Policy/Procedure/Guideline

Use of Sub-Contractors Policy

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Ratified by: Clinical Governance & Risk Board

Policy Author: Bradley Woods

Policy Owner: Operations Director

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POLICY AWARENESS	
People who need to know this policy in detail	Management
People who need to have a broad understanding of this policy	Controllers
People who need to know this policy exists	All staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1.0	New policy	New policy

Policy location:
Main Policy Folder in Control Room and Crew Room
On PTUK Server

1.0 Introduction

This document provides guidance for Patient Transport UK (PTUK) staff on how best to establish a Formal Agreement (FA) with an external provider. It describes a process for the development of a FA that ensures all parties are suitably protected and informed. This advice is not restricted to any particular management grade or position, rather it is written to guide whoever finds themselves 'The Developer' requesting outside services.

1.2 This process will also be appropriate as a method for guiding providers toward Approved Supplier status. That is, organisations that meet certain minimum standards and that have been subjected to appropriate checks can subsequently be considered as a sub contractor for specific pieces of work.

1.3 This document provides advice on areas that must be addressed in a FA with potential providers. Providers may include other private ambulance services, voluntary aid societies and NHS Ambulance Trusts.

2.0 Scope

2.1 The Developer of the FA must identify those elements required for inclusion based on the type and scope of the service to be provided. This will also be based on the type of provider to be used, where that can be ascertained before the agreement is entered into.

2.2 Initially the Developer must approach the PTUK procurement department and establish what type of process will be required to action a sub-contractor for the work identified to meet statutory requirements. This will establish if the Developer has the authority to initiate the process, or if a more senior person is required. Procurement can also advise, based on the scale and type of work to be undertaken by a sub-contractor, what process will be most appropriate, including seeking Approved Supplier status for a partner organisation.

2.3 Having defined the type of work to be undertaken and a FA drafted, the Developer will undertake a process of consultation to include the following departments:

- Clinical Operations
- Ambulance Control
- A&E Operations
- Business Development
- Finance

This list is not exhaustive; other departments, e.g. training, I.T. may also be appropriate.

The intention is to ensure that any FA is:

- appropriate for PTUK's needs
- sets standards for the quality of the service to be provided for the patients who will receive the service

- provides terms and a structure that is fair and equitable to both parties
- enforceable

2.5 Any FA must have a nominated lead (sub-contractor manager) specified, who will take responsibility for managing the relationship with the contractor/partner organisation in respect of that agreement. This person will be responsible for ensuring that the contractor/partner organisation meets their responsibilities under the terms of any agreement, monitors the level, quality and type of service provision, and provides (directly or indirectly) the service required to the PTUK within the agreement terms. This person will also be responsible for ensuring that all financial (where applicable) processes such as invoicing and auditing the service provider are undertaken.

3.0 Communication with stakeholders

A copy of this policy will be made available to all staff. This will be located in every staff/crew room at each location within the business

4.0 Skills and Equipment

4.1 Formal Agreements must define the type of service and the target patient group. It must be remembered that terms to describe staff and services used within PTUK, may not be understood to have the same meaning by other organizations and clear definitions must be used. This is best achieved by focusing on the clinical needs of the patients.

4.2 Separation of types of service to be provided can be grouped using the following categories:

4.2.1 Patient Transport (PTS) services can be separated into two categories.

- Those who have mobility problems only and require assistance, comprising help with walking, those unable to walk and who require a chair and those who need to be transported on a trolley bed (unable to sit up). These patients will either require no other form of clinical support or will be accompanied by a clinician who will supply the skills to support that patient and any equipment which is not provided on the ambulance.

  In this instance the clinical training of the staff can be limited, but the contract Developer must consider what minimum level is acceptable for an organisation working on the PTUK's behalf, such as the presence of an AED and staff trained in Basic Life Support.

- Patients who may require clinical support en route (such as COPD patients), or who may reasonably be expected to have a risk of deterioration in their condition, thereby requiring staff that can recognise this and take action to address the situation. This type of service would require the provision of

oxygen and staff trained in its administration both therapeutically and as active treatment as well as basic life support skills.

4.2.2 Emergency Medical Technician (EMT) level support to Urgent Operations Centre, including transport for 999 patients assessed as not requiring supportive care by PTUK clinicians. The skill levels possessed by PTUK EMT crews and equipment levels of their vehicles must be used as a guide for the provision of services for this work.

