

DOCUMENT CONTROL

Title: Taxi Transport Policy

Version:

Reference Number: CO074

Scope:

This policy applies to all Trust Staff intending to use a taxi for business use or for a patient.

Purpose:

The purpose of this policy is to ensure the uniform interpretation of Trust funded taxi transport across the Trust and ensure that there is clear direction on who can use Trust funded taxi transport.

Requirement for Policy

Good Practice

Keywords:

Taxi, Transport

Supersedes:

Version 3

Description of Amendment(s):

 North West Ambulance Service (NWAS) is the current provider of Patient Transport Services

Owner:

• Head of Facilities - Martin Eastwood

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

Mariesa Barnes – Head of Finance

Individual(s) & group(s) involved in the Consultation:

The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:

N/A

Equality Impact Analysis:

Date approved: 24th September 2018

Reference: CO074-EIA074

Freedom of Information Exemption Assessment:					
Date approved:		5 th of October 2018			
Reference:	POL2018-66				
Information Governance Assessment:					
Date approved: 5 th of		5 th of October 201	^h of October 2018		
Reference:		POL2018-66			
Policy Panel:					
Date Presented to Panel:		el:	8 th of October 2018		
Presented by:			Martin Eastwood		
Date Approved by Pane		el:	8 th of October 2018		
Policy Management Team tasks:					
Date Executive Directors		rs informed:	23 rd of October 2018		
Date uploaded to Trust's in		's intranet:	9 th of October 2018		
Date uploaded to Trust's intern		's internet site:	9 th of October 2018		
Review:					
Next review	w date:	01 st October 2021			
Responsib	ility of:	Head of Facilities			
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):					
CO049	Reimbursen	bursement of Expenses and Support Costs to Volunteers			
CO019	Staff Workin	king Alone Policy			
RM001	Records Ma	ords Management Policy			
CL122	Safeguardin	afeguarding Families Policy			
Policy Ass	ociated Docu	uments:			
Other external documentation/resources to which this policy relates:					
CQC Regulations					
This guideline supports the following CQC regulations:					
Regulation 9 Person		centred care			
Regulation 13 Safeguarding service users from abuse or improper treatment					

Contents Page

1.	Introduction	4
2.	Scope	4
3.	Responsibilities, Accountabilities & Duties	5
4.	Procedure/Course of Action Required	5
4.1	Authorisation	5
4.2	Authorisation of Taxi Invoices	5
4.3	Criteria for Booking Taxis	6
4.4	Staff Travel to and from Work	7
4.5	Waiting Time	8
4.6	Cancellations	8
4.7	Long Journeys	8
4.8	Co-ordinated Journeys	8
4.9	Empowerment of Booking Office Staff	8
4.10	Transportation of Confidential Documentation	9
4.11	The Use of Taxis for Child or Adolescent Patients by Taxi	9
5.	Equality Impact Analysis	9
6.	Freedom of Information Exemption Assessment	9
7.	Information Governance Assessment	9
8.	Safeguarding	10
9.	Monitoring	10
10.	Review	10
11.	References	10

1. INTRODUCTION

The purpose of this policy is to ensure the uniform interpretation of Trust funded taxi transport across the Trust and ensure that there is clear direction on who can use Trust funded taxi transport. Within the constraints of this policy Trust funded taxis can be provided for staff business travel and, in exceptional cases, for patient transport. The background to the use of taxis for patients is as follows:

In the majority of cases NHS patients will attend for treatment / clinic by their own transport. Patient's that meet the requirements set out in the DH document "Eligibility Criteria for Patient Transport Services (PTS)" may be referred to the North West Ambulance Service (NWAS), the PTS service provider to organise transport in line with the patient's mobility category.

The Taxi Transport policy was originally developed to recognise that mental health services had a group of patients that did not meet the eligibility requirement for PTS services but for reasons of outreach and intervention a decision is sometimes taken to provide a Trust funded taxi e.g. the health worker has assessed that the patient won't attend unless transport arrangements are made by the health professional.

A Trust funded taxi is not linked to a patient's financial situation. Those arrangements are covered in policy CO049 Reimbursement of Expenses and Support Costs to Volunteers, Service Users and Carers Policy. This policy was designed to recognise that some mental health patients who need a service won't attend unless we actively bring the patient to clinic and sending a taxi is one option.

This policy does not identify eligibility, which is a clinical decision, and the authorising officer must confirm the eligibility and or suitability of the patient/use for the Trust to resource the taxi booking.

