emissions between 2028 and 2032.
- 3.1.9. The net zero targets apply to all NEPTS contracts directly commissioned by the NHS, whether delivered by the NHS or by independent providers. This will require significant change: combining new vehicles, new infrastructure and where necessary adapting delivery models to the new opportunities and challenges of charging.
- 3.1.10. In addition, NHSE's ambition is that all NEPTS vehicles should be zero emission by 2035, irrespective of contract duration. To achieve this, NHSE has set out a NEPTS transitional trajectory that applies to all NEPT vehicles.
- 3.1.11. NEPTS involves the transportation of patients to and from a healthcare provider, or between sites of a multi-site provider, for planned appointments and treatment, but it is also a vital component in maintaining patient flow in hospitals through the discharge and transfer of eligible patients. Where possible these journeys are pre-planned but same day discharges and transfers are also supported.
- 3.1.12. The current NEPTS service has been in place since April 2017 and will run until 31st March 2025. Whilst the contract requirements have been delivered effectively, during that time it has become apparent that there is demand within the healthcare system for a more responsive and dynamic transport service to help support rapid patient discharges and transfers from hospital. The transportation of mental health patients between acute and mental health hospitals and between mental health facilities, including those detained under the MHA, is also being arranged and funded by the mental health NHS provider whereas it should be undertaken by a dedicated transport provider.
- 3.1.13. It is also clear from patient feedback obtained by Healthwatch in 2020 that patients want a service that is better able to keep them informed of the location of their vehicle using modern technology such as smart phone applications (apps), for example, almost 80% would like to receive a text/call when their vehicle is 30 mins away; 95% would like to be kept informed of changes or delays to their transport; 2/3rds would like a mobile phone app to track their vehicles; and 91% would like an exact time when their transport will arrive.
- 3.1.14. With all this in mind, NHS Sussex has developed a vision for a new service that will meet the demands of patients and the healthcare system in 2025 and beyond.

4. Service Objectives

4.1. Core Objectives

- 4.1.1. Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. For those people who are eligible for NHS-funded transport, however, the transport provider will be required to deliver a responsive, fair, and sustainable new patient transport model for Sussex patients that meet the following core objectives throughout the life of the contract.

Objective 1: Develop a single point of co-ordination for all patients seeking transport to secondary care services.

- 4.1.2. This will be achieved through the development of a Transport Single Point of Co-ordination (SPoC). The Transport SPoC will refer patients who meet the eligibility criteria to an expanded and more responsive patient transport service and signpost in-eligible patients to alternative transport support options.

Objective 2: Provide an expanded and more responsive transport service to meet the needs of the healthcare system in Sussex.

- 4.1.3. This will be achieved by commissioning a service that includes the core, statutory NEPTS service that involves providing transport for pre-planned outpatient appointments and hospital discharges; as well as a new Responsive Dynamic Transport Service (RDTS) to meet the needs of the acute hospital trusts to provide a responsive, same-day discharge and transfer service for time-bound patients. The service will also arrange the transport of patients detained under the Mental Health Act 1983 (MHA) who have been admitted to either an acute or mental health facility and need to be conveyed on the same day the booking is made.

Objective 3: Use modern technology to innovate and enhance the patient experience.

- 4.1.4. This will be achieved from the beginning of the contract by taking advantage of modern technology such as apps and web-based portals to ensure patients, their carers, and hospital staff are kept informed of the location of their transport so that they are ready on time for its arrival. The transport provider will also utilise modern technology to improve all areas of its service.

Objective 4: Ensure everyone, including those with protected characteristics and disadvantaged groups, can access the service.

- 4.1.5. The service specification requires equity of access for all Sussex patients, including those with protected characteristics and disadvantaged groups, and requires that the transport provider develops methods for them to contact the service, for example, translation services for people who do not speak English or who are visually or hearing impaired. It also requires the vehicles and journeys take account of their needs, including same-sex drivers (where applicable), carrying of specialist equipment, accommodation of escorts, and flexibility in the drop-off locations.

Objective 5: Deliver NHSE's ambition that all NEPTS vehicles should be zero emission by 2035.

- 4.1.6. To ensure 100% vehicles are zero emission by 2035, the transport provider will need to increase the proportion of its fleet that comprises battery electric vehicles from a baseline of 0% to 100% by 2033 in 25% increments every two years. The transport provider will

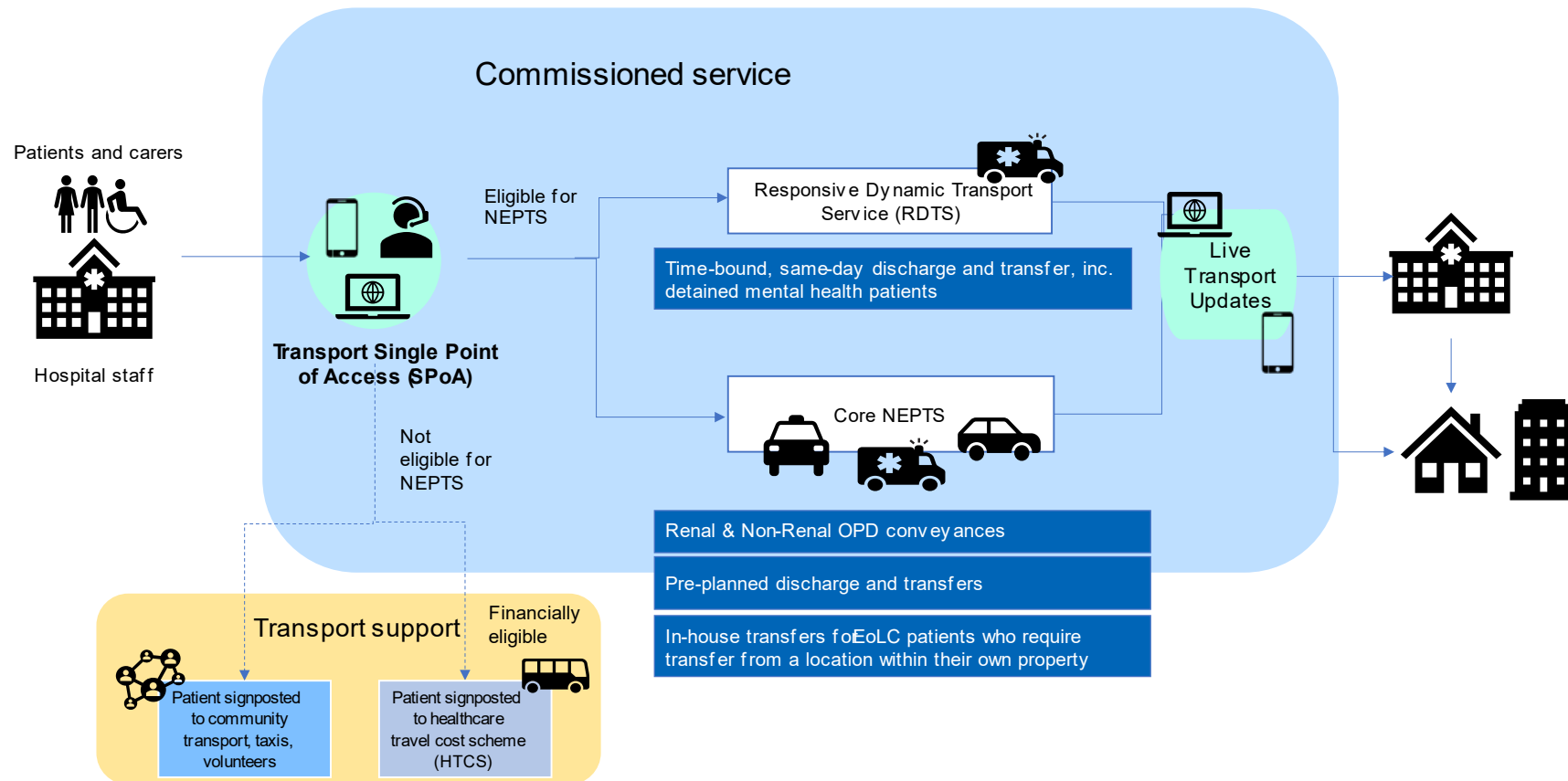
also need to reduce all of its scope 1 and 2 emissions by 80% from a 19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance.

Objective 6: Work collaboratively as part of the Sussex Health and Care System.

- 4.1.7. The transport provider must develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care system. The transport provider will work as a member of the health and care system to help deliver the goals of the [Sussex Health and Care Strategy](#) and future iterations through supporting the actions set out in the Shared Delivery Plan. The primary role of the transport provider within this partnership is to ensure that patients access their hospital treatment on time and that the wider system has timely access to patient transport that supports patient pathway care and flow.

4.2. Proposed Sussex NEPTS model

4.2.1. The transport provider will deliver a service that corresponds to the following model.



4.2.2. The key elements of this model are:

A Transport Single Point of Co-ordination

4.2.3. The aim of a Transport Single Point of Co-ordination (SPoC) is to ensure that all Sussex patients, including those who are ineligible for NHS funded transport, are supported to access appropriate transport options.

4.2.4. Patients, their carers, and hospital staff will primarily access the Transport SPoC online but will also be able to contact via telephone, for example, for initial eligibility assessments and patient discharges requiring specialist transport or risk assessments. Other methods for contacting the transport SPoC will be available to ensure patients with protected characteristics and experiencing deprivation have equity of access.

Core NEPTS

4.2.5. The Core NEPTS involves providing eligible Sussex patients with transport to and from locations where secondary healthcare is provided.

4.2.6. These journeys include but are not limited to routine renal & non-renal outpatient appointment conveyances; pre-planned conveyances from hospitals to a patient's place of residence, or transfers of a patient from one site to another (within the same hospital trust, or between different trusts); secondary and tertiary transfers of patients detained under the MHA; and the repatriation of Sussex patients (including mental health) from hospitals around Great Britain (England, Scotland and Wales).

4.2.7. These journeys are undertaken in a wide range of vehicle types consistent with the healthcare requirements of the patient.

4.2.8. Journeys will be arranged via pre-planned bookings made by patients, their carers, and healthcare professionals (HCPs) but also involve same-day conveyances of bookings made on the day.

Responsive Dynamic Transport Service (RDTS)

4.2.9. Core NEPTS is by definition a pre-planned service that also undertakes same-day conveyances. As a system we have heard that there is a vital need for same-day conveyances as standard for both physical and mental health patients and that these are being delivered outside the current NEPTS contract. As a solution to this, the transport provider must provide in addition to the core NEPTS service a Responsive Dynamic Transport Service (RDTS) that will fulfil same-day, time-bound discharge and transfer requests to patients on the same day they are medically discharged, including for patients, non-admitted Emergency Department (ED) patients, and mental health patients.

4.2.10. The RDTS will need to establish protected capacity to deliver the service alongside the core NEPTS service. This will require balancing competing and often conflicting demand to ensure system flow is optimised across Sussex.

Live Transport updates

4.2.11. The new service must make use of technology, including mobile phone apps and web-based portals, to provide live updates on the location of transport so that patients, their carers, and HCPs know when their transport should arrive. Other methods for receiving updates will be available to ensure patients with protected characteristics and experiencing deprivation have equity of access.

5. Service Outcomes

5.1. National Outcomes

- 5.1.1. The transport provider and any sub-contractors will deliver a service that meets the national requirements of the NHS Outcomes Framework, NHSE's 6Cs, and the six values of the NHS constitution.
- 5.1.2. The transport provider will also align its service model with the [Delivering a Net Zero NHS](#) statutory guidance, fulfil the requirements of the [Net Zero Supplier Roadmap](#), including publishing a [Carbon Reduction Plan](#), and have a fleet of battery electric vehicles by 2035 that meets the NEPT vehicle decarbonisation timeline in the [Improving Non-Emergency Patient Transport Service National review report](#).
- 5.1.3. The provider will implement the Commissioning for Quality and Innovation (CQUINs) as agreed with commissioners and return quarterly position statements together with supporting evidence as required. These indicators have yet to be agreed.

