



Alternative Resource Account Governance Policy

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Staff Summary

YAS will select competent contractors using robust procurement processes
YAS is committed to ensuring that contractors are appropriately managed by appointment of a dedicated Quality and Assurance Officer
YAS will complete six monthly compliance audits to ensure compliance is maintained
YAS will monitor the demand of our contractors against PTS activity
YAS will monitor monthly spend with our contractors

1.0 Introduction

- 1.1 Subcontractors contribute to the Patient Transport Service operational strategy. They provide resilience and flexibility over and above the core PTS service. It is the responsibility of the Alternative Resource Team (ART) to maintain the relationship between Yorkshire Ambulance Service (YAS) and the subcontractors to ensure there is always an adequate resource available to deliver effective patient transport services.

2.0 Purpose/Scope

- 2.1 This document outlines the process for the effective governance of YAS PTS subcontractors. It will explain how accounts are categorised, managed and will explain the escalation process when an account does not meet the required standards. This process will also explain how accounts are put 'on stop' and how they are re-instated.

3.0 Process

3.1 Contract Award

- 3.1.1 During a period of invitation to tender contractors can apply for the Framework based on a series of lots, in YAS case by patient mobility. Each application will be assessed by an internal panel, which will include Service and Standards Team, IPC Team, and against a strict criterion.
- 3.1.2 It is preferred for all YAS suppliers to have a CQC rating of "Good" or above at the point of contract award. YAS reserves the right to consider, and engage, with suppliers operating with a CQC rating of "Requires improvement" but this will be subject to an enhanced level of governance checks and on a more frequent basis.
- 3.1.3 For successful contractors the term of the Framework Agreement will be between two and four years from the Commencement date.

3.2 Compliance Audits

- 3.2.1 Compliance audits are undertaken every 6 months for subcontractors to ensure they are compliant with YAS governance requirements as stipulated in the prevailing YAS PTS third party framework agreement(s).
- 3.2.2 The Alternative Resource Quality & Assurance Officer conducts the compliance audit at the subcontractor's premises and follows up with an outcome letter and supporting action log. Outstanding actions and due dates are monitored by the Alternative Resource Team. Where providers fail to complete actions, management of the account will follow the escalation process (outlined in section 3.6).

3.3 Identification of YAS PTS Subcontractor Key Accounts

3.3.1 Key accounts are identified using selection criteria based on data from the last financial year:

- Demand – number of patient journeys completed by the subcontractor.
- Spend – sum of paid invoices.

3.3.2 Using quantifiable selection criteria ensures key accounts are identified in a transparent and effective way.

3.3.3 The demand for each provider is recorded on the subcontractor's monthly performance report available on the YAS intranet and the finance department provide a monthly breakdown of paid PTS invoices for each subcontractor.

1. These figures are recorded in a table next to each provider.
2. The demand is then sorted by highest to lowest value and providers are categorised as per the table below:

	Score	Demand
Red	4	10,000+
Orange	3	5,000 - 9,999
Yellow	2	1,000 - 4,999
Green	1	<1,000

3. The same process is then completed for the total spend in the last financial year. Providers are sorted by highest to lowest and categorised as per the table below:

	Score	Total Spend
Red	4	£100,000+
Orange	3	£50,000 - £99,999
Yellow	2	£10,000 - £49,999
Green	1	<£10,000

4. A 'rating' is then calculated by multiplying the demand score by the total spend score:

Demand score x spend score = rating

Demand Score	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8

	1	1	2	3	4
		1	2	3	4
		Spend score			

3.3.4 The rating will be calculated for all subcontractors in quarter 1 of the new financial year using data for the last financial year and will be reassessed at the beginning of quarter 3 using data for the previous rolling 12-month period.

3.4 Account Categories

3.4.1 Subcontractors with a rating of 12-16 are identified as key accounts. These accounts are:

- Managed by the Alternative Resource Manager.
- Have monthly face to face quality and performance reviews.

