



Revised End of Shift Tasking of Resources Standard Operating Procedure (SOP) to account for Ambulance Response Programme (ARP).

Introduction

It is accepted that with the migration to the Hub and spoke model the number of occasions where an operational resource incurs incidental overtime as a result of incidental shift over run is on the increase.

It is also acknowledged that some incidental overtime will be inevitable due to the nature of the job but the Trust is required to do more to reduce the occasions that operational clinicians incur incidental overtime taking their shift length over their finish time.

In an effort to reduce the occasions where incident overtime occurs the following approach will be adopted when tasking of resources in the last hour of their shift.

This SOP is an interim arrangement to account for ARP whilst the pilot is on-going.

Principles

The following principles apply to operational resources that are still available before their end of shift time.

- If a resource is the nearest resource to a **confirmed Category 1 or a potential Category 1** (one where it has been identified through usage of the Nature of Call process (NoC)) call then they will be tasked to the incident regardless of finishing time. In an attempt to minimise the task time, post end of shift, every effort will be made to back up this crew immediately if demand and available resources allow.
- With the exception of calls identified as possible **Category 1** incidents (as above) no resource will be allocated to a case on **pre-alert** in the last 30 minutes of shift.
- With the exception of Category 1 incidents, resources should only be assigned to coded Category 2 incidents within their own Division (with the exception of normal cross divisional responses) in the last 30 minutes of shift.



- With the above rule applied if a resource is showing as the nearest to a confirmed **Category 2 incident** then they will be tasked to the incident as long as they have more than 10 minutes of their shift remaining, unless there is an alternative suitable resource that is off duty later than the closest resource and is able to reach the patient in under 19 minutes or, there are staff who should be booking on duty imminently (i.e. a crew are past their start of shift time and have not yet booked on duty) who are in close proximity to the **Category 2** incident. In an attempt to minimise the task time, post end of shift, every effort will be made to back up this crew immediately if demand and available resources allow.
- If a red back-up request is received from a clinician on scene of an incident, and the tasking of the closest resource will mean that their end of shift is delayed, the clinician on scene should be consulted to confirm the patient's condition will be compromised if this resource is not deployed, or if a delay in transporting the patient is to occurs. Dispatch should document the discussion and the agreement reached in the case notes on CAD.
- No resource will be allocated to a **Category 3** incident, in the last **30** minutes of shift.
- **Category 3** incidents will only be allocated to resources in their own Division in the last 60 minutes of shift.
- Resources will not be allocated to a **Category 4** incident within the last 60 minutes of their shift.
- Crews may be asked if they are willing to respond to an urgent case in the last 60 minutes of their shift. The crew however are entitled to decline this request. A crew willing to undertake an urgent case within the last 60 minutes of shift will not be tasked to any further calls once cleared from the urgent case, even if they still have time remaining before end of shift and will be taken off the cad at the point of clearing at the hospital.
- If resources are on scene at an incident and it will mean that their finish time will over run, Dispatch must review the oncoming crews and task them to the incident to allow the off going resource to finish, activity and resource availability permitting. This does not mean that there can be a delay on scene where any failure to transport to hospital in a timely manner will have a detrimental effect on the patient.



- Resources out at standby at any post other than their place of signing on will be permitted to return to their reporting post/ HUB in the last hour of their shift. Vehicles clearing at hospital or on scene in the last hour of their shift will be returned to their base/ hub unless allocated to another call in line with the principles above. EOC must be informed by the clinician when they are returning to their reporting post within the last hour of shift and dispatch should accurately reflect the returning status on CAD.

In the event of an on-going or newly declared Major Incident Standby or a Major incident the above principles will not apply and resources will be tasked in accordance with the major incident plan as required.

There may be occasions where a delay in responding will have a detrimental impact on the patient, so a resource may be tasked to a patient outside of the principles outlined above. Each occasion that this happens will be monitored and that decision evaluated for future learning in conjunction with staff side colleagues.

These principles will not supersede existing team arrangements whereby during shift change over the oncoming staff will respond to incidents for the crew at the end of their shift. However, in line with this agreement the EOC will endeavour to respond an available resource that is already on duty or coming on duty, thus allowing a shift handover to take place.

The principles and rules around this SOP must be adhered to at all times. Any issues raised as a result of failing to follow these rules will be investigated fully.