5.2. Locally Defined Outcomes

- 5.2.1. The transport provider will achieve the following local outcomes for Sussex patients through the delivery of a high quality, fair, personalised, effective and safe service that delivers an excellent patient experience:
 - 1. Patients will have equity of access and quality of service regardless of their reasons for requiring transport, their own personal circumstances or where they live;
 - 2. The national eligibility criteria will be consistently applied to all patients;
 - 3. Scheduling of transport will be done in such a way as to ensure maximum efficiency of the service for the patient, commissioner, transport provider and other healthcare providers;
 - 4. Patients and their escorts will be informed of the location of their vehicles and will receive regular and timely communications about changes to their transport;
 - 5. Patients and their escorts will be collected promptly and taken to and from their appointment or discharged from hospital in accordance with the timescales set out in the Key Performance Indicators (KPIs);
 - 6. Patients will be transported predominantly in vehicles which comply with the latest emission standards including Ultra Low Emission Vehicles and Zero Emission Vehicles;
 - 7. Patients and their escorts will be transported in a safe and comfortable manner in a vehicle that, as far as possible, is designed around the patient's individual needs with steps taken to avoid there being any detriment to patients' health and wellbeing during their journey;
 - 8. Patients will be treated with courtesy, dignity, and respect at all times;
 - 9. Journey times will be kept to a minimum and patients will only be in vehicles for as long as necessary;
 - 10. Patients who are not eligible for NEPTS will receive up-to-date and accurate information on alternative transport options from the transport provider, as well as access to an appeals process;
 - 11. All healthcare commissioners and providers in Sussex will view the transport provider as a vital strategic partner that works collaboratively, takes a problem-solving approach to system-wide issues, and actively supports patient demand and flow; and

12. The experience of patients will be at the heart of service design and delivery and data will be shared with the commissioner as is required to ensure effective patient feedback is obtained and acted upon as necessary.
- 5.2.2. The transport provider will meet its KPIs (Schedule 4) and report performance against them on at least a monthly basis to the commissioner. The transport provider will also complete the Local Quality Requirements (LQRs) (Schedule 4) and return to the commissioner in line with agreed time frames.
- 5.2.3. The transport provider will meet these outcomes through the delivery of a service that implements the requirements detailed within this specification.

6. Contract Arrangements

- 6.1.1. The NEPTS contract will be owned by NHS Sussex as the ICB responsible for the commissioning of non-emergency patient transport in Sussex. The contract will be managed by NHS South, Central and West (SCW) on behalf of NHS Sussex.
- 6.1.2. The transport provider is responsible for arranging and completing all non-emergency patient transport journeys as described in this service specification including both the core NEPTS and Responsive, Dynamic Transport Service (RDTS). For the avoidance of doubt, this includes all patient journeys to, from and between secondary care services for Sussex patients during the operating hours of the service that are not otherwise listed in the exclusion criteria.
- 6.1.3. The transport provider is required to deliver the service in accordance with the requirements of the NHS Standard Contract, which includes this service specification, the KPIs, LQRs, quality report requirements, and minimum reporting requirements (MRR).
- 6.1.4. The transport provider is responsible for ensuring the service is compliant with all relevant legislation and regulations, statutory and non-statutory guidance, and requirements of NHS and non-NHS regulators.
- 6.1.5. The service specification describes the required service outcomes needed to optimise patient transport across Sussex. The commissioner and transport provider will develop a series of standard operating procedures (SOP) prior to the commencement of the service setting out how elements of the service will be delivered in accordance with these outcomes and the requirements of the wider healthcare service in Sussex (see 7.4.2, 7.5.7, 8.1.15, 8.2.4, 8.4.5, 8.6.3, 8.7.5, and 11.3.4).
- 6.1.6. The transport provider and the commissioner must agree and comply with any future changes in, or modifications to, legislation and regulations, national policy or guidance, and, where appropriate, review or update this service specification, KPIs, LQRs and MRR to reflect any required changes. This includes but is not limited to the national NEPTS service specification in development by NHSE. The service will also need to adapt to ensure congruence with the changing shape of services across Sussex. An annual review with the commissioner will take place to discuss and implement any changes required.
- 6.1.7. Any changes to the service that will have a material impact on NHS providers and/or patients will only be agreed by the commissioner following appropriate engagement with relevant NHS providers, patients, patient groups and other key stakeholders.
- 6.1.8. A single transport provider may provide all components of the service, or a contracted lead provider may sub-contract components or use a framework agreement/dynamic purchasing system (DPS). The transport provider should also consider greater use of non-specialist transport services to free up resources, including ones offering new models of delivery, including multiple-use vehicles, and providers, such as private hire vehicles, community transport and volunteers.
- 6.1.9. The transport provider and any subcontractors providing specialist transport services will need to be Care Quality Commission (CQC) registered.
- 6.1.10. The requirements of the service specification will apply to any subcontractors and the transport provider will be responsible for holding any subcontractors to account for the delivery of NEPTS across Sussex.
- 6.1.11. Through the delivery of this contract, the transport provider will need to ensure its service adds local economic value, including but not limited to through employment and training

opportunities, supporting those that face barriers to employment, and ensuring its supply chain provides fair access for local small and medium enterprises.

- 6.1.12. The transport provider must adhere to the requirements of the Equality Act 2010 at all times and ensure that there are no restrictions to patient transport causing inequitable access to patients with any of the protected characteristics set out in the Equality Act 2010 or any disadvantaged groups including but not limited to people with English as a second language and those who are digitally excluded.
- 6.1.13. The transport provider will, through the delivery of the contract, proactively tackle modern slavery within its organisation and supply chain.

7. Transport Single Point of Co-ordination (SPoC)

7.1. Service Requirements

- 7.1.1. The Transport SPoC will operate as the knowledge hub and central point of contact for system partners. The Transport SPoC will coordinate requests from the wards, clinical site teams as well as patients, carers and other HCPs to provide a centre of intelligence and expertise in patient transport. This will enable logistical planning which will support system flow and development of partnership working.
- 7.1.2. All transport bookings either online or by telephone for physical and mental health patients are to be facilitated by a Transport SPoC contact centre available to healthcare professionals (HCPs) and patients.
- 7.1.3. The Transport SPoC contact centre will:
 - 1. Establish a patient's eligibility for non-emergency patient transport by undertaking a robust eligibility assessment to identify their entitlement based on their physical or mental health needs;
 - 2. Act as the point of contact for taking booking requests for the core NEPTS and RDTS, including mental health conveyances;
 - 3. Support the repatriation process for non-Sussex patients, including those detained under the MHA;
 - 4. Provide patients with clear, easy to follow guidance and signposting for financial support schemes including HTCS; and
 - 5. Provide informative, up-to-date, easy to follow content and supported signposting for alternative transport schemes in a patient's area.
- 7.1.4. The Transport SPOC will also operate planning and dispatching teams that:
 - 1. Dispatch the most appropriate and safe transport vehicle and staff based on patient's healthcare condition and mobility;
 - 2. Make best use of available transport resources including specialist and non-specialist transport (according to the patient's needs), the HTCS, community voluntary transport schemes, and other locally determined initiatives;
 - 3. Assign staff for journeys who are appropriately trained to meet the needs of the patient; and

4. Use co-ordination technology for the booking and scheduling of journeys to improve the responsiveness, fairness, and sustainability of the service through route planning.
- 7.1.5. The Transport SPoC will need to liaise with a patient's care team and be prepared to make reasonable adjustments to journeys for transporting patients where a change of routine causes distress or anxiety to such an extent that treatment cannot be carried out at the healthcare appointment (e.g. patients with a learning disability, mental health diagnosis, or dementia). This may include the Transport SPoC assigning their journeys to the same provider and/ or staff wherever practicable.
- 7.1.6. The transport provider will need to produce and regularly maintain a Directory of Services containing a comprehensive Sussex-wide list of all available local authority and voluntary and community transport options. The transport provider may also consider a dedicated desk within the Transport SPoC to assist patients with access to alternative transport options.
- 7.1.7. The transport provider will support local authorities and community transport providers to develop community transport options including but not limited to volunteer car drivers for patients with non-specialist transport needs or who do not meet the eligibility criteria.
- 7.1.8. The Transport SPoC must be accessible for all patients accessing the service using telephony, email, web-based system, apps and other digital and non-digital solutions. This includes those with specific issues such as a cognitive impairment; hearing or visual impairment; mental health condition; learning disability; those who are vulnerable; those whose first language is not English; and those with other access issues or specific needs, including accommodating their assistance animals.
- 7.1.9. The Transport SPoC contact centre hours of operation must align with the operational delivery of the Patient Transport Service and RDTs and at a minimum must have hours of operation from 07.00 – 20.00 on Monday to Saturday, and 08.00 – 17.00 on Sunday and Public/Bank Holidays. The Transport SPoC must respond to all enquiries and bookings during the entirety of its hours of operation.
- 7.1.10. Beyond these hours all enquiries and any required liaison, for example, from and with patients or HCPs, will be completed by the Transport SPoC's dispatching team up to the time of completion of the final day's journey.

7.2. Eligibility Criteria

- 7.2.1. The definition of a Sussex patient is set out in the glossary. The [national eligibility criteria](#) must be consistently applied to all Sussex patients according to agreed protocols and in determining eligibility the provider shall consider the specific personal circumstances and healthcare needs of each patient without discrimination.
- 7.2.2. The transport provider must have access to appropriate professional/clinical advice to support eligibility criteria decisions where needed.
- 7.2.3. The transport provider will be required to adopt any changes to the eligibility criteria which have been agreed with the commissioner over the course of the contract.
- 7.2.4. Where the eligibility criteria are met, the transport provider is responsible for safely and effectively transporting eligible patients to, from and between NHS-funded healthcare facilities in a timely manner in support of their health care.
- 7.2.5. Where patients do not meet the eligibility criteria, the transport provider will be expected to provide support and guidance towards financial support schemes such as HTCS, and signpost to and possibly assist with the arrangement of local community and voluntary transport schemes operating in their area.

- 7.2.6. Transport is also to be provided for eligible patient escorts (see glossary) and assistance animals to and from the point of care, where required.

7.3. Booking Times

- 7.3.1. The cut off time for booking same-day conveyances will be 20.00 Monday – Saturday and 18.00 Sundays and Bank Holidays.
- 7.3.2. Pre-planned discharges or transfers must be booked by 17.00 the day before. The same-day discharge KPI will apply to any discharge or transfer booked after 17.00 for the following day. Outpatient appointments arranged by the patient must be booked by 15.00 the day before.
- 7.3.3. Routine transport can be booked up to 14 days in advance of the transport requirement if booked by patients and three months if booked by an HCP. Renal dialysis transport can be booked up to 12 months in advance for patients and HCPs. This is to ensure eligibility is being appropriately applied and reduce the number of aborted journeys due to appointment changes or patients no longer requiring patient transport.
- 7.3.4. Repeat bookings (see glossary) are to be reviewed every three months for eligibility (with the exception of renal dialysis and chemotherapy patients) with the need for a review communicated to patients at the start. If there is a break in treatment of more than two consecutive weeks, a new booking will need to be made.

7.4. Electronic Booking System

- 7.4.1. The Transport SPoC contact centre will operate a cloud-based booking system securely accessible by HCPs, patients, commissioners and the public that allows them to book, amend and cancel patient transport. It will be available 24 hours a day, on every day of the year; including Bank Holidays.
- 7.4.2. The commissioner and transport provider will agree an SOP prior to the commencement of the contract setting out the required functionality of the electronic booking system.
- 7.4.3. The transport provider will support the training of relevant HCP staff from provider organisations in the use of the booking system through a variety of printed and digital training materials and face-to-face training. This may also include the training of “training champions” who will be able to train to their colleagues.
- 7.4.4. The transport provider should enable HCPs to book patient journeys via the electronic booking system for those patients who have previously had a risk assessment carried out by the transport provider due to their mobility.
- 7.4.5. The transport provider may operate a patient ready system for on the day discharges and transfers. This means HCPs can inform the transport provider, through the electronic booking system, when a patient is ready to be picked up, i.e., when they have their discharge letter, any medication To Take Outs (TTOs) and all personal items packed and ready for transport.
- 7.4.6. The transport provider must ensure continuous development of the system’s interoperability with the systems used by other health and social care providers to enable improvements to the service. The electronic booking system must also continue to support the addition of new digital innovations as they develop over the life of the contract.

