



London Ambulance Service **NHS**
NHS Trust

Development of Formal Agreements with External Providers

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to provide guidance for London Ambulance Service (LAS) staff on how best to establish a Formal Agreement (FA) with an external provider.

Sponsor Department: Finance and Planning - Procurement

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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	JRCALC Pre Hospital Guidelines	
	NHS Condition of Contract for the Supply of Services	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1.0 Purpose

- 1.1 This document provides guidance for London Ambulance Service (LAS) 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 tender to 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 private ambulance services, voluntary aid societies and other NHS Ambulance Trusts. Key areas are detailed for consideration and in addition the 'NHS Condition of Contract for the Supply of Services' must be considered in the development of any contract and will be appended as part of any contract made (Appendix 1) along with the Trusts Standing Financial Instructions.

2.0 Process

- 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 contract is awarded.
- 2.2 Initially the Developer must approach the LAS procurement department and establish what type of process will be required to action a contract 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 sponsor is required.

Procurement can also advise, based on the scale and type of work to be undertaken by a contractor, what process will be most appropriate, including seeking Approved Supplier status for a partner organisation and/or tendering processes, where applicable.

It is important to recognise both EU and Government Procurement Directives will apply to all contracts awarded for the provision of services, with the main requirements as follows:

- Public sector contracts are advertised in a standard format in the European journal.
- Objective award criteria must be used when selecting suppliers.
- Specifications are non-discriminatory & refer to EU or other recognised international standards.

- There is a minimum period for the receipt of responses.
- There is no discrimination against potential providers from any member state.

With a typical tender process taking a minimum of 6 months to complete, sufficient timescales must be factored in to any project plan, as failure to comply with the directives can have financial implications for the Trust.

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:

- Medical
- Legal
- Control Services
- A&E Operations
- Business Development
- Finance

This list is not exhaustive; other departments, e.g. training and development, logistics etc, may also be appropriate.

The intention is to ensure that any FA is:

- appropriate for the LAS' 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 (contract 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 the agreement, monitors the level, quality and type of service provision, and provides (directly or indirectly) the service required to the LAS within the contract 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 Principles

3.1 All FAs shall outline the circumstances in which the service provided by the contractor will be used, the type and standard of service to be provided, the frequency of that service and whether it is a regular provision, or ad hoc, as required. It is possible that regular and ad hoc arrangements may be included in the same FA.

- 3.2 The FA must delineate clear responsibility for the service provision, and identify those circumstances in which the London Ambulance Service (LAS) has primacy, even if the contractor is also operating independently at the same event
- 3.3 The FA must set out what the contractors will be committed to in terms of material and personnel resources. This should include shift patterns and arrangements for the LAS to monitor the contractor's staff working hours and compliance on legislation in this matter. Where the contractor is to provide ad hoc support to LAS, information should be included as to the resources likely to be available and a system established to evaluate how well the provision matches requirements.
- 3.4 Other issues that must be considered are:
- What the contractor may recover in expenses (above the contracted sum).
 - Any issues arising from vehicle maintenance/minor repair (if LAS workshop time and materials are used).
 - A process to determine what will/will not be paid if a contract is terminated early.
- 3.5 There must also be a process covering the termination both for the contractor/partner organisation if obligations are not met by the LAS and for the LAS if the contractor/partner organisation does not meet their obligation after a remedial action plan is agreed and enacted. There must be a sample list of issues that could cause termination of the FA.
- 3.6 There must also be provision for partial termination, e.g. of one employee of the contractor who may need to be removed from working on the contract.
- 3.7 The process for raising a remedial action plan arising from an adverse incident, or non compliance with the contract terms shall be defined and how this would relate to termination of the contract if compliance/appropriate action/change is not achieved.
- 3.8 Publicity and branding must be covered. The FA will include an agreement between the LAS and the contractor as to the appearance of the vehicles and the type of livery required. This will vary with the contract but must be compliant with all current legislation (it should be noted that it is currently illegal for any vehicle other than those belonging to an NHS trust to use the reflective Battenberg design in their vehicle markings.) The contractor will not use LAS insignia on their vehicles, including the Crown Badge or the NHS logo or any other reference to LAS' corporate image. For contractors working for the LAS on the 2012 Games or in support of them, care must be taken to ensure that LOCOG/IOC rules are considered and very clear instructions on what may, or may not be done including in contractor's advertising provided in the FA.

