OPERATIONAL POLICY AND PROCEDURE NUMBER: OPP-04

USE OF STANDBY POINTS

DOCUMENT INFORMATION	
Author: Mark Begley In partnership with UNISON and UNITE	Consultation and Approval: Staff consultation process: (21 days) Governance Committee: Board Ratification: N/A
Equality Impact Assessment	
This document replaces; Standby policies, operational policies and bulletins for Berkshire, Buckinghamshire, Hampshire and Oxfordshire	Notification of policy release: All recipients email, staff notice boards, intranet
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Next review	June 2020
Version	6
What is the main purpose of the strategy, function or policy?	The purpose of the standby policy is to outline the principles to be adopted in relation to the deployment and use of standby points.

Contents

1 Background and rationale for the policy

1.1 This policy outlines the principles to be adopted in relation to Double Crewed Ambulance (DCA) and Rapid Response Vehicle (RRV) in relation to the deployment and use of standby points. The policy covers all operational areas of South Central Ambulance Service NHS Foundation Trust (SCAS).

1.2 The use of drive zones and the location of emergency vehicles within those drive zones is a critical component of SCAS strategy to respond rapidly to patients. A great deal of analytical and planning work has been undertaken in designing these zones and determining the optimum position for a vehicle(s) within each zone. Drive zone analysis is reviewed periodically to ensure the drive zones remain effective, or new drive zones are introduced.

1.3 This policy must be read in conjunction with the Lone Worker Policy and Emergency Care Assistant deployment Policy.

2 Equality statement

2.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marital status, disability, race, nationality, gender, religion, sexual orientation, gender reassignment, ethnic or national origin, beliefs, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law or relevant to the requirements of the post.

2.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce and actively seeks to benefit from their differing skills, knowledge and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

2.3 The Trust will therefore take every reasonable step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

2.4 Where there are barriers to understanding e.g. an employee has difficulty in reading or writing or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

3 Performance management principles

3.1 SCAS will utilise the approved Trust method for refining the deployment to, the use of, and the dispatch from standby within the Trust. This could lead to changes in drive zones, standby points and the System Status Plan. The overriding principle is that standby is an integral part in enabling healthcare to be at the patient side in the shortest possible time.

3.2   The framework set by this policy outlines Trust standards which are expected of staff who will be managed and supported to achieve these standards working within the existing Trust policy framework.

4   Classification of standby points

4.1   Standby points are strategically placed locations that enable a rapid response to patients and are designated a star rating dependent on the amenities available. Staff may have to remain on standby ahead of their meal break if other crews are on their meal break (section 5.6 of the meal break policy). Some facilitated points may be used for meal breaks, however, use of these points for meal breaks needs to be agreed with Emergency Operations Centre and staff and stay in line with the meal break policy. Tea and coffee will be supplied by SCAS at all 1, 2 and 3 star standby points.

4.2   No standby points should be used unless risk assessed and the star rating has been agreed by management and staff side. Safe sign off of Zero star standby points enables RRV to be utilised in conjunction with the lone worker policy.

4.3   A zero star point has no facilities and is generally a roadside location – one hour (60 minutes) maximum; this is the actual time at the standby point and does not include travelling time to the standby point. This can be extended through mutual agreement between the staff member(s) and EOC.

4.4   A one star point has basic facilities which include toilets and the ability to make basic refreshments such as tea and coffee. Examples of one star point are Fire Stations or a room in a co-located building. One star points have unlimited maximum standby duration.

4.5   A two star point has adequate facilities which include toilets and the ability to make basic refreshments such as tea and coffee. They may also have a communication link in the form of a telephone, IT access and a rest room. A limited number of two star points have the facilities to enable staff to take a meal break, however, only if agreed with EOC and staff and in line with meal break policy. Examples of two star points can be SCAS adapted industrial units or porta-cabins. Two star points have unlimited maximum standby duration.

4.6   A three star point is a Resource Centre with full dedicated facilities including communications and rest room. This is suitable for meal breaks, use of amenities, refreshments and vehicle check and restocking. Three star points have unlimited maximum standby duration.

4.7   A list of minimum essential requirements and desirable requirements can be found in the shared drive. This should include, but exclusive to, representing 3 staff being at the facility. It is the responsibility of the Standby Sub group to discuss the changing needs of those needs and report back through PRG any proposed changes.

4.8   Special: Some points have a variety of facilities and may be used for refreshments points and limited standby e.g. cafes or restaurants or proximity to the public. The

standby time at points such as this will be agreed locally at the standby review group following a risk assessment and reviewed in line with this policy, estate developments and the system status plan.

4.9 Incident Rendezvous Point (RVP): When dealing with substantial emergency events such as fires or major incidents, there may be requirement to set up ad hoc standby points. These will be communicated locally and used for the event/incident only.

4.10 All staff will have the ability to view copies of all Standby Point risk assessments, a list of essential minimum/desirable requirements and the EOC Standby Plan. These can be found on the relevant North and South shared drives in a read only capacity.