7.5. Telephone Booking and Call Handling Service

- 7.5.1. The electronic booking system will be supported by a telephone booking and call handling service for patients, someone acting on their behalf, and HCPs.

- 7.5.2. All initial eligibility assessments and reassessments will be conducted through the telephone booking and call handling service. The call centre must enable repeat booking of regular journeys.
- 7.5.3. The transport provider must operate a dedicated HCP number to expediate their calls.
- 7.5.4. The single number used for contact by the public must be a freephone number with calls free of charge from all consumer landlines and mobile phones.
- 7.5.5. The transport provider may use a simple single layer “press1” style Interactive Voice Response (IVR) to stream callers to the most appropriate resource. The caller should reach their desired resource in as few steps as is practicable.
- 7.5.6. The transport provider must have a system in place to record the call, the time taken to answer call, and call abandonment rates (where applicable). Calls should be answered by a trained person within 90 seconds, including the introductory message. Performance will be recorded against a KPI. If a call is not answered by the Transport SPoC, the call must be diverted to an answering service.
- 7.5.7. The commissioner and transport provider will agree an SOP prior to the commencement of the contract setting out the required functionality of the telephone booking and call handling service, including the handling of answerphone messages.

7.6. Risk Assessments of Pick-up and Destination Points

- 7.6.1. It is expected that, in the majority of cases, the transport provider will identify risks such as steps and steep driveways during the booking process. The transport provider must also develop a portfolio of techniques and equipment necessary to overcome these situations. In a minority of cases, the transport provider will need to send a trained member of staff to the premises to conduct a visual assessment. This assessment must be conducted in a timely manner so as not to delay the time the patient is due to travel.

7.7. Notification of Bookings

- 7.7.1. From the commencement of the contract, the transport provider will have the capability to confirm all journeys booked in advance by contacting patients and HCPs 24 hours prior to the journey with the expected pick-up time, providing an opportunity for the patient/HCP to cancel if the appointment is no longer needed. If the journey is a same-day conveyance, the transport provider will provide confirmation as soon as the booking is confirmed. The transport provider will inform patients to be ready no more than 15 minutes before the expected pick-up time.
- 7.7.2. The method of contact with patients and their carers or escorts must be agreed in advance with the patient and should include, but is not limited to telephone, automated telephone message, text, email, apps or web-based portal. Where telephone is preferred for the booking confirmation, the provider will ensure they have a back-up contact for such occasions and attempt to make contact on at least three separate times throughout the day. Failure to contact the patient does not constitute a cancellation of the booking.
- 7.7.3. From the commencement of the contract, the transport provider will have the capability to update the patient, patient’s designated carer and/or HCPs regularly and at least 30 minutes before pick-up (in accordance with the KPI) about the location of their vehicle, expected pick-up time, and any delays through means agreed with the patient or patient’s designated carer and/or HCPs at the point of booking, i.e., automated telephone message, text, email, app or web-based portal. Alert messages about delays will include an updated pick-up time.

- 7.7.4. The transport provider must ensure from the commencement of the contract that other suitable methods for being notified are available to patients with protected characteristics and disadvantaged groups.

7.8. Activity and Demand Management

- 7.8.1. The transport provider's planning and dispatch function must be able to manage the planned journeys and available transport resource on the day of implementation and be able to allocate those resources to deal with on-the-day changes and requests, including from the RDTS, ensuring that the KPIs and LQRs are met.
- 7.8.2. The transport provider is required to manage their resources in accordance with variations in activity throughout the day and week with minimal impact to the system and patients. This includes seasonal changes in demand and variations in a patient's needs and circumstances, i.e., new healthcare locations, specialist requirements, same-day requests, flexible times for pick-up and delivery including evenings, weekends and bank holidays.
- 7.8.3. The transport provider will be required to change and develop its service in accordance with developments within the health and social care system including but not limited to single siting of services or use of independent sector healthcare providers. The transport provider must also ensure service provision is responsive to the changing demographic needs and protected characteristics of an ageing population of patients with increasing acuity including specialist physical and mental healthcare needs, cognitive or sensory impairment, frailty, etc. Significant changes in activity will be discussed as part of the contract review meetings.

7.9. Escalation and Business Continuity and Disaster Recovery

- 7.9.1. The transport provider must produce and share with the commissioner in advance of service commencement an escalation plan describing how the provider will respond to instances where available resource capacity does not match the available demand. The escalation plan should set out how the provider will respond in these instances based around the national Operational Pressures Escalation Framework (OPEL).
- 7.9.2. The transport provider will act as a system partner to the escalation process and will follow the OPEL processes enacted by the ICB.
- 7.9.3. The escalation plan must align with the local system escalation plans and ensure the services as outlined within this specification continue to be delivered. These plans must be tested with all NHS providers and reported on an annual basis.
- 7.9.4. In the event that the transport provider escalates its OPEL status above OPEL 1, it will inform the commissioner explaining the reasons why, the duration of the status, and the actions being taken in accordance with the demand management plan to reduce the OPEL status.
- 7.9.5. The transport provider must have business continuity and disaster recovery plans in place, including alternative back-up systems in the event of failure. The plans must set out how the transport provider will identify and monitor risks and provide detailed solutions and mitigating actions in relation to events which may affect normal business, including but not limited to the effects of climate change such as extreme weather and overheating on both digital infrastructure and the vehicle fleet; industrial action; fuel shortages; staff shortages including planned and unplanned staff absence and staff turnover; vehicle breakdown; pandemics; and road traffic accidents.

- 7.9.6. The business continuity and disaster recovery plan must align with the other service providers within the healthcare system and be shared with commissioners as part of the procurement process and/or as requested as part of a rolling audit programme.
- 7.9.7. The transport provider must ensure that the below services are not suspended for any reason, including during periods of both escalation and business continuity and disaster recovery (except where exempt under GC28 “Force Majeure”):
1. Services for renal and/or oncology;
 2. Discharges and transfers to support system management and hospital flow as covered by the contract;
 3. Mental health secondary and tertiary conveyances; and
 4. EOLC conveyances to a patient’s home or a hospice.
- 7.9.8. The transport provider is to contribute to the development of a major incident plan for Sussex and to participate in training and exercising in support of that plan.

8. Patient Transport

8.1. Core Patient Transport Service

- 8.1.1. The delivery of the majority of patient transport journeys as part of this specification will be through the core patient transport service that involves pre-planned bookings by patients, their carers, and HCPs through the Transport SPoC for a variety of journeys including those listed in 8.8. It is also expected that the transport provider will provide same-day conveyances for these journey types.
- 8.1.2. All journeys must be completed by the agreed pick up or drop off time within the threshold provided by the KPIs regardless of the time of day so long as it is within the service’s operating hours. The only exceptions are long distance journeys (see 8.9) which the transport provider has 24 hours to arrange transport.
- 8.1.3. It is recognised that some discharge and transfer conveyances will be same day, and many will be fulfilled by the RDTs (see 8.6). The transport provider will work with the commissioner and NHS providers to agree a suitable percentage of discharge and transfer conveyances that should be delivered as pre-planned activity to support operational efficiencies within the healthcare system. This will be reported on through the monthly operational meetings with NHS providers (see 9.2.2).
- 8.1.4. The following requirements apply to both the core patient transport service and the RDTs.
- 8.1.5. The transport provider will use a wide range of vehicle types and levels of care consistent with the patients’ healthcare requirements.
- 8.1.6. The transport provider and any subcontractors are responsible for providing relevant care and support including escorting patients (and any booked escort or assistance animal) to and from the point of care, such as a specific ward or department within a hospital site, and helping them with booking into the point of care where this is indicated or requested.
- 8.1.7. The conveyance of assistance animals (see glossary) shall take place on the same vehicle as the patient. Patients requiring an assistance animal must be conveyed in a separate vehicle to all other patients.
- 8.1.8. The transport provider and any subcontractor will also transport the patient’s (and any escort’s) personal belongings (see glossary), the TTOs and any equipment that the patient is using on the ward that they will need immediately when they get home, for

example, Zimmer or gutter frames, wheelchairs, maternity equipment, etc. Bulkier equipment like bathing aids, toilet frames and perching stalls, etc., may be transported in advance of the patient leaving the ward.

- 8.1.9. Requests for all-male or all-female crews should be respected and accommodated when possible, subject to proportionality; reflecting that patients' first and foremost need for PTS is based on mobility. Therefore, within the confines of promoting an effective, efficient and equitable service, a preference cannot be guaranteed to be fulfilled.
- 8.1.10. Dedicated transport (i.e., non-shared vehicles) will be provided for patients where this has been clinically determined in order to prevent any detrimental effect to their health or fellow passengers. For Mental Health patients and EOLC patients, the majority of transfers will be non-shared.
- 8.1.11. All children 16 and under must be accompanied by a responsible adult.
- 8.1.12. The transport provider must ensure they can provide a wait and return service for patients where clinical need is identified.
- 8.1.13. The transport provider is required to have a dual validation system agreed with NHS providers within the Sussex geographical region to enable validation that the handover of a patient has occurred between the transport provider and the receiving healthcare site or vice versa.
- 8.1.14. The transport provider will ensure that risk assessments are undertaken, in collaboration with the patient's clinical team, for those patients being transported who may be at risk of deterioration during the journey from their starting point to destination (and vice versa) where this deemed appropriate.
- 8.1.15. The transport provider will develop with the commissioner, NHS acute, community and mental health providers and social care providers a SOP for how patients will be transported from the host provider's (see glossary) care back safely to their nominated place of residence. This will also include a protocol for dealing with end-of-life care (EOLC) patients, including for humanitarian transfers (see glossary).
- 8.1.16. The transport provider and the South East Coast Ambulance Service NHS Trust (SECAMB) need to maintain close liaison to resolve day-to-day jurisdictional issues and ensure preparedness for major incidents. The transport provider will agree a Memorandum of Understanding with SECAMB that sets out operational delivery and management arrangements between the two organisations and details how any areas of dispute will be managed. The transport provider is required to meet with SECAMB monthly at management level to review operational issues and will also be expected to agree a clear escalation process to resolve on-the-day issues affecting patients. This will include but is not limited to referrals to frontline services that SECAMB can demonstrate are not appropriate and fall within the NEPTS contract. SECAMB and the transport provider should also develop a system to share mobility risk assessments of patients to avoid duplication and delays. The transport provider should also develop memoranda of understanding with other specialist transport providers such as Adult Critical Care Transfer Services or Paediatric Critical Care Transport Services.
- 8.1.17. The transport provider must advise the patient and the host provider immediately if they are unable to undertake the conveyance of a patient due to an inability to drop the patient off at their nominated place of residence, resulting in the need to hand back the patient to the care of the host provider. The transport provider will remain responsible for completing the conveyance of the patient.
- 8.1.18. All instances of the transport provider being unable to convey the patient are reportable to the commissioner within the KPIs (Schedule 4).