Where a taxi is used for staff purposes the policy should be read in conjunction with policy CO019 Staff Working Alone Policy.

2. SCOPE

The document provides policy information on the following areas of taxi use:

- The authorisation of the Trust funded taxi transport
- The monitoring of the use of taxi transport
- Criteria for the booking of Trust funded taxis
- Staff travel to and from work
- Waiting times
- Cancellations
- Long journeys
- Co-ordinated journeys
- Empowerment of booking staff

3. RESPONSIBILITIES, ACCOUNTABILITIES & DUTIES

The Service Manager for each ward, clinic and department will be responsible for all taxi bookings for their department. It is recognised that the Trust's services operate on a 24 hour basis and the Service Manager will need to delegate responsibility for taxi bookings to identified delegated officers but the Service Manager needs to ensure that all staff involved in the booking of taxis are aware of the contents of this policy and their departments authorisation procedures.

Booking office staff will only be able to book a taxi with the authorisation of a relevant Manager.

Finance staff will be responsible for processing all invoices for payment and sending usage reports to the designated named Manager.

All Trust staff are responsible for ensuring that all taxi bookings that they request are made in line with the procedures and controls that are set out in this policy.

4. PROCEDURE/COURSE OF ACTION REQUIRED

4.1 Authorisation

As with the ordering of any goods or services on behalf of the Trust the booking of a taxi should be approved by an authorised signatory. Bookings should be raised and then authorised by the appropriate authorised signatory for each taxi booking.

Each cost centre will have a named Manager responsible for the taxis used. The named Manager may choose to allow delegated staff to make bookings on their behalf, however they will still be accountable for ensuring that taxi usage is appropriate by authorising the order.

Booking offices will not accept any taxi requests where the name of the Service Manager (or delegated staff), for that cost centre either cannot be provided, or has been incorrectly provided.

4.2 Authorisation of Taxi Invoices

The Service Manager will be responsible for ensuring that detailed checks are carried out of all taxi invoices that relate to their department. The checks must include the validity of the taxi use, and the invoice must be signed and dated by the Service Manager.

The Service Manager and all delegated staff will be made aware of this Policy and their responsibility to check, validate and sign off taxi invoices.

Contracts with taxi companies will require taxi invoices to be presented in sufficient detail to determine the date and time of the journey and the start point and destination.

4.3 Criteria for Booking Taxis

General

A reason must be given at the time of booking a taxi. The reason given must be sufficiently clear to enable the member of staff or patient to be easily identifiable.

Patients

Taxis are not normally the most suitable method of transport for patients. The NWAS patient transport service (PTS) is the main provider of non-urgent patient journeys and they have specially designed vehicles and trained staff and should therefore be the preferred provider for patient transfers. It should also be noted that Trust-funded taxis should not be used for social or financial reasons and the Hospital Travel Cost Scheme allows certain patients to reclaim their travelling costs for attending hospital.

It is recognised that there are a small number of mental health patients who do not meet the criteria for PTS journeys but taxi transport may be required in exceptional circumstances to ensure that a patient who is at risk remains engaged with the service.

Taxi bookings for patients should only be made where this is consistent with their care plan and patient access to a Trust-funded taxi must be reviewed on a minimum of a monthly basis.

For patients with long-term health problems patient access to a Trust-funded taxi must be reviewed on a minimum of an annual basis. For the purposes of this policy a long-term health problem is defined as a health problem where the need for taxi transport is not expected to change for at least 12 months.

Taxi bookings for patients that do not meet the above criteria must be approved by the relevant Service Director or their deputy.

Deviation from the Booking Request

Any deviations from the booking request or the taxi contractor's invoice will be investigated and brought to the attention of the named Service Manager. This will include variations on passenger numbers, names, detours from the normal route and unidentified collection/drop off points.

Co-ordinated Journeys (Multiple Passengers)

For co-ordinated journeys all passenger names and terms of booking will be identified to the taxi contractor and the taxi should only carry those named passengers. On no account should the driver be asked to take any additional or alternative passengers as this disrupts not only the taxi journey but also those who are waiting for the next scheduled collection. It may be possible to accommodate changes; however these must be communicated to the relevant booking office.

Staff

All staff using taxis for any business purposes must carry and be prepared to show, their identity badge when requested to do so by the driver or representative. Taxi transport for staff should only be used for essential and official Trust business and only when other practical solutions have been explored. Taxis should not be used for journeys in excess of

35 miles unless authorised by the Service Director, Locality Manager or On-Call Manager. As confirmed in section 1, where a taxi is used for staff purposes the policy should be read in conjunction with policy CO019 Staff Working Alone Policy.

