



London Ambulance Service **NHS**  
NHS Trust

**Operational Rest Break Policy**

## **DOCUMENT PROFILE and CONTROL.**

**Purpose of the document:** To outline the process for facilitating rest breaks for operational staff

**Sponsor Department:** Operations/HR

**Author/Reviewer:** Senior HR Manager/ Senior Ops manager. To be reviewed by November 2018.

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
12/04/19	2.2	Director of P&OD	Clarification of paragraph 11.2
04/12/17	2.1	IG Manager	Document Profile and Control page update
27/11/17	1.17	IG Manager	Document Profile and Control page update, formatting changes and Implementation Plan
20/10/17	1.16	Director of P & OD /Director of Operations	Amendments in discussion with Unions
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27/10/17	1.14	IG Manager	Document Profile and Control page update
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18/07/17	1.12	Director of P & OD /Director of Operations	Amendments in discussion with unions
05/07/17	1.11	Director of Operations / HR Manager Projects	Revision of current draft prior to circulating with staff side. Draft 1 (Version 0.19)
30/06/17	1.10	Director of Operations / HR Manager Projects	Revision of current draft
23/06/17	1.9	HR Manager Projects	Revision of current draft
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09/05/17	1.7	Paramedic/ HR Manager Projects	Revised new rest break policy
31/01/17	1.6	Senior HR Manager	Reviewed and minor changes. Principles laid out in document remain in place.
20/10/16	1.5	Director of Operations / HR Manager Projects	Revised new rest break policy
11/10/16	1.4	Transformation and Strategy Lead	New draft rest break policy for consultation
07/08/15	1.3	IG Manager	Document Profile and Control page update and Equality Analysis added.
08/05/15	1.2	Senior HR Manager	Subject to cosmetic review and put into standard policy template. Assistant Director, Workforce advised that principles laid out in document remain in place. Discussions ongoing with staffside re new proposals.
April '07	1.1	Assistant Director, Employee Services.	First review.
December '06		Assistant Director, Employee Services.	First version

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
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Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

## **1. Introduction**

### **1.1** This policy seeks to:

- Reduce the clinical risk to patients by ensuring that employees receive appropriate breaks, reducing fatigue, improving staff wellbeing and reducing work related stress
- Reduce the clinical risk to patients by ensuring rest breaks are distributed throughout the shift, providing more consistent resource availability
- The intention is that the interruption of the paid element of rest breaks or non-allocation of breaks will be by exception.

## **2. Scope**

- 2.1** This policy applies to all frontline staff on double crewed ambulances, Non-Emergency Transport Service (NETS) ambulances and solo responders (MRU, CRU, FRU) providing a patient facing operational response. These arrangements also apply to the Hazardous Area Response Teams (HART) and Tactical Response Units (TRU). These groups will be referred to as 'crew' within this policy. Additional arrangements reflecting the specialist nature of some teams may apply; these will be outlined in their specific Standard Operating Procedures. Clinical Team Leaders or other clinical managers carrying out core operational patient facing shifts will also be subject to these arrangements.
- 2.2** When operational managers and clinical supervisors (e.g. Incident Response Officers (IROs) or Clinical Team Leaders) are not discharging core patient facing duties on an ambulance or solo response vehicle, e.g. when CTLs are on 97 and 98 call signs and they can be reasonably expected to manage their own break, it is the individual's personal responsibility to ensure that they return to their base station and formally request a rest break from EOC within their rest break window.
- 2.3** Those members within Patient Transport Service (PTS) and Emergency Operations Centre (EOC) will continue with their current arrangements.
- 2.4** Long distance transfers or protracted declared major or significant incidents (internal or external) pose a significant challenge to timing of breaks and compliance with this policy. They should be managed dynamically by EOC and the Duty Incident Delivery Manager (IDM) to ensure business continuity and staff resilience, so that individuals receive appropriate breaks and do not operate when fatigued.

### **3. Objectives**

- 3.1** These arrangements are designed to facilitate rest breaks in line with the NHS Terms and Conditions of Service Handbook (Agenda for Change) and the Working Time Regulations 1998 (as amended in 2003).

### **4. Responsibilities**

- 4.1** The Deputy Director of Operations for EOC is responsible for the delivery of rest break key performance indicators in accordance with this policy.
- 4.2** The Director of People and Organisational Development is responsible for ensuring that these arrangements comply with the NHS AfC Terms and Conditions of Service and the Working Time Regulations 1998 (as amended 2003)
- 4.3** Operational road staff are responsible for liaising with EOC regarding the everyday application of this policy
- 4.4** EOC Staff are responsible for allocating rest breaks
- 4.5** Operational managers are responsible for checking any payments made against this policy
- 4.6** EOC managers have the authority to interrupt a rest break as service needs dictate
- 4.7** The on-call Gold Manager has authority to suspend this policy as service needs dictate

### **5. Principles**

- 5.1** The standard working week is 37.5 hours excluding rest breaks for all staff on Agenda for Change Terms and Conditions; this is pro-rata for all part-time staff.
- 5.2** Successful management and application of this policy will facilitate operational staff having their breaks allocated within a pre-determined window.