8.2. Expectations of Transport Staff

- 8.2.1. The transport provider and subcontractors' staff must treat patients in a courteous, respectful and safe manner which pays due regard to their healthcare condition, age, personal modesty, and circumstances, without discrimination and in compliance with equal opportunities, equality, and human rights legislation.
- 8.2.2. The transport provider must ensure there is a staff conduct policy which covers inappropriate behaviour and customer care for all staff (and subcontractors and volunteer car drivers) including, but not limited to, them being prohibited from:
 1. Accepting any form of personal gift of cash or cash equivalents (for example vouchers, tokens or offers of remuneration) while working for or representing the transport provider, whatever their value. Any substantial gifts over the value of £50 or that may affect their professional judgement must be declared;
 2. Offering food, drink, medicines, money, cigarettes, or any other substances to patients unless it is water required for the welfare of the patient;
 3. Taking photographic and video images of patients, except for Information Commissioner's Office (ICO) registered Closed Circuit Television equipment; and
 4. The communication of inappropriate material or inappropriate contact with patients.
- 8.2.3. The transport provider must ensure staff are easily identifiable as working for the Patient Transport Service. This shall include legible ID cards with an up-to-date photograph and/or uniform which must be worn at all times when collecting patients or attending NHS sites. Sub-contractors are to be supplied with either relevant name badges or letters referring to the fact they are 'Working on behalf of the transport provider for the Sussex PTS'
- 8.2.4. The commissioner and transport provider will establish a SOP prior to the commencement of the contract setting out how all patient transport staff are required to conduct themselves when transporting patients.

8.3. Hours of Operation

- 8.3.1. The transport provider will provide the core patient transport service during the following hours of operation:
 1. Renal patient transport must be fully operational for the drop off at 06:00 and the last pick up 23:00, 7 days a week including Bank Holidays.
 2. For all other journeys transport must be fully operational for the first pick up at 07:00 and the last pick up at 22:00, Monday to Saturday, and for the first pick up 08:00 and the last pick up at 20:00, Sundays and Bank Holidays.
- 8.3.2. All requests for earlier pick-up times than stated above, for routine inbound journeys (i.e., renal), must be accommodated as core activity.
- 8.3.3. The transport provider will be expected to pick up beyond these times to complete booked journeys where their service is running late.

8.4. Healthcare Liaison Officers (HLOs)

- 8.4.1. The transport provider will be responsible for deploying Hospital Liaison Officers (HLOs) at each acute hospital site in Sussex between the hours of 08.00 and 20.00, 7 days per week, in addition to providing appropriate support for Surrey and Kent (their hours of work to be determined by the activity and modelling for this service).

- 8.4.2. The role of HLOs is to ensure that core NEPTS patient journeys to and from hospitals are successfully completed on time by acting as a liaison between HCPs at the hospital sites and the Transport SPoC.
- 8.4.3. HLOs must be appropriately senior members of staff with the autonomy to make decisions and work with the transport SPOC to arrange or rearrange patient transport. HLOs will work collaboratively with HCPs to ensure decisions about patient transport are made in the best interest of the patient.
- 8.4.4. Each HLO will be immediately contactable by mobile phone. If there is more than one HLO on a hospital site undertaking similar tasks, they must be contactable via a dedicated contact number that transfers to their mobile phone.
- 8.4.5. The responsibilities of HLOs will be agreed with the commissioner in a SOP prior to the commencement of the contract.
- 8.4.6. The transport provider will also provide HLO support to mental health and community providers within Sussex. This provision is not required to be on-site, but all other aspects of HLO support including hours of operation contained in paragraph 8.4.1 and the requirements contained in paragraphs 8.4.2 and 8.4.5 will apply.

8.5. Included Core NEPTS Journeys

- 8.5.1. Within its hours of operation, the transport provider is responsible for all patient journeys for eligible patients to, from and between NHS-funded secondary healthcare services, regardless of setting, that are not otherwise listed in the exclusion criteria. These journeys include:
 - 1. Transporting patients to and from their nominated place of residence for renal & non-renal outpatient appointments and any treatment centre. This includes a wide variety of treatments ranging from daily oncology appointments to surgical procedures to mental health therapeutic programmes at day centres and includes journeys accommodating patients who have exercised Patient Choice and opted for an alternative venue. This also includes secondary care services provided in a community or primary care setting, for example, consultant-led community dermatology services delivered from a GP practice, or on non-NHS premises, for example, cataract treatment at an independent sector eye clinic;
 - 2. Day case and inpatient admissions and day care at any treatment centre;
 - 3. Planned, regular journeys for patients receiving cancer and renal dialysis treatment, who often attend an on-going series of appointments at the same place and time. Some of these patients receive intensive treatment some distance from their homes, and it is important that they are transported efficiently to and from their treatment site;
 - 4. Transport to new healthcare delivery locations that emerge during the lifetime of the contract, for example, new treatment centres and premises providing community-based services;
 - 5. Journeys where the pick-up and drop off addresses may be different, for example, the patient is collected from their place of work but returned to their home address. This primarily applies to renal patients;
 - 6. Journeys to and from an NHS-funded healthcare site where the collection and/or drop off address is temporarily different to their home address for physical or mental healthcare reasons, for example, a patient is collected or dropped off at a relative's address, where they are being looked after in the short term;

7. Pre-planned and on-day discharges from a physical or mental healthcare setting to a patient's nominated place of residence to meet the Discharge Plan Requirements. These include journeys requiring specialist vehicles, e.g., bariatric, stretcher, and multi-crew ambulances;
8. Secondary and tertiary mental health conveyances where there is not a requirement to move the patient same-day for detained and informal mental health patients (see 8.8.1.6);
9. Discharge conveyances for patients moved from the acute or mental health hospitals into community, care home or nursing home beds (i.e. step-down/discharge to assess) as a continuation of the patient's secondary care pathway;
10. Journeys to NHS or social care funded mental health units and back to inpatient wards for people who are preparing for discharge;
11. Transfers and discharges from EDs, Walk-in Centres, Urgent Treatment Centres, Medical Assessment Units or other locations where a journey is required following admission by ED or other means;
12. Discharges and transfers from acute to community hospitals, for example, to intermediate care units and from acute to mental health hospitals;
13. Discharge from NHS healthcare facilities to hospices and nursing and/or residential homes;
14. Transfers between NHS-funded healthcare sites/beds where the transfer constitutes an intrinsic component supporting the continuity of that person's episode of care, in alignment with the reason for admission, including those detained under the MHA;
15. Transfer of non-Sussex patients between NHS-funded healthcare sites within Sussex where the transfer constitutes an intrinsic component supporting the continuity of that person's episode of care, in alignment with the reason for admission, including those detained under the MHA;
16. Transport of a patient from their home to an NHS-funded intermediate care bed in a nursing or care home as part of admission avoidance;
17. Transport from an NHS funded stepdown bed back to the patient's home address;
18. Outpatient journeys from an inpatient setting where a patient is transferred between NHS facilities to attend an outpatient appointment or on-going specialist treatment in a tertiary centre;
19. Same day EoLC patients (with or without escorts) who, due to the nature of their condition, may need to be fast-tracked through the system. This can include transfers to destinations including but not limited to nursing homes, a patient's home or hospices;
20. In-house or 'humanitarian' transfers for EoLC patients or patients who require movement to prevent a hospital admission from a location within their own property, i.e. upstairs to downstairs, downstairs to upstairs, and into a hospital bed;
21. Journeys requiring higher trained crews to support higher dependency or acuity patients;
22. Long distance journeys see 8.9;
23. Repatriations of eligible patients see 8.10; and
24. Any journeys undertaken by the RDTs (see 8.8.1).

8.6. Responsive Dynamic Transport Service (RDTS)

- 8.6.1. In addition to the core transport service, which is defined as a predominantly pre-planned service, the transport provider will provide a Responsive Dynamic Transport Service (RDTS) for Sussex patients who are eligible for NEPTS. The purpose of the RDTS is to maintain patient flow through the healthcare system by ensuring time-bound patients (see glossary) are transported via same-day conveyances.
- 8.6.2. Trust's clinical site teams are responsible for transfers and bed management within their hospital sites and therefore integral to the transport process. In order to facilitate same-day conveyances, the transport provider must develop close, collaborative working practices between its RDTS and the Trusts' clinical site teams to ensure that patient flow is maintained in the hospitals at all times. Decision making between the RDTS and Trusts in relation to the conveyance of patients will be made in the best interests of patient in recognition of conflicting and competing priorities. This includes but is not limited to agreeing the pick-up time for the patient and the most suitable vehicle for their physical and mental healthcare needs.
- 8.6.3. The transport provider will develop in consultation with the commissioner, acute, community and mental health trusts a SOP for the discharge and transfer of patients, including those detained under the MHA, through the RDTS.
- 8.6.4. The RDTS service will operate at least 12 hours per day 7 days a week including Bank Holidays from 8am.
- 8.6.5. The transport provider must ensure there is adequate, protected capacity to deliver the RDTS alongside core NEPTS. during operational hours of business, including specialist transport for patients detained under the MHA, and staff available to conduct an on-the-day risk assessment of patients where a risk assessment of the patient is deemed necessary before they can be conveyed.
- 8.6.6. RDTS journeys may be conducted by the core PTS vehicle fleet at the discretion of the transport provider if it is deemed more suitable, for example, the use of non-specialist vehicles to undertake RDTS journeys where appropriate to free up available resources. RDTS capacity may be used to support the core NEPTS service so long as it has no detrimental effect on the achievement of the KPIs.

8.7. RDTS Liaison Officer

- 8.7.1. The transport provider is required to provide daily support through an RDTS Liaison officer at each acute hospital site in Sussex between the hours of 08.00 and 20.00, seven days per week, in addition to providing appropriate support for Surrey and Kent (their hours of work to be determined by the activity and modelling for this service).
- 8.7.2. The role of the RDTS Liaison Officer is to ensure that time-bound patients travelling on RDTS vehicles, including detained mental health patients, are successfully completed on time by acting as a liaison between HCPs at the hospital sites and the Transport SPoC.
- 8.7.3. The member of staff must have sufficient seniority to: make decisions on behalf of the transport provider and, where necessary, change operational plans; and be able to conduct rapid risk assessments of the patients so they may be moved the same day as they are clinically discharged from hospital.
- 8.7.4. The RDTS Liaison Officer must be immediately contactable by mobile phone. If there is more than one RDTS Liaison Officer on a hospital site, they must be contactable via a dedicated contact number that transfers to their mobile phone.

- 8.7.5. The responsibilities of RDTS Liaison Officer will be agreed with the commissioner in a SOP prior to the commencement of the contract.
- 8.7.6. As the RDTS is a service provided in addition to the core NEPTS service, the role of RDTS Liaison Officer is expected to be in addition to that of the HLO. The RDTS Liaison Officer may provide a co-ordination and supervisory role for the HLOs.
- 8.7.7. An RDTS Liaison officer is also required to provide support to the community and mental health providers in Sussex but is not required to be on-site. All other aspects of the RDTS Liaison Officer role, including hours of operation contained in section 8.6 will apply.

8.8. Included RDTS Journeys

8.8.1. RDTS conveyances include:

1. Same-day EoLC inpatients (with or without escorts) who, due to the nature of their condition, may need to be fast-tracked through the system. This can include discharges to destinations including but not limited to nursing homes, a patient's home or hospices;
2. Non-admitted patients requiring same day time-bound transfer or discharges (see glossary) from ED and other designated areas such as, emergency floor, ICU, AMU, escalation wards, S136 suites, Health Based Places of Safety, Havens etc.;
3. Admitted patients requiring same-day time-bound transfer or discharges (see glossary) from wards;
4. Late afternoon and evening discharges to support patients who may otherwise have to wait an additional night before discharge and where this would be detrimental to their health. This will include patients from inpatient wards and patients within the ED and Emergency Floors;
5. Inter Facility Transfers (IFTs) category 3 and 4 as defined in the [National Framework for Inter Facility Transfers](#) These include but are not limited to mental health crisis transfers or patients being transferred to inpatient wards for ongoing management or for elective and semi elective procedures or investigations;
6. Informal and detained mental health patients requiring secondary and tertiary conveyances (see glossary), these include but are not limited to secondary conveyances of patients from an acute hospital to mental health hospital for risk management purposes on the patient's behalf; Mental health patients who may require admittance from non-NHS or other unusual non-clinical locations, e.g., a police custody suite having been arrested then released without charge as they are already under section of the MHA and an inpatient (as defined by the MHA); the repatriation of a detained Sussex patient to a Sussex mental health hospital from another hospital in Great Britain; and the repatriation of non-Sussex patients from a mental health facility in Sussex to another hospital in Great Britain;
7. Long distance journeys (see 8.9) that need to be completed on the same-day, for example, secondary or tertiary conveyances for detained and informal mental health patients including the transfer of patients to out of area providers, e.g., CAMHS Eating Disorder Units (EDU); Adult Mother and Baby Units (MBU) etc.; and
8. Transfer of patients from hospital to virtual ward beds in their own homes as a continuation of consultant led inpatient care and the transfer of patients from virtual ward beds in their own homes to hospital for investigation, treatment, or admission.