5 Performance management and deployment

5.1 Areas of high Red Call activity can be classified as priority zones. Full details of the deployment of vehicles from priority standby points are covered in the policy, covering dispatching principles and are subject to change. These will be reflected in the latest System Status Plan (SSP) employed and will alter depending on hour, day and season. SCAS will retain the right to employ the most effective performance management tool to enable them to modify dispatch protocols and drive zone prioritisation.

6 Hours of operation

6.1 Standby points will operate 24 hours a day, 7 days a week.

6.2 Prioritisation (in line with point 7.10) will be given to staff being placed at serviced standby points between the hours of 02:00 hours to 06:00 hours Monday to Thursday and 03:00 hours to 06:00 hours on Saturday and Sunday mornings.

7 Usage methodology

7.1 Crews will have logged on at the very start of their shift; this log on will be confirmed with the EOC during radio check. A fully made ready DCU inclusive of drugs will be available for deployment to standby 6 minutes after shift start time (critical medical equipment and roadworthiness check), an RRV 12 minutes after start time. A 'Non Made Ready' vehicle will be available for deployment 6 or 12 minutes after the log on time (critical medical equipment and roadworthiness check), a further 14 or 28 minutes will be allocated to complete a full equipment and medicines check where operational demand allows (the 'additional time' is only allocated when the vehicle has not been made ready for that shift if communicated with the EOC during radio test).

7.2 When instructed to do so by EOC, DCA and RRV staff will proceed immediately to their designated standby point.

7.3 If a crew are dispatched to standby and find, for whatever reason, that they are

unable to deploy they should make contact with EOC immediately to advise the reason they are unable to mobilise.

7.4   Any operational factors e.g. vehicle VOR that make a crew unavailable for any reason must be communicated to the EOC immediately.

7.5   The EOC will dispatch to the designated standby point to be used. On arrival the crew will book "at standby".

7.6   Resources will be rotated through standby points to ensure maximum coverage of the designated drive zones.

7.7   DCA and RRV that are on standby should be returned to their designated Resource Centre 15 minutes before the end of their shift, or a reasonable travel time to return to base for their end of shift.

7.8   Cover at zero star standby points will be restricted to one hour (60 minutes), excluding driving to and from the standby point. During times of extreme weather (definition of extreme weather: any environmental temperature that compromises the safe working temperature inside the vehicle to below 16 degrees centigrade), it is noted that it is unlikely to go below this temperature in a vehicle that is running, therefore, in periods of colder weather where the ambient temperature is below freezing for extended hours, particularly during the night, consideration will be given to reducing the period of standby at zero star points to less than one hour. Such provisions will be made in consultation between the Duty EOC Manager and the Duty Silver Operations Manager and will not be unduly withheld, due consideration being given to staff welfare and patient response needs. There is currently no HSE objective measurement of extreme heat; however, similar reasonable considerations will be given to periods of extreme heat. EOC in conjunction with staff may agree to reduce the length of time spent on cover at zero star standby points depending on the exigencies of the service.

7.9   If a crew leave their vehicle whilst at standby, they must take the radio handset and mobile phone (where issued) with them and remain within 30 seconds of the vehicle. Some standby points have logistical challenges that will make it difficult to achieve the target and this is recognised at a local level.

7.10   The EOC and staff will work together to ensure that vehicles on a zero star standby point are moved after one hour (60 minutes), to a one, two or three star point allowing staff to use the amenities. Vehicles are clear for deployment to 999 calls during this time. There is no limit in terms of the amount of time spent on standby, during any one shift.

7.11   EOC should avoid having multiple resources on any standby point with the exception of an incident RVP.

7.12   Staff requests for facilities will be accommodated and honoured where reasonable (time critical transfers or Cat 1 response would not be considered reasonable); these will be at the most locally Trust recognised star facility in the area, unless specific requirements for welfare create a need to return to another suitable

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location: for example change of uniform or health requirements. A request for facilities use and welfare is a shared staff and EOC responsibility.

7.13   Staff may sometimes need to use facilities after consecutive jobs or a standby and then an incident where they have not conveyed the patients' therefore; EOC will deploy crews as per 7.12 above to a designated facilities point that may be the nearest facilities point or on their way to the next standby or incident.

7.14   The EOC will make every effort to share workload and standby duties across all crews', however; it must be acknowledged that this is dependent on the current level of activity, availability of vehicles, distance to the standby point and skill mix of crew.

8   Review mechanism

8.1   The Standby Review Group will be a SCAS staff / managerial partnership group comprising of management / operational staff (both EOC and Field Operations) and Union staff together with a Health and Safety and a Human Resources representative.

8.2   The Standby Review Group will ensure risk assessments are undertaken of each standby point on a regular basis. Risk assessments will use the SCAS Risk Assessment Template and assess the impact of the factors effecting safe standby utilisation to include: access, egress, CCTV, local crime rates, radio, phone coverage and time of the day. Please note this list is not exhaustive.

8.3   All SCAS standby points are signed off for suitability by the Unions and a standard SCAS Union sign off form is in use.

8.4   Standby points are routinely reviewed periodically for their suitability in line with the current SCAS standby point risk assessment.

8.5   For local experience and focus, there is a standby point Lead for the North (Berkshire, Buckinghamshire and Oxfordshire) and for the South (Hampshire).