### **6. Rest Break Windows**

- 6.1** All shifts of six hours or more will operate with a rest break window (appendix 1).
- 6.2** Where two staff are crewed together, but working different shifts with different rest break windows, a rest break should be given to coincide with the earliest opportunity where both crews are in their rest break windows.

## 7 Rest Break Entitlement

### 7.1 Rest break entitlement by shift length:

Shift Length	Unpaid Element	*Paid Element/ part of contracted working hours
Less than 6 hours	Nil	Nil
6 hours or more, but less than 10 hours	20 minutes	10 minutes
10 hours or more	30 minutes	15 minutes

## 8 Interruption during rest breaks

### 8.1 Unpaid element

8.1.1 This element is the unpaid entitlement to a rest break.

### 8.2 Paid element

8.2.1 The paid element of the rest break is additional and as such is interruptible for the most serious and life threatening calls, which have a Category 1 determinant or Hot 1 request, *and* when there is no other suitably qualified LAS resource available to respond within an appropriate timeframe.

**(Note: category 1 determinants based on new Ambulance Response Programme for immediately life threatened calls)**

8.2.2 Decisions to interrupt a rest break will be reviewed by EOC management on a regular basis to ensure that practice remains appropriate.

### 8.3 During both elements

8.3.1 In the event of staff being approached by a member of the public requesting assistance during their rest break period, and the call being logged with EOC, a CAD number being generated, and clinical care being provided as evidenced with a PRF being completed, it is expected that staff will respond appropriately as required. In such circumstances EOC must be immediately informed and the rest break will be suspended. In such cases a payment of £10 will be paid for an interrupted Rest Break.

8.3.2 Individuals are reminded of service policy, in regard to dress code, smoking, alcohol and security of service vehicles, which will apply whilst on rest breaks.

## **9 Location of rest breaks**

- 9.1** A&E operational staff will be returned to their base location wherever possible. Where staff are instructed to return to their base station for a break, staff should make their way back at the earliest opportunity and via the quickest route taking into account the current road and traffic conditions. A break taken at the base station and completed will not be eligible for any additional payments or subsistence claims.
- 9.2** The vehicle call sign will designate the 'base' station location for operational staff in regard to rest break allocation for that shift.
- 9.3** Should the base station facilities be temporarily out of commission, e.g. for reasons such as redecoration or maintenance, another location for rest breaks will be agreed locally by the group station management team and the staffside representative. On such occasions, no payments or claims will be payable. If however, no prior notice can be given the group station management team will consider all options and may authorise any subsistence claims that may legitimately arise.
- 9.4** EOC may ask a crew, that have notified they are green and available, to volunteer to take their rest break at an alternative location if they are out of their normal working area or in excess of 20 minutes running time back to their base station. A crew can also ask EOC to volunteer to take a rest break at an alternative location. A break taken at a flexible location will attract at £7 payment and would be subject to the same arrangements as a break taken at a base station. If a flexible rest break is allocated, a reasonable location will be agreed between the crew and EOC (see Appendix 2).

## **10 Allocation of rest breaks**

- 10.1** Staff will have their rest breaks allocated by EOC by telephone when on station, or by radio at other locations where appropriate (Appendix 1). The time will be electronically recorded for audit purposes.
- 10.2** EOC will consider any crew requests for a rest break within a rest break window.
- 10.3** Staff must be available and ready to respond immediately at the end of the unpaid element of their rest break period. Staff should continue to carry drugs in their morphine pouches on their person at all times during a shift.
- 10.4** During the rest break window, where a vehicle is being repaired, staff *may* be asked to volunteer (and staff can ask to volunteer) to take a rest break during the vehicle off-road (VOR) period, either whilst their vehicle is repaired, or an alternative vehicle is being sourced. If this is the staff base station they would take their rest break as normal, if it is not the crew's base station this would attract the flexibility payment (Paragraph 9.4).

## **11. Compensatory arrangements**

- 11.1** If staff have not received their statutory rest break and are still 'on scene' or dealing with a patient *beyond the end of their rest break window*, staff can volunteer to be allocated a rest break on immediate completion of that call.
- 11.2** In the event that a rest break cannot be allocated (in part or whole) during the shift, staff will be entitled to compensatory time for the missed rest break. This time will vary depending on shift length (Appendix 1). This compensatory time will commence with the paid element and end with the unpaid element whereby staff can complete their shift early. This will result in staff completing their shift prior to the end of the vehicles rostered duty time. If both elements are taken in full, no compensatory payment will be made. If one, or both of these elements are interrupted by returning late to station a £10 compensatory payment will be paid.