4.2.3 Non-urgent high dependency transfers, including long distance journeys provide services for patients who require clinical support during their transport, but who are not time critical for arrival at their destination. These patients are often pre-planned, transferring back from a treatment centre, or specialised care or transferring for non-urgent treatment. The skills required for the crews should reflect the level of care required by these patients and their potential for deterioration and must include the capacity to transport using audible and visual warnings in case of deterioration in the patients' condition.

4.2.5 Support to A&E for "Urgent" transfers includes patients who need to be transferred or admitted for further clinical assessment and/or treatment, who, if not delivered within a 1-4 hour time frame, may result in increased levels of mortality/morbidity. This workload includes patients who are currently at home and whose condition may not be thoroughly assessed.

4.2.6 Response to emergency calls without prior assessment by a health professional must be undertaken by staff able to assess, treat and transport patients who have an acute condition, or acute exacerbation of an existing condition. The skills required would need to mirror those possessed by an PTUK Paramedic crew as a minimum and the equipment levels found on an PTUK front line vehicle.

4.2.7 To undertake PTUK duties at events an external provider must be able to provide a service level equivalent in terms of skills and equipment to an PTUK A&E crew.

4.2.8 Support to PTUK in a Major Incident could be provided by staff in all of the above categories, although clarity as regards the parameters of the work to be undertaken in these circumstances must be ensured.

4.3 All FAs must contain clear definitions of the patient group(s) that will be transported/attended and have specific descriptions of the skills and equipment required of the provider.

4.4 A schedule of equipment that can be used by the provider will be agreed, as well as arrangements for seeking /granting /refusing permission for the provider to use PTUK equipment.

4.5 Decisions as to the appropriate methods of deployment/communications and operational contact will depend on the type of service being sub-contracted. Pre-planned activities and those providing a basic PTS service will require reliable

telephone contact as a minimum, and must include an ability to contact crews via mobile phone. All other activities will need robust communications, with assurances that a contractor's staff will be able to contact their base or the PTUK Emergency Operations Centre (EOC) quickly and reliably if a situation deteriorated or an emergency arose.

5.0 Management

5.1 The FA shall identify lines of communication between the PTUK and the contractor/partner organisation, with named positions being specified.

5.2 The documentation should make clear what will be required in terms of governance in the contracting/partner organisation. Give consideration to:

5.2.1 Safety and Risk policies in place. Minimum requirements should be:

- Safety and Risk Policy
- Clear identification of hazard and adverse incident reporting
- Clinical and hazardous waste disposal policy and procedures.
- Provision and use of personal protective equipment.
- Administrative arrangements for these to be monitored and to facilitate improvement measures to be taken.

5.2.2 Structures to support clinical staff and provide clinical oversight, including:

- Systems to manage and track drugs use, and Patient Group Directives to support this.
- Clear treatment protocols
- Clear statement(s) regarding adherence to JRCALC Pre Hospital Guidelines.
- Procedures in place specific to the management of adverse clinical incidents: - access to clinical advice etc.
- Procedures outlining staff's actions to protect children and vulnerable adults
- Data protection.

5.2.3 HR policies should include:

- Recruitment and selection
- Criminal Records Bureau (CRB) checks (mandatory)
- Equal opportunity and diversity
- Attendance
- Working Time Directive compliance
- Disciplinary procedures
- Grievance procedures
- Bullying and harassment
- Occupational Health

- Whistle blowing
- Health and safety, including manual handling
- Driving and care of vehicles
- Infection control
- Confidentiality
- Alcohol and drugs policy
- Protection of children and vulnerable adults to include DBS checks, mechanisms for placing staff/ ex staff on POCA/POVA registers as appropriate.

5.2.4 Complaint handling; this should include:

- Procedures for dealing with complaints
- Documentation as to how complaints management feeds into the governance structure.

5.3 The standards required for the continuing compliance on these points must be specified and the arrangements for termination of the agreement, in the event of non-compliance, made explicit.

6.0 Staff

6.1 Staff employed by the sub-contractor must be trained to an appropriate standard for the patient group with which they are dealing. This will vary, but as a guideline:

6.2 Minimum standards for PTS crews would be attendance at an IHCD First Person on Scene course or an appropriate First Aid course with additional training in the therapeutic administration of oxygen, CPR and use of an AED.

6.3 For staff undertaking A&E work, the minimum level of qualification should be an IHCD Emergency Technician course or state registration as a Paramedic or their equivalents. Sub-contractors must also be required to provide individual portfolio evidence of the current scope of practise and expertise of their staff.

There should be evidence of competency maintained in:

- Clinical practise
- Safety of patients
- Patient handling
- Driving
- Health & safety
- Infection control
- Customer care & communication
- Confidentiality

6.4 The contractor must ensure that their staff wear an appropriate uniform, including any PPP required, agreeing with the PTUK any emblems/ badges displayed. Staff must be of a smart appearance and have photo ID, clearly indicating their employer available at all times when on duty.

7.0 Vehicles

7.1 Contractors must supply details of numbers and types of vehicle used (make/model/modifications), and the age of their fleet. The FA must make clear that it is the responsibility of the sub-contractor to ensure the vehicles are roadworthy and compliant with Road Traffic Act legislation; have a current MOT and Vehicle Excise Duty where appropriate. They must also be able to demonstrate that adequate and appropriate insurance cover is in place, and, if likely to respond on behalf of PTUK with audible warning and lights, that the parameters within which this would occur, are acceptable to their insurers.

7.2 All vehicles should comply with CEN 1789, commonly known as BS EN 1789:2007 to undertake A&E work. They must have piped oxygen available and have safe storage for spare cylinders and Entonox.

7.3 Trolley beds and other ambulance equipment must comply with BS EN 1789:2007. Depending on the type of work to be undertaken, the FA should specify the type of equipment to be carried and either the relevant standard to be achieved, or the details required from the contractor about the equipment used that the PTUK requires. This must form a schedule to be completed by the sub-contractor.

7.4 Documentation/policies will be required to identify

- Vehicle cleaning procedures (including products used).
- Procedures for checks on roadworthiness

7.5 The sub-contractor must provide evidence of their driver training, including the qualification level of the instructors used. The instructors must hold a recognised qualification for this type of driver training. In addition the sub-contractor must have a policy in place dealing with accidents and any adverse incidents occurring when driving and specifying the level of competency of the person responsible for investigating/addressing these incidents with staff.

8.0 Management Information

8.1 For A&E support, core A&E work and pre planned events or Major Incident support, sub-contractors must use an PTUK Patient Report Form (PRFs) or own equivalent for each patient journey/patient contact. PRFs must be fully completed and returned to PTUK Head Quarters within a week of the journey being undertaken.

8.2 For PTS work the sub-contractor must provide a summary of all journeys undertaken, with dispatch, arrival and conveyance times for each. These must be monthly reports and contain agreed performance statistics.

8.3 The sub-contractor must be able to demonstrate that they have policies in place that reflect the requirements of Caldicott and meet the requirements of the Data

Protection Act. There must be a separate data sharing agreement made with all sub-contractors and if information is to be collected and shared by the sub-contractor which will/may be used for audit and research by PTUK this must be specified.

9.0 Quality Standards/Inspection

9.1 Contractors will be required to be able to provide documentation to substantiate their ability to meet the standards required in the FA at any time, throughout its duration. There will be an agreed inspection regime contained within the contract, and this must include spot/unannounced inspections by designated PTUK managers.

9.2 As specified, sub-contractors undertaking A&E work for PTUK will complete an PTUK PRF, or own equivalent, for all patients and submit them to the PTUK within a week. These PRFs will be audited by the PTUK Clinical Operations Manager.

9.3 The PTUK Clinical Operations Manager should make provision to receive copies of the PRFs from sub-contractors for these to be audited in line with the existing clinical auditing procedures.

9.6 The outcome of these audits will form the basis of the sub-contract management and compliance of the sub-contractor. Non-compliance will be addressed and agreements must specify the levels of acceptable compliance, at what point actions plans will be required of the contractor to improve, timescales for improvement and a process for termination of the FA.

10.0 Insurance

10.1 The contractor must provide evidence of appropriate insurance, including vehicle, medical malpractice, employers and personal liability.

11.0 Business Continuity

11.1 The FA must request inclusion by the contractor of a business continuity plan. This will cover arrangements for dealing with shortfalls in staff and vehicles, premises, communications and civil disasters and other emergencies.

12.0 References

The Caldicott Report, (December 1997)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4068403

CEN 1789
http://www.dft.gov.uk/vca/additional/files/vehicle-type-approval/ambulances/vca058.pdf

13.0 Appendicies

Appendix 1
Appendix 2

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	No	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	No	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	No	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	11/04/2020
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	11/04/2020
Signature			