8.9. Long-Distance Journeys

- 8.9.1. The geographical scope of this contract includes the transport of all Sussex patients to a point of care within the South East of England (see glossary).
- 8.9.2. Journeys outside this geographical area and within Great Britain (England, Scotland and Wales) are classified as long-distance journeys. Long distance journeys are included within contract and count towards the KPI but require 24 hours' notice for the core NEPTS service, however, the transport provider will endeavour to move the patient as quickly as needed where possible. Long distance journeys undertaken through the RDTS must still be completed on the same day, for example, journeys to an Adult MBU.

8.10. Repatriation of Sussex Patients

- 8.10.1. The repatriation of Sussex patients from points of care across Great Britain requiring transfer to acute and mental health hospital beds in the Sussex geographical area (see glossary), or a nominated place of residence, is a core element of this contract. Performance shall be monitored as part of the KPIs.
- 8.10.2. The provider will also be required to support the co-ordination of transport for the repatriation of non-Sussex patients. This could entail either signposting patients or HCPs to out of area PTS providers where the patient is registered, or with prior approval of funding from the home ICB to undertake the journey. The repatriation of non-Sussex patients in mental health facilities in Sussex to another hospital in Great Britain is an included journey.

8.11. Excluded Journeys

- 8.11.1. The following journeys are excluded both the core transport and RDTS service:
 - 1. Emergency and urgent care ambulance journeys that are the responsibility of the Emergency Ambulance Service (SECAmb);
 - 2. IFTs categories 1 and 2;
 - 3. Level 2 and 3 critical care patient conveyances undertaken by Adult Critical Care Transfer Services and ECMO transport services;
 - 4. End of Life Imminent patients to be transported home for their final hours/days;
 - 5. Journeys for Sussex patients who are ineligible for patient transport;
 - 6. Journeys for patients who do not meet the definition of a Sussex patient (see glossary);
 - 7. Out-of-area repatriations for non-Sussex patients, excluding patients detained under the MHA being conveyed from a mental health facility in Sussex to another hospital in Great Britain. NOTE: whilst this conveyance is not included in the Sussex contract, the Transport SPoC co-ordination role is included;
 - 8. Onsite transfers to manage a Trust's bed base;
 - 9. All out of hours journeys, i.e. outside the hours of operation of core NEPTS and RDTS unless it is for the purposes of completing journeys that are running late;
 - 10. Primary mental health journeys (glossary) which are the responsibility of the emergency ambulance service;
 - 11. Transport for primary care services including General Medical Services, Personal Medical Services, General Dental Services, and primary care ophthalmology, i.e., routine appointments at GP practices / clinics / health centres, dental surgeries and opticians. For clarity, journeys for patients detained in mental health units and who

require physical health support (including dentistry, primary care ophthalmology etc) are NOT excluded;

12. Transport for patients who have presented at a GP practice with a history of violent or challenging behaviour and been deemed to pose a threat to that practice and its staff. Under national policy, provision of PTS is not obligatory for those patients identified as posing a risk (whose right to local NHS care has been removed, with an entitlement to services only when denial of treatment would cause lasting harm or put their lives at risk) where there is no immediate clinical need;
13. Prisoners: Transport is provided by the prison service (with the exception of occasional transport for prisoner stretcher patients);
14. Transport from children's inpatient mental health services and secure mental health hospitals;
15. Journeys undertaken by Paediatric Critical Care Transport Services and Neonatal Transport Services;
16. Private journeys, i.e, the conveyances of a private patient from their nominated place of residence to a private healthcare facility to receive non-NHS funded healthcare;
17. Conveyance of supplies, mail or any other goods;
18. Journeys outside the contract boundary, i.e., those starting or ending outside Great Britain (England, Scotland and Wales).
19. Transportation of patients to and from hospital to visit friends and relatives; and
20. Care/nursing home transfer or discharge where the conveyance is NOT part of the patient's NHS funded care pathway, i.e., local authority or privately funded re-housing requests (see 8.5.1.10).

8.12. Extra-Contractual Journeys

8.12.1. Extra-contractual journeys (ECJs) include:

1. Ad-hoc journeys for Sussex patients for journeys not included within the service specification funded by the Sussex commissioner;
2. Ad-hoc journeys for patients registered with a GP outside of Sussex, but resident in Sussex to be reimbursed by the ICB where the GP is located;
3. Out of area repatriations of non-Sussex patients with prior approval of funding from the home ICB to undertake the journey; and
4. Activity in support of commissioners and providers in their management of local contingencies, such as the moving of patients following the closure of a ward or nursing homes for Sussex patients.

8.12.2. The transport provider is expected to convey all eligible patients at the agreed rates where a patient is considered out of the contracted service but fits the ECJ definition.

8.12.3. The transport provider will maintain a list of alternative sub-contracted transport providers which they will call upon if they require additional capacity to provide ECJs. The transport provider is required to provide a schedule of rates of these providers on an annual basis.

8.12.4. If the transport provider assesses a transport request falls outside of the terms of this contract and constitutes an ECJ, the commissioner has agreed a pre-authorisation limit of £500 for the completion of these journeys. The transport provider is required to seek commissioner approval if the conveyance exceeds £500. To minimise delays in decisions being made on journeys costing over £500, during Monday to Friday office hours the first point of call for authorisation is the NEPTS Commissioner and during Monday to Friday

out of office hours and weekends the single point of call will be the Sussex Director on Call.

- 8.12.5. All ECJs chargeable to the commissioner must be submitted by the confirmed central source for invoice submission and evidenced using information as set out in the MRR (Schedule 6A).
- 8.12.6. The level of activity and related costs for ECJs will be reviewed by the commissioner at the Contract Review Meetings with the transport provider.

8.13. Cancelled and Aborted Journeys

- 8.13.1. Aborted journeys are those that have been terminated after the vehicle has commenced the journey to the specific patients. Cancelled journeys are those that are cancelled before the vehicle has commenced the journey.
- 8.13.2. Where the transport provider has been notified that a journey is no longer needed, the time of cancellation, time of transmission of the cancellation and individual who took the decision to cancel, i.e., HCP, transport provider, or patient, must be recorded by reason code and reported.
- 8.13.3. The transport provider must not cancel any journey of its own accord without prior notification and acceptance by the person who made the booking, i.e., the patient or HCP.
- 8.13.4. If the transport 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 aborted. However, the transport provider is required to demonstrate reasonable flexibility in certain circumstances, e.g., time-bound discharges, care plan deadlines, transfer of care, patient needs to use toilet, etc. where the activity can only be done once the crew arrive, they are to be expected to wait for these activities to be completed.
- 8.13.5. If the delay is likely to be significant, or more than 15 minutes, the crew must contact their control/dispatch manager for instructions. If it is agreed they can wait for the patient, the journey should be aborted and rebooked by the transport provider with a revised pick-up time with the reasons for the aborted journey recorded for reporting purposes.
- 8.13.6. If the transport provider arrives earlier than the pick-up time, or they arrive outside KPI and the patient is no longer ready to travel, and transport still possible, the crew will be required to wait for as long as is needed for patient to be made ready.
- 8.13.7. Journeys will not be counted as an aborted journey where the reason it was aborted was due to the transport provider not being able to complete the journey. If another patient is picked up from the location the initial journey needs to be recorded as a cancellation and not an abort.
- 8.13.8. All aborted journeys must be recorded by reason code and reported. A list of aborted or cancelled journeys is contained in the MRR in Schedule 6A.
- 8.13.9. The transport provider should avoid aborted journeys from exceeding a threshold of 5% of journeys per calendar month. The rate of aborted and cancelled journeys is to be reported as part of the KPIs.
- 8.13.10. The transport provider must work proactively with the commissioner and providers of NHS services on ways to manage/reduce aborted and cancelled journeys, for example, reducing the number of patients who are not ready, booking the correct vehicle based on the patient's mobility, and avoiding duplicate bookings.
- 8.13.11. An aborted journey reduction plan will be agreed jointly between the relevant stakeholders including the commissioner and will include mechanisms for escalating breaches of the aborted journey threshold to both the commissioner and the internal management team of the transport provider.

9. Communication and Reporting

9.1. Communication, Engagement & Complaints

9.1.1. The transport provider, working in partnership with the commissioner and working closely with patient representative groups such as Healthwatch, must establish a proactive communications plan (to be approved by the commissioner prior to the commencement of the service). The aim of the plan is to:

1. Ensure public awareness of the NEPTS including the service, hours of operation, how to contact, the eligibility criteria, what service users can expect and what the service expects of them (such as patients' obligation to be ready on time), and the complaints procedure;
2. Ensure public awareness of the HTCS and any other financial support schemes, and alternative community transport schemes;
3. Provide this information through a variety of mediums which will include, but are not limited to, website, social media platforms, posters, leaflets, and information sheets that are shared with partners to help raise awareness;
4. Ensure websites and notices are written and developed with patient input in a patient-focused, simple, easy to understand format and the content is kept up to date and relevant. As a minimum they should be compliant with the Accessible Information Standard and any subsequent relevant guidance;
5. Provide suitable communications, developed with patient input, for all patients, including those with protected characteristics or disadvantaged groups, for example, interpreters and written materials in Easy Read, Large Print, Braille and in other languages;
6. Ensure vital links to the online booking portal, HTCS, community transport providers, etc., are clearly visible on transport providers' main page;
7. Keep all information up to date and relevant;
8. Encourage understanding of the system and cooperation from all healthcare professionals and patients booking transport, through videos and digital formats to further support education;
9. Ensure the highest standards of communication with HCPs and patients so there can be a proactive continuous improvement programme; and
10. Eliminate abuse of the service and reduce abortive journeys and cancellations.

9.1.2. Contact details of key transport provider staff (see 11.1.3) must be made available to the commissioner and each NHS provider, i.e. names, title, email addresses and telephone numbers, and updated should this information change.

9.1.3. If any of transport provider's designated managers are not available, revised nominated contacts will be notified. A senior manager will be available or on-call whenever the transport provider is open, plus an emergency contact will be available 24/7 within the business continuity plan.

9.1.4. The transport provider will ensure that the voice of patients and their carers is at the heart of service delivery, monitoring and evaluation. The provider will develop and implement a detailed Patient and Public Involvement Plan, to commence at the beginning of the mobilisation period. This will include, but not be limited to:

1. Demonstrating clear lines of responsibility and governance for patient and public involvement;
2. Establishing and maintaining a patient and carer reference group that will meet regularly throughout the life of the contract;
3. Developing and implementing a patient feedback mechanism and sharing feedback with the commissioner in accordance with the LQRs;
4. A clear methodology demonstrating how the provider will effect change as a result of patient feedback and how this will be measured, evaluated and communicated back to patients and the public;
5. A clear and robust complaints policy and process (with complaints reported as part of LQRs); and
6. Regular communication and engagement with Healthwatch to ensure any feedback about the service to them is heard and acted upon. The transport provider must establish and support patient groups across Sussex to assist 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.