## **12 Vehicle security**

- 12.1** At all times, including during rest breaks it is the responsibility of staff to park their vehicles safely, lawfully where the vehicle will not cause any obstruction. The vehicle should be secured if unattended.

## **13 End of Shift Protection Arrangements**

- 13.1** There is commitment to developing a form of protection arrangements for all patient facing resources to reduce the incidences of late finishes (see Appendix 3).

## **14 Exceptions**

- 14.1** The rest break policy may be temporarily suspended on the authority of the on-call Gold Manager, where appropriate. Specific examples could be declared major incidents (internal/external).
- 14.2** If this decision is taken a nominated senior staff side representative will be consulted as soon as practicable, this may be after the event. If there is any temporary suspension of this policy, it will be for the shortest period of time deemed necessary with re-instatement of the rest break policy as soon as possible.

## **15 Monitoring and review**

- 15.1** The Operational Partnership Forum will review compliance with this policy on a quarterly basis. This will inform periodic risk assessments for any non-compliance, identifying any necessary mitigations.
- 15.2** A formal review of this policy is due no later than six months from the date of implementation.



<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	For all LAS staff			
<b>Dissemination</b>	Initially via all person email. Available to all staff on the Pulse			
<b>Communications</b>	Via oral communication with EOC.			
<b>Training</b>	n/a.			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Numbers and proportion of staff who take a rest break.	Ongoing review jointly with staffside.	Senior Operational Management	ELT	Via discussion with staffside

## Appendix 1 – Rest break windows

The intention is to ensure, where operationally possible, that crews take their rest break at the earliest opportunity following the start of their rest break window.

Rest breaks will commence during these rest break windows.

Shift length	Statutory (unpaid) <i>uninterruptible</i> Element	Extended (paid) <i>interruptible</i> Element of rest break (Part of contracted working hours)	Rest break windows to start between
Less than 6 hours	Nil	Nil	N / A
6 hours → 6 hours 29 mins.	20 minutes	10 minutes	2 – 4 hours <i>after shift start time</i>
6 hours 30 mins. → 6 hours 59 mins.			2.5 – 4.5 hours <i>after shift start time</i>
7 hours → 7 hours 29 mins.			3 – 5 hours <i>after shift start time</i>
7 hours 30 mins. → 7 hours 59 mins.			3.5 – 5.5 hours <i>after shift start time</i>
8 hours → 8 hours 29 mins.			2.5 – 5.5 hours <i>after shift start time</i>
8 hours 30 mins. → 8 hours 59 mins.			3 – 6 hours <i>after shift start time</i>
9 hours → 9 hours 29 mins.			3.5 – 6.5 hours <i>after shift start time</i>
9 hours 30 mins. → 9 hours 59 mins.			4 – 7 hours <i>after shift start time</i>
10 hours → 10 hours 29 mins.			30 minutes
10 hours 30 mins. → 10 hours 59 mins.	4.5 – 7.5 hours <i>after shift start time</i>		
11 hours → 11 hours 29 mins.	4.5 – 7.5 hours <i>after shift start time</i>		
11 hours 30 mins. → 11 hours 59 mins.	4.5 – 7.5 hours <i>after shift start time</i>		
12 hours	4.5 – 7.5 hours <i>after shift start time</i>		

**Appendix 2 – Location of rest breaks**

Location of rest breaks

- a. Flexible locations may include alternative LAS Premises, hospitals, or other NHS premises, local shops, service stations or any other suitable and appropriate location.
- b. If ambulance crews choose to take their rest break at the location where they are currently parked and this is a hospital, the crew must move their vehicle away from hospital Emergency Department (E.D.) ambulance parking bays wherever possible, to an alternative parking place which is safe, appropriate and legal. This will ensure other incoming ambulances can still use hospital ambulance parking bays when arriving with their patients. Rest breaks will commence once the vehicle has been parked appropriately.
- c. In order to ensure access codes to other ambulance stations remain secure, if operational staff request a rest break at an alternative ambulance station to their base station, steps will be taken to ensure access is gained via secure means. Crew should contact EOC for details.

**Appendix 3 – End of shift protection arrangements**

End of shift protection arrangements have recently been piloted and further modelling is required to be able to develop a safe approach to reducing the incidences of late finishes.

The intention is to develop a form of protection arrangements for all patient facing resources, this will be implemented following ELT approval and any arrangements will be incorporated into this policy.

The following principles for any arrangement will include:

- 1. An agreed period of protection for resources at the end of their shift, whereby they are given an opportunity to return to their base station during their shift, reducing the occurrence of late finishes.
- 2. This period of protection will reserve the use of the resource solely for dispatch to a set of critical determinants.