Contractor Staff

Trust-funded taxis should not be used for contractor's employees.

4.4 Staff Travel to and from Work

It is the responsibility of individual employees to get themselves to and from work for their contracted hours.

The contracted taxi service may be used by member of staff in the following exceptional circumstances only:

- a) When a member of staff is called out to an emergency and has no access to transport and alternative public transport would cause unacceptable delay.
- b) When a member of staff is on duty and is required at short notice to report/work elsewhere and no other appropriate transport is available.
- c) When a member of staff is required to work at a base that is not their normal base and taxi costs are less than travelling/parking costs and alternative public transport would cause unacceptable delay.
- d) When a member of staff is required to travel a long distance and intends travelling by public transport e.g. rail, it may be appropriate for a taxi to transport the member of staff to the appropriate train station.

The Service Manager, or delegated officer, should establish the need for the taxi in accordance with the exceptional circumstances criteria shown above. If they agree that taxi transport is warranted they should contact the relevant booking office, who will prebook the taxi.

The taxi contractor is not permitted to accept bookings from anyone other than the identified booking office, or out of hours, via the local hospital switchboard.

Only in very exceptional circumstances and with the approval of a Service Director or Executive Director will taxis be provided for reasons other than outlined in this Policy.

On no account must taxis be diverted from their set journey for convenience or short stops e.g. to shops, takeaways, or banks. The only exception is where it can be demonstrated to be a reasonable requirement. All unauthorised diversions and waiting time will be investigated.

Only passengers named at the time of booking will be permitted to travel in the taxi. Any changes in personnel must be communicated to the booking office prior to using the taxi. Failure to communicate changes of passengers, destinations, times etc. may be investigated and reported to the Service Manager.

4.5 Waiting Time

Wait and return bookings will only be accepted by the booking office when the assured waiting time is less than ten minutes.

Return journeys should only be pre-booked when a definite return time is known. If there is any doubt about return time, booking staff should decline the return booking and ask the traveller to telephone from the destination when they are ready to return.

4.6 Cancellations

To prevent unnecessary costs being incurred by the Trust, it is essential that cancellation of any pre-booked taxis which are subsequently no longer required, are communicated to the booking office, immediately it becomes apparent that the taxi is no longer needed.

The reason for cancellation must be given at the time of notification. All cancellation information will be recorded and reviewed.

4.7 Long Journeys

Long journeys should not be arranged without first considering all other options available, such as: public transport, staff using own car, specialist transport etc. Only in exceptional circumstances should long journeys be undertaken in a taxi. Long journeys are defined as journeys outside of the Trust's natural boundaries as described in 2.7.2 below.

The maximum distance for a taxi journey should not exceed the natural boundaries of the Trust and immediate neighbours, i.e. Bury, Rochdale, Oldham, Stockport, Tameside and Glossop, Trafford and Central Manchester.

All long journeys will be reviewed by Finance.

4.8 Co-ordinated Journeys

Booking offices should co-ordinate journeys whenever possible to reduce the number of journeys and cancelled jobs. Service Managers should make their staff aware and encourage them to do the same, prior to booking taxis.

4.9 Empowerment of Booking Office Staff

The staff of each booking office (and switchboard staff out of hours) will be issued this Policy and instructed to challenge any taxi request that does not comply with the policy.

Only in exceptional circumstances will a request which does not comply with this Policy be accepted and this will require justification and specific details of the journey. Failure to do this will result in a refusal to accept the booking and senior management will be informed.

All booking refusals will be recorded and identified via the reporting process to the named Manager.

Any abuse aimed at booking staff will be reported through the Trust Incident Reporting system. All such incidents will be followed up by a Service Manager and the outcome notified to the Service Director.

4.10 Transportation of Confidential Documentation

Documents that are confidential or sensitive, such as patient records, should not be transported by taxi. Policy governing the storage and safe transport of patient records is detailed within the Records Management Policy, CO020.

4.11 The Use of Taxis for Child or Adolescent Patients by Taxi

Where a taxi is used to transport Children or Adolescents to or from a Trust service, in line with the processes outlined above, it is essential that an adult is present as an escort. If the escort is a member of staff then transportation will need to be arranged for the member of staff to return.

5. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

6. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

7. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

8. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

9. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

10. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

11. REFERENCES

Equality Act 2010

Freedom of Information Act 2000