- 3.9.1 In addition, on award of a contract, the LAS will issue the contractor with a letter of authority/passes to act on their behalf. Copies of this must be available to staff when working on behalf of the LAS and provided for inspection by patients, relatives, hospitals and relevant others (including LAS staff) when requested. This letter of authority/pass must only be used when the contractor is engaged on work contracted by the LAS and any other use/misuse of it should be a potential reason for the contract to be summarily terminated.
- 3.10 All contractors should be required to have, and provide evidence of possession of public and personnel liability insurance of at least £5M.
- 3.11 Any FA must indicate the service to be provided, including times and frequency. The skills and competence of the contractor's staff must be defined and, based on this, the type of work which they will be allowed to undertake on the LAS' behalf. This should be agreed subsequent to advice from HR and Education and Development and authorised by the Medical Director.
- 3.12 The FA must specify that the contractor may not sub contract LAS' work to another party, even if that organisation also has a FA with the LAS, without specific authorisation.
- 3.13 The FA must identify mechanisms for informing the LAS of any adverse incidents when engaged on LAS business and how such situations are to be managed, including agreement on matters such as dealing with the press.
- 3.14 Arrangements must be defined for dispute resolution. The process outlined in the 'NHS Condition of Contract for the Supply of Services' can be used for this purpose.

4.0 Skills and Equipment

- 4.1 FAs must define the type of service and the target patient group. It must be remembered that terms to describe staff and services used within the LAS, 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 LAS' 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 Out of hours PTS services can be restricted to the circumstances outlined above, but the LAS currently uses these services to respond to patients who have a more acute problem and may have called 999, but whose condition is judged to be stable and not time critical by a health professional (including LAS clinical staff through telephone assessment). In this instance, the ability to respond to a deteriorating patient, providing basic clinical support and, potentially, transport using audible and visual warnings, will be required.

4.2.3 Emergency Medical Technician (EMT)1 level support to Urgent Operations Centre, including transport for 999 patients assessed as not requiring supportive care by LAS clinicians (e.g. Clinical Telephone Adviser/Emergency Care Practitioner/EMT3+ crews). The skill levels possessed by LAS EMT 1 crews and equipment levels of their vehicles must be used as a guide for the provision of services for this work.

4.2.4 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" (AS2s and high dependency) 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 LAS EMT3 crew as a minimum and the equipment levels found on an LAS front line vehicle.
- 4.2.7 External providers used as initial responders to Red 1 calls, must reflect the training provided to LAS first responders.
- 4.2.8 To undertake LAS duties at events an external provider must be able to provide a service level equivalent in terms of skills and equipment to a LAS A&E crew.
- 4.2.9 Support to LAS 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 LAS equipment.
- 4.5 Decisions as to the appropriate methods of deployment/communications and operational contact will depend on the type of service being contracted for. 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 LAS' Emergency Operations Centre (EOC) quickly and reliably if a situation deteriorated or an emergency arose. This would not, ideally, rely on commercial mobile phone networks and it may be appropriate to specify that the contractor/partner organisation has access to Airwave/Tetra. In some circumstances it may be appropriate for the LAS to provide the communications equipment and training in its use.
- 4.6 Involvement, either as a contractor of the LAS or contracted independently to the event organisers for first aid or statutory safety provision, will require a contractor to provide a liaison person within the LAS event control with direct communications to their staff. This would also be a requirement as support in a major incident, if that support was directly to the incident.

5.0 Management

5.1 The FA shall identify lines of communication between the LAS 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 CRB 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 contract in the event of non-compliance made explicit.

6.0 Staff

6.1 Staff employed by the 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. 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 In the case of the Voluntary Aid societies, staff for A&E work must be trained to St John Ambulance level 3, or Red Cross, BRC IHCD Ambulance crew. In both cases, the organisations should provide evidence of their staffs' training being provided by a suitably qualified instructor.

