NHS
East of England
Ambulance Service
NHS Trust

Late Finishes Trial

Frequently Asked Questions (FAQ)

12th April 2018

Late Finish Trial – FAQs

1. **Why are we planning a trial?**
   A staff focus group has been introduced in EEAST to identify issues and develop solutions around a key issue for the Trust and our staff – that of late finishes. Reducing the likelihood of late finishes for operational crews keeps excess working time down and minimises the occasions of staff returning back to work late the following shift which then assists in achieving a suitable rest period. These episodes of unplanned late shift starts can delay ambulance response to our patients.

   The Trust already has a range of measures in place designed to reduce the likelihood and impact of late finishes, however with rising call acuity these are becoming more difficult to implement effectively. It should also be noted that one of the key issues influencing this and impacting on late finishes is the capacity gap within the organisation and this can also be affected by localised demand or capacity pressures (such as a sudden increase in handover delays at hospital). A range of measures will therefore be needed to reduce late finishes significantly without causing potential patient harm, and the forthcoming publication and implementation of the Independent Service Review (ISR) will be a key enabler in this respect, noting that the timescale for significant change within the ISR is at least a year. In summary, short term measures can be trialled and implemented but are unlikely to have a full and sustainable impact until the ISR is implemented

2. **Who has been involved in developing the trial proposals?**
   Three workshops have been held with a range of representatives from EOC and A&E operations to first identify issues, scope out possible solutions, and subsequently to refine the ideas and develop a proposal for a trial. A formal briefing has also been given to Unison via SPF.

3. **How will the trial be put into place?**
   A temporary EOC Standard Operating Procedure (ESOP) will be developed for the purpose of the trial period only - Thursday 19th April (12:00) to Sunday 22nd April (0800). This will supersede the current ESOP 22 (cross border working) and ESOP 01 (End of shift). There are two main principles of the trial the gradual shrinking of the area a resource can respond to commencing at four hours from the end of shift period and a “task and finish” concept whereby a resource can be tasked within their last 90 minutes to incidents (with no restriction on category) that would allow them to complete the call prior or as close as possible to their end of shift.

   Revised EOC Deployment (using “local” geographical areas and shift time)
   This has an emphasis on the planning of resource deployment to return towards the local area in advance of the current one hour “end of shift period”. The principle throughout this proposal is that a resource can be deployed to a Category 1 or Hot 1 back up (normally life or limb threatening scenarios) at any time during this period when available.

Time Period (shift)	Location Criteria	Category restrictions
Last four hours to two hours	Local** major acute hospital “catchment” area plus nearest alternatives	All calls (no restrictions)
Last two hours to 61 minutes	Local** major acute hospital “catchment” area	All calls (no restrictions)

Last hour (60 mins to 15 mins)	Local major acute hospital "catchment" area	Category 1, Category 2, Hot 1 and Hot 2 back up
Last 15 minutes	Not applicable	Category 1, Hot 1 back up (if closest resource)
First 15 minutes (VDI)	Not applicable	Category 1, Hot 1 back up (if closest resource)

** In this case the local hospital is defined as the one nearest to which the base station is located and has an operating A&E department. It is possible to have two (or more) local hospitals in the case where a base station is close to being equidistant in travel time/distance to each. The nearest alternatives would be the next nearest major acute hospitals.

Task and finish" allocation
The tasking should be agreed between crew and dispatcher within the last 90 minutes of shift and on completion of this "task and finish" incident the resource would return to the base station in preparation for shift change. The following will apply:

- Whilst mobile to the "task and finish" incident the resource can be diverted to any appropriate higher priority call (for example Category 1, 2 or Hot 1 back up)
- If the call is cancelled before arrival, the resource becomes available again and can take a further task and finish" call.
- If returning (or back on base) post completion of the '"task and finish" incident but still within working hours then the resource can be deployed to a Category 1 or Hot 1 back up

4. **How does this change VDI?**
To reduce confusion, VDI will be deemed to be Category 1 and Hot 1 back up (in other words the same parameters for last 15 and first 15 minutes of the shift.

5. **What happens if a crew clear quicker than expected following a task and finish allocation?**
The resource should return to the base station in preparation for shift change and could still be deployed to a Category 1 or Hot 1 back up. The status code IX should be used to signal this availability.

6. **How will I know what hospital catchment areas are if I am not familiar with the area?**
A guide will be produced and a draft for Bedfordshire is shown below. The group of local hospitals is all of those roughly equidistant by driving distance or travel time to the base station. The "local +1" group is the next 'ring' of hospitals out from the local group.

Taking Cambridge station as a different example, the local hospital is Addenbrookes (there are no others that would be roughly equidistant). The local +1 group would be the 'ring' of hospitals out from there; PA Harlow, Lister, Bedford South Wing, Hinchingbrooke, and West Suffolk.

Station	Local Hospitals	Local +1
Ampthill	South Wing L&D Milton Keynes	Hinchingbrooke Addenbrookes Lister Watford Northampton

Station	Local Hospitals	Local +1
Luton	L&D	Milton Keynes South Wing Lister Watford Stoke Mandeville

Station	Local Hospitals	Local +1
Kempston	South Wing	L&D Milton Keynes Hinchingbrooke Addenbrookes Lister Northampton
Biggleswade	South wing Lister	L&D Milton Keynes Hinchingbrooke Addenbrookes Harlow Barnet Northampton

Station	Local Hospitals	Local +1
Leighton Buzzard	L&D Milton Keynes	South Wing Lister Watford Stoke Mandeville

7. **How will the trial be supported?**
   During the trial there will be additional management support in EOC to provide a "safety marshal" approach with ability to initiate trial stop with the appropriate tactical or strategic commander. Daily conference calls (Thursday morning – confirm go live, Friday, Saturday morning will be held to identify any immediate issues or risks. Members of the staff focus group will also be able to come in to EOC in both an observational and joint working/support capacity.

8. **How will this affect urgent or HCRT vehicles?**
   A modified approach will be taken to urgent/HCRT vehicles in that in the restriction to geography would still apply at four and two hours, with a change to last hour being a crew should not be deployed in the last 30 minutes of shift to urgent journeys. All PAS vehicles are able to deployed at any point, but dispatchers should be aware of the impact on availability of moving a long way from start location during shift.

9. **How could this affect patients?**
   A risk assessment has been completed which focuses on the potential for increasing delays to patients and control measures in place. If a risk is deemed unmanageable at tactical level, there is the ability to initiate a "trial stop". Formally sign off the trial proposal via the Strategic Service Delivery Group, Clinical Quality and Safety Group and appropriate Executive Directors.

10. **How will the trial be evaluated?**
    A range of measures will be collected:

    Quantitative
    - Number of resources finishing late (from GRS submissions)
    - Number of staff opting for task and finish
    - Number of task and finish overrides occurring due to higher priority diversion
    - Time resources in IX status

    Qualitative
    - Survey monkey (live link during trial)
    - The use of the keyword 'EOCTRIAL' to identify any delay to outstanding calls due to resources impacted by deployment restrictions in proposal 1 and 2
    - Identification of any potential patient safety issues through Datix and live reporting