Accounts with a rating of 8-9 are secondary accounts. These accounts are:

- Managed by the Alternative Resource Manager.
- Have bi-monthly face to face quality and performance reviews.

Accounts with a rating of 4-6 are tertiary accounts. These accounts are:

- Managed by the Alternative Resource Quality & Assurance Officers.
- Have quarterly face to face quality and performance reviews.

Accounts with a rating of 1-3 are managed by exception. These accounts are:

- Managed by the Alternative Resource Quality & Assurance Officers.
- Have bi-annual face to face quality and performance reviews.

3.5 Management of Account Relationships

3.5.1 Each subcontractor will be assigned a dedicated Quality & Assurance Officer within the Alternative Resource Team.

3.5.2 All subcontractors are subject to regular quality and performance reviews. Meetings will take place remotely via Microsoft Teams but where required can take place at the subcontractor's premises. The quality and performance review ensures contractual obligations and service standards are being adhered to.

3.5.3 The week prior to meeting with the subcontractor for the quality and performance review, the Alternative Resource Quality & Assurance Officer will send a checkpoint report (see Appendix 1) to all members of the Alternative Resource Team to complete. The checkpoint report will provide the relevant account contact with an overview of the subcontractor's current position on compliance, CQC registration for independent ambulance providers, incidents, 4Cs, safeguarding incidents and safeguarding allegations against staff members and any resources being provided to YAS by the subcontractor.

3.5.4 The quality and performance review meeting agenda includes:

- Review of quality and performance action log
- Service updates
- Performance report, including:
 - Key Performance Indicators (KPIs)
 - Breaches
 - Unmeasured journeys
 - Aborts
- Review of incidents/DATIX
- 4Cs
- Review of safeguarding incidents and safeguarding allegations against staff members
- Review of current service delivery, including:
 - What is working well
 - Where can improvements be made
- Business opportunities
- Finance

3.5.5 Actions identified at the quality and performance review are recorded on an action log (see Appendix 2) and reviewed at each meeting. The action log is saved electronically in the corresponding subcontractor's performance folder in the shared network drive and is attached to the Outlook calendar invite for attendees to review prior to the next quality and performance review.

3.5.5 Quality and performance review meeting dates are recorded on the subcontractor quality and performance review schedule and is maintained by the Alternative Resource Team.

3.5.6 A representative from the PTS locality management team will be invited to attend the quality and performance reviews. This ensures a positive working relationship between the operational teams and the subcontractors within their locality and provides both parties an opportunity to discuss local operations and service requirements.

3.6 Subcontractor related incidents

3.6.1 All incidents and complaints or concerns involving subcontractors are managed in accordance with the Trust's Incident and Serious Incident Management Policy and Compliments, Comments, Concerns and Complaints Management Policy.

All incidents and complaints regarding safeguarding allegations are managed in accordance with the Trust's Management of Safeguarding Allegations against Persons in a Position of Trust Policy and Procedure.

Investigations are co-ordinated by the Alternative Resource Incident and Engagement Analyst with the aim to understand what happened; establish the facts; analyse the information and subsequently identify recommendations and learning that will help reduce the risk of reoccurrence.

3.6.2 When an incident; complaint or concern is reported to the Trust, the severity is graded on an ascending scale of 1-5 in accordance with the Trust's Risk Matrix as outlined below:

1. Negligible/No Harm
2. Minor

3. Moderate
4. Major
5. Catastrophic

All incidents rated as Moderate or above must be escalated to the PTS Head of Service and Standards immediately.