- 9.1.5. The transport provider must listen to patients' experiences of their 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.
- 9.1.6. The transport provider must make information readily available for patients and their advocates, including in formats suitable for those for whom English is not their first language/those with physical/learning disabilities, etc, on how they can make a complaint if the service is unsatisfactory. Information explaining the complaints procedure should be available in every patient transport vehicle, online, in leaflets and at the transport provider's hospital-based facilities. Their availability must be advertised clearly both in the vehicles and at these facilities.
- 9.1.7. The transport provider must feedback to patients what it has done about the issues they have raised and must demonstrate clear, measurable methods for doing this.
- 9.1.8. The transport provider is required to respond to complaints in accordance with its complaints procedure, which must align with the commissioner's complaints procedure.
- 9.1.9. Summaries of the number and content of complaints will be maintained by the transport provider's Quality Assurance Manager. An analysis of all complaints will be available to the Trust and commissioners, together with a summary of any action taken or planned.
- 9.1.10. All Datix incidents raised must be acknowledged by the transport provider within 24 working hours and a formal response with actions taken, lessons learned, and changes implemented, within 14 working days. All Datix must be reported and discussed as part of the Contract Review Meetings between the commissioner and transport provider.
- 9.1.11. The transport provider must ensure the commissioner is made aware of any actions from complaints that could impact on service delivery or publicity and vice versa.

9.2. Contract Review and Data Collection

- 9.2.1. Contract Review Meetings (CRM) will be held monthly to review the performance of the transport provider in relation to the requirements of the contract. The information required for the CRM is contained in the MRR (Schedule 6A).
- 9.2.2. The transport provider must attend monthly operational meetings with NHS Trust providers to review service delivery and Place-based system calls. The monthly operational meetings will be chaired by the commissioner and the transport provider will

be expected to provide trust specific data in advance of these meetings to support discussion including, in line with the MRR (Schedule 6A).

9.2.3. Emergency/urgent meetings may be held within 48 hours of notice at the commissioner's request.

9.2.4. The transport provider may also be required to attend other meetings arranged by the commissioner, or with other organisations and key stakeholders at the commissioner's request, e.g., Health Overview and Scrutiny Committees, local NHS Trusts, and Healthwatch.

9.2.5. No charge shall be made by the transport provider for attendance at any meeting.

10. Net Zero

10.1. Net Zero Requirements

10.1.1. The transport provider must develop a service that is designed to meet the goals of the NHS to deliver a net zero national health system. This means the transport provider will deliver NHSE's ambition that all NEPTS vehicles should be zero emission by 2035. In order to achieve this in a sustainable way, the transport provider will increase the proportion of its fleet that comprises battery electric vehicles (EV) from a baseline of 0% in 2025 to 100% by 2033 in 25% increments every two years as follows:

1. 0% of vehicles from 2025
2. 25% of vehicles from 2027
3. 50% of vehicles from 2029
4. 75% of vehicles from 2031
5. 100% of vehicles from 2033.

10.1.2. The transport provider will also need to ensure that between 2028 and 2032 it has reduced all scope 1 and 2 emissions across the whole of its organisation by 80% from a baseline from the financial year 19/20 in accordance with the ambition of the [Delivering a Net Zero NHS](#) statutory guidance.

10.1.3. The transport provider will set out how it proposes to meet these ambitions by publishing a [Carbon Reduction Plan \(CRP\) using the national template](#). The CRP will include the transport provider's carbon reduction projects, including but not limited to those around its working practices (see 11.1.8); estates and infrastructure (see 11.3.3); electric vehicle fleet (see 11.4.1); and vehicle requirements (see 11.4.3).

10.1.4. The requirements for reporting on organisational scope 1 and 2 emissions data, progress of the strategy for achieving electric vehicle fleet transition targets (see 11.4.1), and

10.1.5. the tailpipe emissions associated with its road transport vehicles deployed in service of the contract are set out in the MRR in Schedule 6A.

10.1.6. The transport provider is expected to make use of this data regularly to both inform its CRP and reduce the impacts of its operations on greenhouse gas emissions and air pollution.

10.1.7. Further Net Zero requirements in relation to workforce, estates and vehicles are included in the next section.

11. Workforce, Estates, and Vehicles

11.1. Workforce

- 11.1.1. The transport provider will ensure staff health and wellbeing is promoted at all times.
- 11.1.2. The transport provider must have in place a detailed staffing plan including a staffing structure (including an organogram) that includes the number of staff employed for each aspect of service delivery (WTE) including management and senior management roles to be provided to the commissioner prior to the commencement of the contract. There must be sufficient staff employed at all times to enable the delivery of the services in line with the required KPIs and LQRs for the duration of the contract.
- 11.1.3. The transport provider must have nominated key staff which shall include, but is not limited to, the functions of:
 - 1. Patient Transport Service Manager
 - 2. Renal manager
 - 3. Transport SPoC manager
 - 4. Quality Assurance Manager
 - 5. Clinical Lead at corporate and service level
 - 6. Caldicott Guardian
 - 7. Senior Information Risk Owner (SIRO)
 - 8. Data Protection Officer (DPO)
 - 9. Key account manager / contracts manager.
- 11.1.4. The transport provider will ensure that all staff (including subcontractors) are competent to undertake their roles and hold the required qualifications, accreditations, and indemnities for that role. Staff with a required clinical content to their role must maintain a current professional registration.
- 11.1.5. All staff including sub-contractors and volunteer car drivers with access to patients, or patient related information, must have a current Disclosure and Barring Service (DBS) check at an appropriate level as defined by national standards.
- 11.1.6. The transport provider must ensure there is a robust, safe and fair recruitment and selection process in place that is applied consistently to all candidates.
- 11.1.7. The transport provider must have an appropriate range of human resources policies and procedures that demonstrate a supportive culture of trust, fairness, and inclusion and are embedded within the organisation to ensure staff are aware of their roles and responsibilities. All policies and procedures must be applied in a consistent and fair manner. The transport provider is required to submit to the commissioner prior to service commencement all of these policies and procedures.
- 11.1.8. The transport provider should introduce working practices that contribute towards the achievement of Delivering a Net Zero NHS, including but not limited to:
 - 1. Provide net zero induction training and helping staff understand the links between climate change and health;
 - 2. Provide support for a network of “Green Champions” responsible for promoting sustainable practices;

3. Register as a Cycle Friendly Employer and work towards achieving Cycle Friendly Employer accreditation;
4. Offer incentives for using sustainable travel, including staff loan / salary sacrifice schemes for zero emission vehicles (ZEV), car-pooling and active travel options (cycle schemes);
5. Promote expectations that staff will reduce waste, the use of water and electricity at the contact centres and any other provider premises;
6. Conduct staff travel surveys to gain an understanding of travel patterns and any barriers preventing staff from using active travel; and
7. Include a clear statement in any job description setting out the responsibilities of staff in relation to net zero.

11.2. Training

- 11.2.1. The transport provider's staff, all sub-contractors, and volunteers must be trained to the relevant standard to deliver services as defined in the contract, with updates at appropriate intervals, in accordance with all legal requirements and the NHSE Core Standards for NEPTS training.
- 11.2.2. Where staff have enhanced care responsibilities, for example, conveying patients who require medical assistance on route or carry out conveyances for patients detained under the MHA, they must have the relevant additional specialist vehicle equipment or crew training relevant to their respective roles.
- 11.2.3. The transport provider is to submit to the commissioner prior to service commencement an annual training programme for all staff. The programme's details must include, but are not limited to, how the training will ensure staff (including where relevant sub-contractor staff, taxi/private hire vehicle staff and volunteers):
 1. Achieve the minimum training standard relevant to their role as set out in the NHSE Core Standards for NEPTS;
 2. When providing enhanced care responsibilities, receive additional specialist vehicle equipment or crew training relevant to that role, including but not limited to the First Aid Additional Competencies set out in the Core Standards for NEPTS;
 3. Are fully trained and competent in the use of all available equipment;
 4. Receive accredited training wherever possible, for example, BILD training;
 5. Have awareness of sepsis and have escalation protocols in place to access emergency services should the need arise at any point of patient transportation;
 6. When transporting mental health patients, have appropriate training around learning disability and autism, communication needs, mental health awareness and de-escalation techniques if the person becomes distressed;
 7. Receive mandatory net zero training and (where relevant) "Green Champions" training (see 11.1.8.1);
 8. Are trained annually (to a level appropriate to their role) in data protection and information governance (see 12.1.5.8);
 9. Receive compliant Looked after Children and adult and child safeguarding training (see 12.2.4);
 10. Receive appraisals, 121s, supervision, peer support, feedback, target setting, quality assurance for staff, staff development, competencies and continuing professional development (CPD); and

11. Have regular relevant training on equality and diversity and dignity and respect to ensure they are aware the requirements of the Equality Act 2010 in regard to all protected characteristics. This should include understanding specific requirements for protected characteristic and disadvantaged groups.

11.3. Estates and Infrastructure

- 11.3.1. The transport provider's vehicle bases must be sufficiently close to the main hospital sites in Sussex so that distance from the hospitals is not a reason for the transport provider failing to meet its KPIs.
- 11.3.2. The transport provider's Information Management and Technology (IM&T) must be sufficiently robust and effective to deliver the KPIs and LQRs of the service. This will include hardware, software, telephony and/or portable devices.
- 11.3.3. The transport provider must manage all of its premises from which the service is supplied in a manner that contributes towards the achievement of the Delivering a Net Zero NHS statutory guidance, , including but not limited to:
 1. Reduce travel associated with working and attending training courses by having a positive approach to working from home and providing the hardware and software to enable staff to work from home; and optimising the use of e-learning and remote conferencing;
 2. Develop plans to transition to a lower carbon estate and 100% renewable electricity sources;
 3. Make best use of shared spaces with NHS partners to optimise building use;
 4. Demonstrate a 'whole life' carbon approach to estates recognising that they will reduce construction impacts, operational carbon (energy use) and increase renewable energy. Evidence will also be required regarding activities on alternative models of energy generation including community energy, onsite renewables and collective purchasing.
 5. Prepare premises from which it operates for the impacts of climate change and develop an adaptation plan to address these risks;
 6. Identify plans for deployment of Electric Vehicle (EV) infrastructure by April 2025. This includes but is not limited to identifying local/regional grid capacity and working with local network operators and/or local authorities to plan for increased capacity at provider sites where necessary;
 7. For new buildings or significant refurbishments of property, routinely either install EV charging points or the infrastructure to add these simply and cost-effectively at a later date;
 8. Actively promote biodiversity, linking greenspaces plans and biophilic design principles into estates strategies with wilding and planting projects;
 9. Operate a cloud-first and virtual machine approach for existing infrastructure and have power management policies and protocols in place. This is to ensure that the equipment the transport provider uses and the services which they commission (including data storage) have as low as possible impact on the environment;
 10. Provide storage for all paper and electronic records with the aim to minimise paper use and maximise digital infrastructure use. The transport provider must have plans to reduce paper use and on-site printer use;
 11. Support the reuse/reselling of IT equipment either internally or through local partnership schemes;

- 12. Have a device use policy that includes consideration of the optimal timeframe for replacing and/or disposal of devices from a sustainability perspective; and
 - 13. Map and provide to the commissioner the use of non-clinical single use plastics and identified opportunities to eliminate these items from the supply chain.
- 11.3.4. The transport provider is responsible for the supply and payment for linen supplied laundered to HSG(95)18 standards. The transport provider must work with the acute, community and mental health providers to establish an SOP for laundry cleaning, exchange of laundry and on-site cleaning facilities if needed.
 - 11.3.5. The transport provider must also be responsible for arrangement and payment relating to disposal of waste, especially clinical waste streams. The transport provider will abide by NHSE's Sustainability Reporting Framework. The transport provider must have a clear plan to transform waste in line with HTM 07-01.