6.5 To support the LAS in a Major Incident or an event, the contractor must demonstrate the competence of their staff in the LESLP procedures.

6.6 The contractor must ensure that their staff wear an appropriate uniform, agreeing with the LAS 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 contractor/partner organisation 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 the LAS 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 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 prEN 1789 2005. 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 LAS requires. This must form a schedule to be completed by the contractor.

7.4 Documentation/policies will be required to identify

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

7.5 The 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 contractor/partner organisation 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 The contract will specify the documentation required both for each individual 'call' or patient journey/contact and the reports required. For PTS work the documentation required will be the equivalent of LAS PTS 1.

- 8.2 For A&E support, core A&E work and pre planned events or Major Incident support, contractors must use LAS Patient Report Forms (PRFs) for each patient journey/patient contact. PRFs must be fully completed and returned to LAS' Operational Information and Archives department at St Andrew's House within a week of the journey being undertaken.
- 8.3 The 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. There will be regular contract reviews and these meetings must be formally documented.
- 8.4 The contractor/partner organisation must be able to demonstrate that they have policies in place that reflect the requirements of Caldecott and meet the requirements of the Data Protection Act. There must be a separate data sharing agreement made with all contractors and, if information is to be collected and shared by the contractor/partner organisation which will/may be used for audit and research by the LAS' 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, both during any tendering process and throughout its duration. There will be an agreed inspection regime contained within the contract, and this must include spot/unannounced inspections by designated LAS managers.
- 9.2 As specified, contractors undertaking A&E work for the LAS will complete a LAS PRF for all patients and submit them to the LAS within a week. These PRFs will be audited: all STEMIs, ACS and cardiac arrests will be forwarded by Operational Information and Archives to the Clinical Audit and Research Unit (CARU) for audit and any issues arising from that audit will be notified by CARU to the Medical Directorate. In the case of a contractor staff, this would be forwarded to the contract manager who would then take the issue up with the contractor, requiring documentation of provision of feedback and/or details of an action plan to address the issue; this would be agreed with the Medical Directorate.
- 9.3 Each contract manager should make provision to receive copies of the PRFs from Operational Information and Archives and for these to be audited in line with the existing LAS Clinical Performance Indicator (CPI) process. This data will provide a report to the LAS Clinical Governance Committee.
- 9.4 The LAS will consider providing induction and training in LAS CPIs/audit to the contractor and if the quantity of data is sufficient, they will be expected to undertake these audits to an agreed level. The LAS will require the data, in an agreed format on a regular, specified basis and may undertake spot inspections/audit of the process to ensure compliance.

- 9.5 Performance standards, relevant to the type of work being undertaken, must be specified within the contract and reports provided by the contractor. The contract manager will monitor these for compliance.
- 9.6 The outcome of these audits will form the basis of the contract management and compliance of the contractor. Non-compliance will be addressed and contracts 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 contract.

10.0 Finance

- 10.1 The FA should specify the level of detail required for invoicing; this may vary depending on the type of organisation, but, for a private company, should include the overall cost of the service, costs relating to individual calls, management costs and others.
- 10.2 Agreement must be specified as the detail and format required on invoices, including identification of individual journeys, and agreement on frequency of invoicing. It will be specified that the contractor will submit invoices electronically to an address provided by the LAS and that the format of the invoice will also be set by the LAS.
- 10.3 The FA must include agreement on periods for payment of invoices. This would normally be 30 days.
- 10.4 Contractors will be expected to provide evidence of their economic and financial capacity through the presentation of profit and loss statements and balance sheets.

11.0 Insurance

- 11.1 The contractor must provide evidence of appropriate insurance, including vehicle insurance, employers and personal liability.

12.0 Business Continuity

- 12.1 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

13.0 Monitoring & Review

13.1 Outsourcing any services to a third party provider should be always be conducted with Procurement who will ensure the selection process follows the guidance & provides for adequate vetting of potential suppliers to assess their suitability. Ongoing reviews & audits are then written into the contracts awarded to ensure the service provider remains compliant in the necessary areas.

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	
Monitoring	See 13.0