3.6.3 When a subcontractor related incident, complaint or concern is reported to DATIX; automatic email alerts are triggered for more severe incidents i.e. moderate, major and catastrophic with more serious incidents being escalated to members of the senior management team within PTS. The table below outlines which members of PTS staff receive email alerts for each category of incident:

Severity of Incident	Escalation alerts sent to:
Catastrophic	PTS Managing Director PTS Head of Service and Standards PTS Head of Operations PTS Quality Lead Alternative Resource Manager Alternative Resource Quality & Assurance Officer
Major	PTS Head of Service and Standards PTS Head of Operations PTS Quality Lead Alternative Resource Manager Alternative Resource Quality & Assurance Officer
Moderate	PTS Head of Service and Standards Alternative Resource Manager Alternative Resource Quality & Assurance Officer

3.6.4. Safeguarding related incidents are reported separately within Datix. The YAS Quality Governance and Performance Assurance Team will contact the Alternative Resource Team directly regarding such issues, providing expert advice and support.

3.6.5 The PTS Service & Standards Governance Coordinator delivers a monthly report to PTS Governance Group to review themes and trends of incidents and 4Cs (complaints, concerns, comments and compliments) as well as safeguarding concerns for the previous month. Key discussion points are highlighted for the most prevalent types of incidents to be discussed by the Governance Group attendees. Minutes for this meeting are taken and actions recorded. A highlight and escalation report is then sent to Clinical Governance Group.

3.7 Change in CQC Rating

3.7.1 Where a YAS supplier is awarded a CQC rating of "Requires improvement" whether this be through their first CQC rated inspection or a downgrade from "Outstanding or Good" the PTS Alternative Resource team will do the following.

1. Carry out an immediate governance audit, even if within the specified time.
2. Continue with full governance audits at six (6) monthly intervals including a site inspection and vehicle inspections.
3. Carry out monthly quality and performance meeting with Alternative Resource Manager present.

4. Obtain a fully disclosed CQC Action Plan with a focussed approach to the area(s) of concern.
5. Disclose all findings from each stage above at PTS Governance Group.

3.7.2. YAS suppliers with a CQC rating of “Requires improvement” will not be guaranteed a set level of work during the period that they maintain the rating. This includes.

1. Any current fixed tenders to be reviewed at PTS Governance Group with the possibility for these to be put out to tender to all other YAS suppliers.
2. Short-term contracts or Ad hoc requests to go out to other YAS suppliers with a CQC rating of “Good” or above first.

3.7.3 Where a YAS supplier is awarded a CQC rating of “Inadequate” whilst in the contract period the supplier will be suspended from the framework immediately. This must also be escalated to Director level immediately.

3.8 Escalation and Remedial Actions

3.8.1 If the quality and/or performance of a subcontractor falls below service expectations, for example:

- Persistent failure to meet key performance indicators.
- Occurrence of a major or catastrophic incident.
- Recurring themes or trends in incidents or complaints.
- Safeguarding concerns and allegations

3.8.2 The Quality & Assurance Officer will notify the PTS Head of Service and Standards and Alternative Resource Manager of the quality and/or performance issues and the subcontractor will be subject to the below escalation process:

1. The account will become a key account and will be managed by the Alternative Resource Manager.
2. The subcontractor will be formally notified of issues with quality and/or performance by means of a performance notice. This will trigger the requirement for the completion of a remedial action plan (see Appendix 3). The subcontractor will be required to identify actions to remedy the quality and/or performance issues using specific objectives.
3. Where the issues relate to a safeguarding concern or complaint, in conjunction with the YAS safeguarding team a safeguarding risk assessment should be completed to identify the risk to patients and appropriate actions taken. This will then be signed off by the director of Quality, Governance and Performance Assurance (QGPA). A member of the QGPA team should thereafter assist the Alternative Resource Team regarding safeguarding elements.
4. The remedial action plan will be reviewed by the Alternative Resource Manager and agreed with the PTS Operations Manager within the relevant PTS locality.
5. The subcontractor will have monthly quality and performance reviews and progress of the remedial action plan will be monitored by the Alternative Resource Manager. If the account was initially a key account, then the quality and

performance review may be increased bi-weekly depending upon the severity of the issue to ensure a timely resolution.