11.4. Vehicle Requirements

- 11.4.1. The transport provider must have available at all times sufficient and suitable vehicles containing fixtures and equipment that accord with legislation, regulations and guidance to transport patients and escorts (including children and babies) safely and comfortably and without causing delays to their journeys including but not limited to vehicles for transporting bariatric, stretcher and detained mental health patients.
- 11.4.2. The transport provider must transition its fleet to 100% battery electric vehicles as set out in 10.1.1. The transport provider will produce a strategy on achieving this requirement prior to the commencement of the service that will be sufficiently detailed and comprehensive to provide assurance to the commissioner of its capability to achieve the target and the interim targets.
- 11.4.3. The transport provider must ensure maximum vehicle efficiency and value from fuel use in order to contribute towards the Delivering a Net Zero NHS statutory guidance, including but not limited to:
 - 1. Ensure all vehicles are less than seven years old throughout the duration of the contract;
 - 2. Ensure all internal combustion engine vehicles deployed in service of the contract must – as a minimum – meet the Euro 6 standard (for petrol and diesel);
 - 3. Select the most fuel efficient and lowest CO₂ emission vehicle that meets the operational requirement for each journey where a choice is available;
 - 4. Implement speed limiting for certain vehicles within its fleet to maximise fuel efficiency;
 - 5. Advanced driver training for staff in order to develop efficient driving behaviours to minimise fuel use and in a manner consistent with low levels of carbon emissions;
 - 6. Considering a vehicle's aerodynamics; and
 - 7. Clean vehicles with reduced or zero use of chemicals or materials that are hazardous to health or the environment.
- 11.4.4. The transport provider and its subcontractor's fleet of vehicles and its equipment must operate in accordance with all relevant legislation, regulations and guidance including but not limited to:
 - 1. All Department of Transport standards, Driver & Vehicle Standards Agency (DVSA) requirements, Medicine & Healthcare Products Regulatory Agency's guidance, British Standard Institute (BSI) Codes of Practice, and any relevant requirements for CQC registration;

2. For all ambulance vehicles carrying stretcher patients, the CEN standard BS EN 1789:2020 – ‘Medical Vehicles and their Equipment – Road Ambulances’;
 3. For vehicles used for carrying wheelchair patients, BSI Codes of Practice PAS 2012-2:2019 and BS 6109-2:1989, etc.; and
 4. The [Transporting of Dangerous Goods](#) and the [European Agreement concerning the International Carriage of Dangerous Goods by Road](#) guidance.
- 11.4.5. All vehicles must be roadworthy, have a current valid MOT certificate, Vehicle Excise Duty, and maintain appropriate insurance including for patient liability. For the avoidance of doubt this also includes voluntary car driver vehicles.
 - 11.4.6. The transport provider must ensure its vehicles (and its subcontractors) clearly display a company identification label.
 - 11.4.7. The transport provider and its subcontractor’s fleet of vehicles must be maintained, serviced, repaired and safety and defect checked by competent and appropriately qualified mechanics at appropriate intervals and in accordance with vehicle manufacturers’ recommendations, DVSA guidelines and industry best practice.
 - 11.4.8. All vehicles used for the service must be cleaned in accordance with procedures that meet the highest standards of infection control policy and national standards from the National Patient Safety Agency (NPSA).
 - 11.4.9. Equipment carried within ambulance vehicles of the transport provider and subcontractors must comply with current legislation and be properly fitted in accordance with the manufacturer’s instructions. Vehicle equipment must include a first aid kit.
 - 11.4.10. The transport provider must ensure that all equipment is maintained, regularly inspected, tested, calibrated and decontaminated in accordance with manufacturers’ specifications and NPSA standards, taking account of usage and infection control.

12. Additional Service Requirements

12.1. Information Governance

- 12.1.1. The transport provider will be the Data Controller of records generated within the service.
- 12.1.2. The transport provider shall ensure that the appropriate information governance policy, processes, practice and assurances are in place to legally, safely and effectively manage all data in accordance with data protection legislation (UK GDPR).
- 12.1.3. The transport provider must complete and publish an annual information governance assessment using the NHS Data Security and Protection (DSP) Toolkit and must demonstrate satisfactory compliance as defined therein. The transport provider must have their DSP Toolkit submission independently audited at least annually and the results shared with the Commissioners.
- 12.1.4. The provision and management of IM&T hardware and software is the responsibility of the transport provider. The transport provider must use an Information Technology solution which will deliver the information and security management requirements of the contract. Systems should use the Health and Social Care Network (HSCN), utilising fast broadband, secure networking services which are interoperable with the Commissioners’ and other stakeholders’ systems and comply with any other IM&T regulations as set out by NHSE.

12.1.5. The transport provider must:

1. Have appropriate systems and procedures in place to enable it to report and publish any data breach or information governance breach in accordance with the NHS Digital 'Guide to the Notification of Data Security and Protection Incidents';
2. Be able to demonstrate appropriate registration with the Information Commissioner's Office;
3. Have procedures in place to respond to individual rights requests (including Subject Access Requests), within the statutory timescales dictated by data protection legislation;
4. Ensure that any clinical information systems include a comprehensive audit trail showing each occasion on which individual records have been seen, used, amended or deleted;
5. Ensure 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 NHSE;
6. Ensure that any exchange of personal/sensitive data is via an appropriate secure method/process;
7. Have records management procedures, which must be used by all staff, outlining basic record-keeping standards and the process for making sure a contemporaneous record of care is completed. These procedures must include procedures for the secure storage, archive and appropriate destruction of all paper records and electronic records in compliance with the Records Management Code of Practice for Health and Social Care 202;
8. Ensure all staff are trained annually (to a level appropriate to their role) in data protection and information governance;
9. Ensure service users and their carers/families are fully informed in relation to what personal information is stored, how it is stored, why it is kept, and what it is used for through the use of a privacy or fair processing notice. Such information must be compliant with UK GDPR in terms of its content and accessibility;
10. Ensure that information management procedures for the storage and use of personal information are in place and comply with GDPR. This should at least include the maintenance of an information asset register and data flow maps for the service;
11. Ensure they have identified and documented an appropriate legal basis from GDPR for all processing activities relating to personal data (Section 6.1 of the GDPR) or special categories data (Section 9.2). This will include any instances of sharing, including sharing data with any new provider of the service to ensure continuity of service provision;
12. Ensure that a Data Protection Impact Assessment (DPIA) is conducted and where unmitigated risks are identified that these are notified to the Information Commissioner's Office and to the commissioner;
13. Ensure full detailed information is available for performance management, audit trail of each patient journey, prevention of fraud and investigation of any complaints;
14. Provide data migration support from existing booking/record systems to the new transport provider system to ensure a seamless transfer; and
15. Ensure that where patient records or care plans are transported with the patient for their ongoing care, the appropriate IG protocols must be followed.

- 12.1.6. The transport provider must ensure that equal standards to those above and in the relevant section of the Standard NHS contract are imposed on any subcontractors it engages to provide any part of the service. The provider must inform the commissioner of any subcontractors being used.
- 12.1.7. Following contract award and prior to commencement of service, the transport provider will agree to complete a DPIA to provide assurance that the service will be legally compliant with the Data Protection legislation (UK GDPR). At any later time during the term of this contract, should the service undergo substantial redesign or implementation of new software, a further DPIA will be required before any change can be implemented.

12.2. Safeguarding Adults, Children and Looked After Children

- 12.2.1. NHS Sussex is committed to safeguarding and promoting the welfare of children, young people and adults, and expects all commissioned health services to share this commitment, adhering to the [Sussex Child Protection and Safeguarding Procedures](#) and [Sussex Safeguarding Adults Policy and Procedures](#).
- 12.2.2. Central to this responsibility is ensuring that commissioning arrangements clearly specify safeguarding expectations and responsibilities in contracts. Monitoring will also be supported by, and linked to, the outcome of CQC safeguarding inspections. As per the Sussex Safeguarding standards, the transport provider will have a strategy for safeguarding children and adults and Looked after Children which should include robust governance processes in meeting statutory requirements, and detail training and supervision arrangements.
- 12.2.3. The transport provider must have a written policy and procedures that are compliant with the Pan Sussex Safeguarding Procedures, the Care Act 2014, the Mental Capacity Act (MCA), The Children Act 1989 and 2014 and Working Together 2018 and any future relevant legislation and regulations.
- 12.2.4. Staff must receive Looked after Children and adult and child safeguarding training compliant with the Intercollegiate Documents for Safeguarding and Looked after Children, which outlines competencies required for all healthcare staff (to include MCA and Prevent) or equivalent.
- 12.2.5. Regular monitoring and reviewing of the systems must be in place. In the event of abuse occurring within the service, the transport provider must report this immediately, following local safeguarding pathways to allow for proper enquiry. Failure to do so could be considered a breach and may result in termination of any contract.
- 12.2.6. The transport provider must also have a policy outlining the procedure for managing allegations against staff (including people in positions of trust and referrals to Local Authority Designated Officers), as well as a safe recruitment policy to include a process for relevant DBS checks to be undertaken.

12.3. Quality Requirements

- 12.3.1. In addition to any quality requirements contained elsewhere in this services specification, the transport provider will ensure:
1. The requirements of the NHSE Serious Incident Framework (2015) are embed within the service and all staff (including subcontractors) are aware of their responsibilities in identifying, reporting, investigating, and learning from serious incidents;
 2. All staff (including subcontractors) aware of, and adhere to, the procedure for reporting incidents in accordance with the commissioner's Serious Incident Policy and the national [Patient Safety Incident Response Framework \(PSIRF\)](#) and in line with national timescale.;

3. The Duty of Candour is embedded within the organisation and that all staff (including subcontractors) are aware of what it is, what it means and their roles and responsibilities in relation to its implementation.
4. A complaints policy is in place which patients can access patient access, include agreed timelines for response and arrangements for action upon learning identified;
5. The service follows all infection prevention control (IPC) measures in line with national guidance and professional standards which includes infection audits;
6. Clinical audits are undertaken, and learning is reviewed within a formal governance setting with recommendations implemented where required;
7. A system is in place to ensure that all NICE and service specific national guidance is reviewed within a formal governance framework and implemented where required; and
8. A system is in place to ensure that national guidance is reviewed and implemented to ensure that patients have their privacy and dignity preserved.

12.4. Data Migration

- 12.4.1. The transport provider must provide a data migration plan detailing how they plan to import the data from the existing booking systems to ensure a seamless transfer of patient details and journey scheduling from the current provider. The plan must include testing the reliability of the data migration process via test or trial loads. The plan must demonstrate an understanding of the current provider's system and how any technical challenges will be overcome. The plan must be provided to the commissioner for review ahead of contract signature.
- 12.4.2. The transport provider is required to ensure that all data has been correctly migrated before the service commencement date to ensure that all existing patients are screened and migrated and that the data is validated and signed off. User acceptance testing must be completed and evidenced to ensure the data is correct.
- 12.4.3. At the end of the contract the transport provider must provide all data and facilitate data migration to the service commissioner and incoming provider and engage fully in the transition period.

Glossary

Aborted Journey	A journey that was terminated after the vehicle commenced the journey to the patient, for example, a journey cancelled by the hospital or patient when the vehicle was on its way. The list of aborted journeys are included in the minimum reporting requirements.
Admitted Patients	An admitted patient or in-patient is someone who is admitted to a ward, treatment facility or clinic for the purposes of hospital treatment. This includes day case surgery as well as any treatment requiring an overnight stay.
Adult at risk	Aged 18 years or over; Who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.
Arrival time	The time patient is required to arrive at their destination. All bookings must either specify a required arrival time or pick-up time.
Assistance animals	This includes assistance dogs, which are covered by the Equality Act 2010 and are legally protected. Assistance dogs are not pets and are classed as auxiliary aids. Assistance dogs are allowed into public places public places an assistance dog has access rights into include shops, cafes, restaurants, hospitals, medical clinics, and public transport. They include guide dogs, hearing dogs, medical alert and response dogs, allergy detection dogs, mobility assistance dogs, autism assistance dogs, and psychiatric assistance dogs.
Bariatric	Patients who present with additional manual handling needs and exceed a pre-defined weight (in excess of 133kg / 21 stones) or where their body morphology - size, height, weight, shape and / or width exceeds equipment dimensions: e.g. if a patient's hip to hip anterior measurement is 100 cm or greater, they will be defined as bariatric even if their weight is less than 133 kg / 21 stone.
Bed pressures	The transport of adult patients to manage the bed base of an acute trust. This does not include the transport of patients to alternative sites as part of a care pathway where treatment can only be accessed at an alternative site.
Cancelled Journey	Journey that is no longer required from the patient transport provider and notified to the provider <u>before the journey</u> has started to the specific patient.
Cognitive Impairment	Cognitive Impairment is the medical term for problems with any aspect of thinking ability. Symptoms of a Cognitive Impairment can include memory problems, understanding, and reasoning.
Critical Care Patients: Level 2 and 3	The NHS has different levels of critical care , based on the clinical needs of patients. Level 2 and 3 critical care patient journeys are commissioned as a separate service and not included in this contract.