8.6   Terms of Reference for the Standby Review Group should include:

- Direct report to Operations Directors and local Union negotiating team.

- Review safety of existing standby points.

- Review Standard Operating Procedures for zero, one, two and three star standby points.

- Review current utilisation.

- Review risk assessments of all standby points in Division.

8.7 Although the group has ongoing responsibilities, please note that this group must convene to review specific standby points following specific concerns or incident at a particular standby point.

8.8 The performance management processes implemented by SCAS should periodically review the appropriateness of the standby locations as an ongoing part of any performance review.

8.9 Issues with Stand By Points need to be raised through Team Leaders in the first instance and then reported accordingly through the appropriate Trust systems such as Datix.

9 **References**

9.1 This policy should be read in conjunction with:

- Health and Safety Policy on Lone Working.
- Agenda for Change Meal Break Agreement
- Dispatching Principles
- Divisional List of Drive Zones, Standby Points and Associated Facilities
- Areas Risk Assessment Template (SCAS)
- Ops Policy 6 – Daily Working Shift Practice (Shift start/end/changeover/Meal break)
- Out of Service Procedure

Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Standby Policy

Officer completing assessment: Rebecca Woodward

Telephone: 01869 36 5055

1. What is the main purpose of the function, policy or strategy?
The purpose of the Standby Policy is to outline the principles to be adopted in relation to the deployment and use of standby points.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The overriding principle is that standby is an integral part in enabling healthcare to be at the patient side in the shortest possible time. The policy covers the following areas: • Classification of standby points • Performance management and deployment • Hours of operation • Usage methodology
3. Who will be the main beneficiaries of the function, policy, strategy?
All patients covered by SCAS; the most effective deployment and use of standby points will enable healthcare to be with the patient in the shortest amount of time possible. All frontline staff employed by SCAS; no standby point should be used unless risk assessed and the star rating has been agreed by divisional management and staff side.
4. Use the table overleaf to indicate the following: • Where do you think that the function, policy, strategy could have an adverse impact on any equality group, i.e. it could disadvantage them? • Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
Gender	Women	N/A	N/A	
	Men	N/A	N/A	
Race	Asian or Asian British People	N/A	N/A	
	Black or Black British People	N/A	N/A	
	Chinese people and other people	N/A	N/A	
	People of mixed race	N/A	N/A	
	White / white other	N/A	N/A	
Disability	Disabled People	N/A	N/A	
Sexual Orientation	Lesbians, gay men and bisexuals	N/A	N/A	
Age	Older people (60+)	N/A	N/A	
	Younger people (17 to 25) and children	N/A	N/A	
Religion / Belief	Faith Groups	N/A	N/A	
	Equal opportunities and / or improved relations	N/A	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Note: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	**No**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		
Level of Impact	**High**	**Low**
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		

6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:

6(b). Could you improve the strategy, function or policy positive impact? Explain how below:

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?

Ensure the policy is applied properly and fairly across divisions and throughout the Trust and that the standby points are used and deployed in the most appropriate and effective way.

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed:

Name:

Date:

Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: …………………………………………………

Officer completing assessment: …………………………………………………

Telephone: …………………………………………………

Part A

1   Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

    Gender   ☐

    Race   ☐

    Disability   ☐

    Sexual Orientation   ☐

    Age   ☐

    Religion / Belief   ☐

2   Summarise the likely negative impacts:

    ……………………………………………………………………………………………………

    ……………………………………………………………………………………………………

    ……………………………………………………………………………………………………

3   Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups of individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	

Equality Target Groups	Summary of consultation planned or taken place
Sexual Orientation	
Age	
Religion / Belief	

4 What consultation has taken place or is planned with trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

5 Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion / Belief	

6   If there are gaps in your previous or planned consultation and research, are there any experts / relevant groups that can be contacted to get further views or evidence on the issues?

        YES   (Please list them and explain how you will obtain their views).

        …………………………………………………………………………………………………..

        …………………………………………………………………………………………………..

        NO

Part B
(Complete this section when consultation and research has been carried out)

7a   As a result of this assessment and available evidence collected, including consultation, state whether there will be a need for any changes to be made / planned to the policy, strategy or function.

7b   As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carried out monitoring /data collection? (You may want to add this information directly on to the action plan at the end of this assessment form).

        ………………………………………………………………………………………………

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        ………………………………………………………………………………………………

8   Will the changes planned ensure that negative impact is:

        Legal?   **YES**   **NO**
        (not discriminatory, under anti-discriminatory legislation)

        Intended?   **YES**   **NO**

        Low impact?   **YES**   **NO**

9a   Have you set up a monitoring / evaluation / review process to check the successful implementation of the strategy, function or policy?

                    YES   **NO**

9b   How will this monitoring / evaluation further assess the impact on the equality target groups / ensure that the strategy / policy / function are non-discriminatory?

        ………………………………………………………………………………………………

        ………………………………………………………………………………………………

Please complete the action plan, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed: …………………………………………………………………………………………

Name: …………………………………………………………………………………………

Date: …………………………………………………………………………………………

EQIA ACTION PLAN

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.