6. The Alternative Resource Manager will provide monthly updates to the PTS Governance Group regarding the progress of subcontractors currently undertaking remedial action and will escalate sooner to the PTS Head of Service and Standards if required.
7. Only when the alternative resource management team, respective PTS Operations Manager and the PTS Governance Group are satisfied that the specific objectives identified in the remedial action plan have been completed, and the quality and performance of the subcontractors service delivery has improved to the required standard, will the management of the account return to business as usual.
8. If the service delivery does not improve and/or the specific objectives outlined in the remedial action plan are not delivered, then the account may be temporarily suspended until such time as the subcontractor can satisfy the alternative resource management team, the PTS Operations Manager and the PTS Governance Group that their service delivery meets the requirements and standards of YAS.
9. YAS reserves the right to terminate the prevailing framework contract with any subcontractor who does not meet the contractual obligations. Termination of a contract must be agreed with the PTS Head of Service and Standards and will be managed by the Alternative Resource Manager with support of the YAS procurement team.

3.9 Account 'Stop' Process

- 3.9.1 An account may be placed 'on stop' with immediate effect for a number of reasons, for example:
 - Voluntary withdrawal from the prevailing Framework Agreement;
 - Temporary suspension.
 - Termination of contract.
 - Personal circumstances.
- 3.9.2 A conversation will always be had with the PTS Operations Manager prior to placing an account 'on stop'.
- 3.9.3 Where safeguarding concerns were involved in the decision to place an account on stop, a review risk assessment should be completed and signed off by the director of QGPA to demonstrate that all risks have been addressed.
- 3.9.4 When 'on stop'; the subcontractor's call sign is de-activated on Cleric by the PTS Systems Administrator at the request of the alternative resource management team. This would prevent any allocation of PTS journeys to the subcontractor.
- 3.9.5 If in future, a mutual decision was made by YAS (i.e. the Alternative Resource Management Team, PTS Head of Service and Standards and the respective PTS Operations Manager) and the subcontractor to re-engage, then a compliance audit would need to be completed prior to their re-activation on Cleric. A subcontractor's call sign can

only be re-activated by a member of the PTS systems team with authorisation from the alternative resource management team.

- 3.9.6 As the YAS Emergency Operations Centre (EOC) and NHS 111 use taxi provision from the prevailing framework, the alternative resource team must notify them of any changes i.e. if an account is placed on 'stop' or reactivated via email to the following accounts: yas.knowledgemanagementteam@nhs.net; yas.EOClinicalDutyManagers@nhs.net and yas.111operationalservicemanagers@nhs.net. It is then the responsibility of the knowledge management team; EOC clinical duty managers and NHS111 operational service managers to amend their list of approved providers.

4.0 Appendices

- 4.1 This policy includes the following appendices:
Appendix 1 – Checkpoint Report Template
Appendix 2 – Quality and Performance Action Log Template
Appendix 3 – Remedial Action Plan Template

Appendix 1 – Checkpoint Report Template



[SUBCONTRACTOR NAME] - Checkpoint Report

Date for completion: DD/MM/YY

Period covered: DD/MM/YY - DD/MM/YY

	This Reporting Period	Actions Outstanding from last Reporting Period
Compliance Update		
CQC/ Safeguarding		
Incidents		
4Cs		
Resources Provided		

Appendix 2 – Quality and Performance Action Log Template



Action Log

[SUBCONTRACTOR NAME] Quality and Performance Review Action Log

Date	Item	Action Required	Allocated to	Due Date	Update	Completion Date

Attendees:

Apologies:

Next Meeting:

Appendix 3 - Remedial Action Plan Template



Action Plan

[SUBCONTRACTOR NAME] Quality and Performance Remedial Action Plan

Date	Issue identified by YAS	Action to be taken by subcontractor	How will you measure the success of your remedial action?	Allocated to	Due Date	Update	Completion Date

Attendees:

Apologies:

Next Meeting: