

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Taxi Transport Policy

Effective: September 2010

Review: December 2011

1. Introduction

Significant costs are incurred annually through the use of Taxis for the purpose of transportation of Patients, Staff and other goods. It is recognised that Taxi transportation may be required to enable patient discharge, or to assist in the rapid transfer of staff, goods or equipment as and when required.

The aim of this policy is to ensure efficient and effective use of this resource and reduce costs to the Trust by avoidance of misuse.

2. Taxi Transport

Taxi transport must NOT be used for the routine transportation of Staff (between hospital sites in normal working hours), patient notes, and specimens or to support patient discharge (except 3.3).

Before ordering transport the following points should be considered:

- Is the journey essential?
- Is there an alternative means of transport that can be used – eg, North East Ambulance Service (Voluntary Car Service), Patient Transport Service, Relatives, Personal Taxi etc?
- If urgent - can items be transported safely and quickly by any other means, using for example, the Courier service, or staff commuting between sites,.
- Can the item be safely posted?

2.1 Requesting Taxi Transport

Telephone requests are to be made via the designated points ie:

Freeman Hospital:	Main Reception Desk	Extension 26740
RVI/NGH:	Peacock Hall Leazes Wing	Extension 20555/20383 Extension 24903/25800
Walkergate Hospital:	General Office	Extension 38507

The following details will be requested and are to be provided by the person making the booking:

- Ward/ Department/Directorate.
- Patient or other details eg, item to be transported.
- Pick up date, time and location
- Destination date and time
- Special requirements – wheelchair vehicle, car seat, etc.
- Name of person booking the taxi

NB: The above is required in order to contact you should there be any delay or queries with the booking.

2.2 A Job number is assigned to each request and is used for audit purposes.

2.3 Requests that are made independently of this system will be charged in full to the person making the booking.

3. Responsibility of Staff

All taxi requests are to be booked through the main reception points.

- Staff must ensure that when booking taxi transport that they have the permission of a senior person in charge such as Sister/Charge Nurse/Matron, Head of Department or Directorate Manager prior to doing so.
- Staff should ensure that wherever possible all options for transport other than taxi are considered prior to booking

3.1 Routine Staff Transport

- For routine travel across the Trust, staff must use the Hopper service provided and prepare for their journey accordingly taking account of the journey time. The Hopper service operates from each of the three main sites (Freeman, Newcastle General and RVI and) at 15 minute intervals, other than in times of peak traffic or vehicle failure. In addition, an hourly service is provided to the Centre for Life.

Journey times – these are approximate and may be subject to variation for example, due to road traffic and weather conditions.

Freeman to NGH –approximately 30 minutes.

Freeman to RVI - approximately 15 minutes.

3.1.2 Non Routine Staff Transport

Taxi transport is permitted in the following non routine situations:

- Outside of normal working hours - staff are entitled to use taxis where they are 'on call' at home and where attendance for duty is at the request of a senior member of staff or where staff are required to move

between sites for the benefit of the Trust at the request of a senior member of staff.

- Staff undertaking additional duties (eg, overtime) outside of normal working hours are not entitled to taxi transport, unless with the express permission of Directorate Manager.

(NB: Staff who have access to on site parking and a vehicle, should use their own transport to commute to and from the workplace.)

- Business use - where staff are required to use a taxi for the purpose of business travel ie, home to train station, this should be booked through the Trust, using the hospital contractor service. Staff who live a reasonable distance from the Trust may use their local provider and reclaim the cost of the journey.

Staff are to provide the details requested (see 2.1) by the booker in order for a request to be processed.

3.1.3 Personal use

Where a member of staff is found to have used the taxi service for personal benefit without appropriate authorisation, any charges relating to the journey will be recovered from the individual. This may be deemed as theft and an internal investigation would be undertaken in line with Trust policies which could result in disciplinary action.

3.2 Transportation arranged by patients

Patients wishing to depart the hospital are able to book taxis personally using the dedicated taxi phones or through one of the Main Reception areas. All fares are the responsibility of the patient.

Personal transportation costs ie, journeys booked independently by the patient or visitor are the responsibility of the individual.

NB: In exceptional circumstances a patient may be entitled to reimbursement of taxi fares i.e. where an appointment is arranged urgently and no transport is provided. In such circumstances the patient should present a receipt for reclaim of travel (taxi) costs which should be forwarded to the Operational Services Manager with accompanying correspondence from the claimant. Any claim presented without written correspondence will not be considered for reimbursement by the Trust.

3.3 Patient Discharge

Patient discharge should be managed through the North East Ambulance Service, Control Centre or online booking facility. In situations where this is not possible or practical and no other form of transport (ie, relative or friend) is available then a taxi

may be booked. Nursing staff should only consider the use of a taxi vehicle for discharge when a bed is required or it would be inappropriate for the patient to remain in hospital until an ambulance becomes available. The patient must be considered 'fit' to travel by this mode of transport or where an escort is available to facilitate this.

3.4 Home Assessment

Where the patient is to be accompanied eg, Occupational/Physiotherapy assessment, staff are to book separate outward and return journeys. This will avoid unnecessary costs of vehicles 'waiting'.

4. Cancellation of Bookings

In order to avoid unnecessary charges to the Trust, where a booking is to be cancelled, a minimum of 30 minutes notice is to be given to enable timely notification to the contractor.

5. Administration

All invoicing/taxi receipts received from the provider will be passed to the General Office, RVI for processing and validation.

Initial queries raised in respect of charges will be dealt with by the General Office directly with the contractor.

6. Activity Monitoring

Weekly accounts received from the taxi contractor will be validated through the General Office, RVI to ensure all journeys will have originated from the Trust. This will be done by validating the journeys identified on the invoices received against the daily taxi ordering sheet.

A validated monthly report of usage by Directorate, Department will be passed to Directorate Managers monthly for further scrutiny.

These summary reports will usually be one month in arrears and will provide the following:

- Number of journeys
- Classification – Staff, patient, notes etc
- Total cost by classification

Directorate Managers will be responsible for ensuring that all costs incurred are legitimate, particularly regarding staff usage.

Further detail can be provided to validate individual journeys where required and can be obtained through General Office, RVI. Any queries will be referred by the General Office to the Taxi service provider.

Taxi journeys over £30 will be subject to automatic investigation. Staff will be contacted as part of this process.

7. Disputes – Internal

In the event of a dispute against a specific charge, Directorate Managers should raise the issue in the first instance with the General Office Administrator.

Validation of the booking/journey will be sought and communicated to the Directorate Manager.

Further escalation of the matter will be dealt with through the Assistant Director Operations this should be revised and an alternative provided.

8. Contract Performance

Meetings between the Provider (Five Star) and the Trust will be held on a regular basis (minimum - quarterly). The outline content of the meetings will be as follows:

- Review of current activity/performance.
- Service issues/complaints received.
- Service improvement.
- Action plans as agreed.

9. Complaints

All complaints from Staff, Patients or Visitors are to be made in writing, for the attention of:

Assistant Director Operations
Freeman Hospital
High Heaton
Newcastle upon Tyne
NE7 7DN

10. Monitoring

Compliance with this policy will be monitored by the Assistant Director Operations who will gather qualitative and quantitative information quarterly.

Author: Assistant Director Operations

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:	Taxi Transport Policy	Policy Author:	Paul Brewis
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• 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 difficulties, 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?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d)	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Paul Brewis, TTG/CPG

Date: 14 September 2010

Names & Designations of those involved in the impact assessment screening process:

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)