

## **1 PATIENT CARE AND ASSISTANCE**

- 1.1** All patients must be treated courteously and in a manner that pays due regard to their medical condition. Persons transporting patients must ensure that they are collected from their home, escorted to the vehicle, made safe and comfortable in the vehicle, escorted to their destination and placed in the care of a responsible person. Outward journeys have similar requirements and patients must be taken in safely and comfortably settled before being left and should it be appropriate with a responsible person, if necessary. Responsibility for the patient does not cease when the patient alights from the vehicle.
- 1.2** Adequate time must be given for a patient/escort/carer to answer their door. Every effort should be made to confirm that the patient is not at home, waiting at least 5 minutes for a response. On these occasions it will be the Contractors responsibility to establish this information. If no response is forthcoming staff should firstly make every effort to telephone the patient. In the event of no response they should leave a calling card with the call time recorded advising the patient that a call has been made, these details should be given to the Designated Officer by means of a carbon copy, giving a number of specific indicators for the address, i.e. red front door, blue car on drive, etc. It will be a requirement of the driver in such instances to telephone the relevant point and confirm the status of the patient before leaving the address.
- 1.3** The Contractor must ensure that their Staff will arrive on time and where necessary:
  - 1.3.1** Provide assistance in dressing, especially with suitable outer garments.
  - 1.3.2** Remind patients/escorts/carers to carry any necessary medication with them together with clinic documentation e.g. appointment card, doctor's letter, if this is required for their appointment. However the loss of this documentation should not prevent the patient being transported.
  - 1.3.3** Remind patients/carers to switch off any appropriate household appliances and ensure patient's premises are securely locked on departure and that they have their keys with them.
  - 1.3.4** Provide assistance with or without the use of aids in and out of the house, hospital and vehicle.
  - 1.3.5** Ensure that patients are not left unattended whilst negotiating steps and stairs and entering or alighting from the vehicle.
  - 1.3.6** Ensure upon arrival at the appropriate hospital that patient's details are handed over to the appropriate person.
  - 1.3.7** Ensure vehicles are driven in a smooth manner, with no dangerous practices and no heavy braking.
  - 1.3.8** Take the appropriate emergency action should the patient become unwell on the inward or outward journey or in a life-threatening situation when called for or taken home.

Examples of appropriate action are to dial 999 and wait with patient until the emergency service arrive, or convey to the nearest A&E department. The Contract Manager should be informed about such an occurrence as soon as it is medically safe to do so, who will inform the Designated Officer.

- 1.3.9** Ensure the Designated Officer is notified if the patient's pick up or drop off location is of concern.
- 1.4** Patients must be delivered to and collected from required drop off/pick up points, these may not necessarily be the same place, by the Contractor's Staff. It is essential that any patients in wheelchairs and stretcher patients and those in a confused state are handed over on arrival at the hospital/clinic to a responsible member of Trust staff.
- 1.5** Discharges and transfers shall be collected from the hospital/clinic at the time specified on the booking form. We would expect the drivers to assist with this duty if the Trust are short of available portering staff at such times. When a patient is not ready for collection from a hospital/clinic at the time anticipated, the Contractor's staff should notify their control and wait 10 minutes. If the delay exceeds 10 minutes, the Contractor's staff should seek advice from the Designated Officer as to the expected time of patient readiness and liaise with their control. At no time should the Staff attempt to speed up the treatment of a patient.
- 1.6** If patients require a comfort break during their journey, this shall be accommodated appropriately.
- 1.7** Any delays shall be notified to the Contractor's control who will keep the relevant Designated Officer informed. Delays shall be logged so that the Hospital/clinic expecting the patient can be informed of the reason for delay. If delays to outward journeys are incurred, the Contractor's staff must keep informed those patients waiting for return transport.
- 1.8** Delays are the most frequent cause of complaint and Tenderers are required to explain how delays can be minimised and how they can make patients subject to delays more comfortable.

## QUALITY STANDARDS

| STANDARD   | TARGET          | MONITORING METHOD  |
|--|-----------------|--|
| Patients will always be collected from the collection point requested in the Booking                             | 100%            | Measured internally by feedback or complaints received within the Trust                        |
| Patients will always be taken to the drop off point requested in the Booking                                     | 100%            | Measured internally by feedback or complaints received within the Trust                        |
| General out patients inward journey<br>- no more than 30 minutes early<br>-between 30 minutes early and on time  | 100%<br>min 90% | Measured internally by feedback or complaints received within the Trust                        |
| Waiting Time outpatients - outward journey<br>- within 30 mins of booked time<br>- within 60 mins of booked time | min 80%<br>100% | Measured internally by feedback or complaints received within the Trust                        |
| Discharge Journeys<br>- within 30 mins of booked time<br>- within 60 mins of booked time                         | min 80%<br>100% | Measured internally by feedback or complaints received within the Trust                        |
| Time on vehicle within M25<br>arrival within 90 minutes<br>arrival within 120 minutes                            | min 80%<br>100% | Measured internally by feedback or complaints received within the Trust                        |
| Time on vehicle outside M25 to be as agreed  | 100%            | Measured internally by feedback or complaints received within the Trust                        |
| vehicle shall be clean internally and externally   | 100%            | Spot checks by the Designated Officer and senior members of Trust staff and passenger feedback |
| Each vehicle will be roadworthy  | 100%            | Spot checks by the Designated Officer  |
| Each vehicle and driver will have the appropriate paperwork  | 100%            | Spot checks by the Designated Officer  |
| Drivers shall be courteous and assist patients/staff whenever necessary  | 100%            | Spot checks by the Designated Officer and senior members of Trust staff and passenger feedback |
| Vehicles/drivers will be able to transport disabled passengers e.g. wheelchair bound, blind, deaf etc.           | 100%            | Spot checks by the Designated Officer and senior members of Trust staff and passenger feedback |
| Passenger complaints to be responded to within 5 days  | 100%            | Review of complaints records.  |

These targets are reviewable with the Contractor at the monthly meetings. Failure to meet these targets may be considered a material breach and therefore lead to termination of the Contract.