Detained patient	<p>A person detained, also known as sectioned, under the Mental Health Act 1983 (MHA) and treated without their agreement.</p> <p>People detained under the MHA need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.</p>
Discharge	<p>The point at which an inpatient leaves the point of care and either returns to their chosen place of residence or is transferred to an alternative home environment, which includes discharges to residential and nursing homes. Journeys from inpatient care to inpatient rehabilitation or other inpatient care facilities such as community hospitals and hospices should be considered as transfers.</p>
Disorderly behaviour	<p>Where the behaviour of a patient has a negative impact on other patients to an extent where it affects their wellbeing, for example; use of offensive language, being under the influence of alcohol or drugs, smoking and threatening behaviour.</p>
Dual Validation	<p>A system which allows both the transport provider and the care provider to record the time at key points in the patient journey, this includes arrival at and collection from the point of care.</p>
Eligibility criteria	<p>Assessment of medical needs of the patient that will qualify them for the provision of NHS funded transport.</p>
Eligible	<p>Patients that qualify after an assessment of transport need using agreed criteria based on medical need.</p>
Emergency and urgent care ambulance journeys	<p>Journeys classified under the Ambulance Response Programme as categories 1-4. These are the responsibility of the emergency ambulance provider, which in Sussex is SECAmb.</p>
End of Life / EoLC	<p>People are, according to the NHS, considered to be approaching the end of life when they are likely to die within the next 12 months, although this is not always possible to predict. This includes people whose death is imminent, as well as people who:</p> <ul style="list-style-type: none"> • have an advanced incurable illness, such as cancer, dementia or motor neurone disease; • are generally frail and have co-existing conditions that mean they are expected to die within 12 months; • have existing conditions if they are at risk of dying from a sudden crisis in their condition; and • have a life-threatening acute condition caused by a sudden catastrophic event, such as an accident or stroke.
EoLC Imminent	<p>EoLC Imminent is a patient whose death is imminent and they are expected to die within 24 hours.</p> <p>Patients designated as EoLC Imminent are the responsibility of the emergency transport provider, SECAmb.</p>

Escort	<p>A person who accompanies a patient to provide an element of care based on their condition including learning difficulties/disabilities, visual, hearing, or other impairments. This may be clinical or social care that if they were not present for some or all of the journey or healthcare appointment would impact the safety or dignity to the patient.</p> <p>The escort may be a member of clinical staff, carer, family, friend etc. Visual, hearing and medical assistance animals are to travel in vehicles with their patient. Children may also be classed as escorts where they need to travel with their parent. On occasion for mental health patients there may need to be a ratio of a 2:1 or rarely 3:1 basis due to level of acuity.</p>
Fair Processing Notice	<p>A fair processing notice (or 'privacy notice') is a written statement that individuals are given (or given access to) when information is collected about them.</p> <p>As a minimum, a fair processing notice should tell people who the organisation collecting their data is, what they are going to do with their information and who it will be shared with.</p>
Healthcare Professional (HCPs)	<p>A healthcare professional (HCP) is a person who is contracted to provide a healthcare service to a patient. A healthcare professional is associated with either a specialty or a discipline and belongs to one of the following groups:</p> <ol style="list-style-type: none"> 1. medical and dental staff (associated with one or more specialties) 2. nurses, midwives and health visitors 3. professions allied to medicine (AHPs), e.g. clinical psychologists, dieticians, physiotherapy. 4. Emergency Department ambulance staff/paramedics 5. other professionals who have direct patient contact, e.g. pharmacists, medical photographers, medical records staff.
Host Provider	<p>The provider delivering care from whom the patient is being discharged or transferred.</p>
Informal patients	<p>An informal patient is a patient who is having in-patient treatment in a psychiatric hospital voluntarily, rather than being detained under the Mental Health Act 1983 or a deprivation of liberty under the Mental Capacity Act 2005</p>
Integrated Care Board	<p>Integrated Care Boards (ICBs) were legally established with effect from 1st July 2022 (replacing Clinical Commissioning Groups). Under the Health and Care Act 2022, each Integrated Care System (ICS) – which are defined by NHS England – will have an ICB. An ICB is a statutory organisation responsible for commissioning NHS services within the ICS boundary not otherwise commissioned by NHS England, bringing the NHS together locally to improve population health, and establishing shared strategic priorities within the NHS.</p>

Intensive treatment	A course of treatments, at regular intervals, over a defined period, which are critical to the patient's recovery and for which their punctual arrival is vital.
Key Performance Indicators (KPIs)	A performance measurement that evaluates the success of an organisation in relation to a particular activity in which it engages.
Learning disability	Defined by the DHSC as a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.
Local Quality Requirements (LQRs)	Local Quality Requirements (LQRs) are locally agreed reporting requirements regarding the required quality of the service in relation to patient experience, patient safety, and clinical effectiveness. LQRs are included in Schedule 4C of the Particulars of the NHS Standard Contract
Major Incident	A significant incident or emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or local authority for the initial treatment, rescue, and transportation to hospital of a large number of casualties.
Mental Health Conveyances: Primary, Secondary and Tertiary	<p>Primary journeys are those where people detained under the MHA are taken to a hospital-based place of safety (HBPOS), either direct to a Sussex Partnership NHS Foundation Trust (SPFT) unit or to an ED department in an acute hospital. These are agreed under the multi-agency S6 transfer policy as being the responsibility of the emergency ambulance provider (SECamb).</p> <p>Secondary Journeys are those journeys for people who have been detained at an HBPOS and need to be moved to an appropriate mental health unit. This includes:</p> <ul style="list-style-type: none"> • movement of patients from an acute ED to a Mental Health Place of Safety (MH POS) (either run by SPFT or another mental health provider); • movement of patients from a SPFT MH POS to a SPFT acute MH unit; • movement of patients from a HBPOS to an acute MH Bed (any mental health provider, including out of area repatriation or SPFT overspill capacity). <p>Tertiary Journeys are for the majority of other journeys for patients detained under the MHA that are not primary or secondary conveyances, including:</p> <ul style="list-style-type: none"> • repatriation from an acute SPFT bed to a person's local mental health provider, once they are stable and suitable to transfer; • transfer of SPFT patients to ECT suites, for the continuation of their treatment; • transfer of patients for appearance at Court; and

	<ul style="list-style-type: none"> Ward to Ward transfer to relocate patients closer to their usual networks within Sussex.
Mental Health Patient	<p>A person who suffers from a diagnosed mental health condition or is suspected to have a mental health condition and is being transferred to a mental health facility.</p> <p>A mental health patient may find difficulty in life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. A patient whose feelings, thoughts and actions may put their physical health and wellbeing at risk, whilst potentially or actually placing others at risk and who requires or may require assessment/intervention from Community Mental Health Services.</p>
Minimum Reporting Requirements (MRR)	An endorsed data set used to report on the provision of a service as contractually required. These are attached as Schedule 6A in the Particulars of the NHS Standard Contract.
Mobility categories	<p>Patients eligible for NEPTS will have their own support needs for their NEPTS journey which, in turn, determines the type and nature of the resource(s) required.</p> <p>The level of support need is classified by a mobility code and description. The mobility codes are then a fundamental part in service / journey planning, ensuring the right resource is allocated to the right patient.</p> <p>NHS England has produced a new national set of mobility codes, descriptors and definitions that will be used for this contract.</p>
Nominated place of residence	This describes the premises at which the patient has chosen to live following discharge from inpatient care. For patients with no fixed address, this may include premises such as council offices, homeless hostels or a residential address where a patient has chosen to reside for rehabilitation purposes.
Non-Admitted Patients	Patients who have not been formally admitted to hospital and do not occupy a hospital bed, for example, those attending ED/UTCs/SDEC or an outpatient appointment.
Non-Sussex Patients	A patient who does not fulfil the definitions of a Sussex Patient. These patients are also described as 'out of area patients'.
Patient's belongings (hand luggage)	In addition to any drugs and medical devices – including but not limited to wheelchairs, walking frames, and maternity equipment – that have been dispensed by Pharmacy the patient may bring with them their own belongings equivalent in size to airline hand luggage size bag. In the case of an escort being present, the transport will include luggage for both the patient and escort.
Point of Care	The venue where the patient's care or treatment is to be delivered, for example, an outpatient department.
Renal patient	Patient receiving treatment, i.e., haemodialysis from a renal unit.

Repeat bookings	The booking of more than one appointment relating to a single course of treatment, which may be because the treatment is over a period of time at regular intervals, in one instance to avoid repetition.
Routine	Routine appointments for NHS funded treatment known about by all parties.
Same-day journey	A journey that is due to take place the day that it is booked. For the purpose of the KPIs, any journeys booked after 5pm the day before are also counted as same-day journeys. Journeys booked before 5pm are counted as pre-planned journeys.
Services provided in a Primary Care setting	People self-referring to see their GP, dentist, optician/optometrist, or another member of the Primary Care team are not covered by PTS. People referred by a health care professional for secondary care services in a primary care setting, and meet the required eligibility criteria, will receive access to PTS.
South East of England	The South East of England is defined as the area falling within the following postcodes including London: BN, TN, PO, RH, GU, SO, ME, CT, RG, SL, HP, OX, AL, LU, MK, SG, CM, SS, HA, UB, NW, W, E, SE, EC, TW, SW, KT, CR, BR, DA, SM, N, C.
Sussex patients	<p>The definition of a Sussex Patient is a patient that NHS Sussex has core responsibility for as defined in the NHS Who Pays? Guidance and includes the following patients:</p> <ul style="list-style-type: none"> • Patients that reside in Sussex and are registered with a Sussex GP, including where the practice has a branch surgery located outside the Sussex boundary, and where the registered population may therefore live outside of Sussex (e.g. patients registered with Woodlands or Clerklands GP surgeries; Woodlands surgery is located in Crawley, Clerklands in Horley). • Patients that are not registered with a GP but who are defined as “usually resident” in Sussex and so are deemed the responsibility of NHS Sussex. • Patients that do not reside in Sussex but are registered with a GP within Sussex.
Time bound journeys	<p>Time bound journeys are those in which the hospital deem it necessary to that a patient must arrive at the required destination within a specified time window because failure to do so will have a high probability of causing clinical harm or postpone their discharge from inpatient care. They include:</p> <ul style="list-style-type: none"> • Discharge of a patient home where a time bound care package is required, e.g., Meeting social care discharge support teams/carers at the patient’s home within a specified time slot, or admission to a care and nursing home facility within a specified time slot. • Transport of patients requiring admission to an inpatient mental health unit • On the Day requests for outpatient journeys for inpatients, for example, transporting a patient from one site to another for an urgent diagnostic scan, then returned to the original site.

Transfer: Inter-facility (IFT)	The four levels of IFT journeys as defined in the National framework for inter facility transfers . Level 1 and 2 are the responsibility of the emergency transport provider but level 3 and 4 can be determined locally and in Sussex will be the responsibility of the transport provider.
Transfer: Intra-site	Transfer of a patient between two healthcare sites managed by the same NHS Trust.
Transfer: Onsite	The movement of a patient from one part of a hospital site to another part of the same site, which is an excluded journey for the transport provider.
Treatment Centre	The venue where a patient will receive care, this includes acute settings and a broad range of community, primary and independent sector sites.
Unable to convey	A booked journey where the transport provider is unable to convey the patient and hands them back to the hospital. Reportable in the KPIs as “unable to convey”.
Wait and Return Service	The transport staff after dropping off the patient at the point of care wait at the location for the patient’s treatment to be completed before returning them back to their nominated place of residence.