

## London Ambulance Service NHS Trust

### Active Area Cover Arrangements for Accident & Emergency ambulance crew staff

#### 1. Background

For a number of years the London Ambulance Service operated a stand-by agreement, supported outside the standard hours of operation by temporary area cover arrangements, whereby ambulance crews may be sent to fixed stand-by points away from ambulance stations during certain hours of the day.

These stand-by arrangements were put in place so as to improve response times to patients. Crews on stand-by were able to mobilise more quickly than crews at ambulance stations.

With the introduction of a number of service improvements and modernisation, both in terms of working practise and new technology, the NHS has set about improving patient care and patient outcomes. The previous arrangements in regards to the use of stand-by within the London Ambulance Service are now in need of an overhaul if we are to meet the needs of our patients, in terms reducing patient waiting times and improving clinical outcomes. It is now possible to extend the concept of the current stand-by arrangements by use of software designed specifically to use historic LAS patient data to model and predict, in real time, where accident and emergency calls are next likely to arise. It is therefore possible to predict, in turn, the optimum location or area for an ambulance or other vehicle to be placed in order to reach the patient as quickly as possible. This is termed "Active Area Cover".

Active Area Cover leads to a more even distribution of workload and enhances staff safety by reducing delays in arrival at the patient. Mobilising resources to the patient from an ambulance station takes approximately one minute more than mobilising that vehicle when it is off station, green and available and in an optimal location.

Active Area Cover arrangements, though perhaps differing in their precise detail, have already been introduced by ambulance services throughout the rest of the United Kingdom and, indeed across most modern ambulance services throughout the world. Active Area Cover is proven to have delivered benefits in terms of service delivery. In essence it means that we place the responding vehicles in an optimal position to reduce their running times to emergency calls so reducing patient waiting times.

Active Area Cover is absolutely vital in supporting the Trust in achieving and maintaining the performance standard for Category A calls ("Call Connect") introduced in April 2008. These standards more accurately reflect the patient's experience in that the arrival of LAS staff will be measured from the point that the patient made the original 999 call.

For the purposes of this document Active Area Cover arrangements refer to double staffed ambulance vehicles. The current working arrangements for Fast Response Units (FRU) remain unchanged.

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## 2. Principles of Area Cover Arrangements

A framework for consideration was jointly agreed at the Operational Consultative Forum. This is based on the following:

- Evidence based data – e.g. historic LAS patient data relating to category A demand/performance by hour of day, “heat maps”, resource availability.
- Reasonableness – e.g. – location, facilities, end of shift arrangements, and the need to allow for the prospect, operational demand and circumstances permitting, of crews being returned to station at some point in a shift.
- Staff Health and Safety

In addition the overarching principle is that any new arrangement must improve our response to our patients, reduce overall patient waiting times and improve clinical outcomes.

## 3. Active Area Cover Arrangements.

### Hours of Operation

Current evidence, in regard to category A call demand and performance against the National standard for category A calls, indicate the hours of operation for active area cover should be 24 hours per day, 7 days per week. However, based upon an assessment of what is deemed “reasonable”, it is recognised that the operation of area cover arrangements will differ during the night time hours from the standard arrangements that apply throughout the rest of the day.

For the purpose of this policy “day time” is between 0800 and 2200, and “night time” is between 2200 and 0800.

### “Day time” operation:

- Between 08-00 and 22-00 hours ambulance crew staff will be tasked by EOC to undertake active area cover from one of a number of predetermined cover points.
- A deployment to a cover point will have equal status to that of being deployed to an emergency call, albeit without audible and visual warnings being used.
- The cover point will be a geographic area of a half a mile radius of a specific location identified by EOC. In practise crew staff will be given a specific location for deployment purposes ( a road junction for example) but will have the ability to roam within a half mile radius of that location
- Crew staff will have the option of selecting a static position within the cover point area or remaining mobile, patrolling the cover point area.

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- Crew staff electing to remain at a static position should give consideration by way of dynamic risk assessment to safety, parking restrictions and the availability of local facilities.
- If staff are not given a call within 60 minutes of being deployed at an active area cover point they will, once EOC have received their request to do so, be returned to station.
- Once back on station, although available for work unless placed on a rest break, staff should not be re-deployed to active area cover within 30 minutes.
- If staff are deployed from, or on route to, area cover on two separate and consecutive occasions, at the end of a third period of active area cover they will be returned to station as outlined above.
- Crew staff may utilise local facilities at their discretion, however in doing so and where this means leaving the vehicle, they must remain contactable at all times and be able to respond to an emergency call without delay.

**“Night time” operation of enhanced temporary area cover**

- Between 22-00 and 08-00 hours temporary area cover deployments will be to ambulance stations or to hospitals that have an Accident and Emergency department when needed.
- However, where the ambulance station is adjacent to the hospital the station will take precedence as the designated cover point. A list of the stations/hospitals affected is attached at Appendix A.
- Crew staff will remain on temporary area cover until such time as normal cover for the particular area is re established i.e. other resources becoming available to EOC in that area. However;
- If staff are not given a call within 60 minutes of being deployed to a hospital based cover point they will, once EOC has received their request to do so be returned to station.
- In all other regards the arrangements for temporary area cover remain unchanged.
- Crew staff can however elect to remain mobile patrolling the area if they wish.

**3.1 Geographic cover points**

Within the hours of operation for Active Area Cover ambulance crew staff will be tasked to provide area cover from a number of predetermined cover point areas within their own complex catchment area, or within the neighbouring complex catchment area.

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Cover point locations will be passed by MDT or radio message and staff will be expected to make their way to these locations and either remain mobile within the immediate (1/2 mile) radius or find a suitable point of their own choosing to park the vehicle.

The Emergency Operations Centre (EOC) will be tasked with keeping ambulance crew staff within these catchment areas and crew staff will not be tasked to provide area cover beyond the identified neighbouring complex (one complex away in either direction).

Where ambulance crew staff become available at a hospital following a call, EOC will task them to a call or return them to the catchment area of their own or neighbouring complex as required.

Area cover points will be a geographic area and will not necessarily be linked with previous sector, complex or station boundaries. However, natural boundaries such as the River Thames for example, will be taken into account when predetermining cover points.

### **3.2 Start and End of Shift arrangements**

Ambulance crew staff will not be tasked to area cover in the first 30 minutes of their shift. Unless deployed to a call, the first 30 minutes of the shift should be utilised for the vehicle daily inspection and other routine duties such as necessary administration, for example.

Vehicles not engaged on a call will be returned to their own stations 30 minutes before the end of their shift, but will remain available for emergency calls.

This will support EOC in endeavouring to ensure ambulance crew staff, if not engaged on an emergency call, are on their own station in the last 30 minutes of the shift so as to facilitate crew staff finishing on time. However crew staff will remain available for emergency calls until the end of their shift.

Every effort will be made to return vehicles to station for a rest break in line with the Trust agreement.

The Trust has set an initial target of 75% of crews returned to station for rest breaks, and progress against this will be closely and jointly monitored. The overall target will be converted into an hourly target for EOC staff to achieve.

The end of shift arrangements for Active Area Cover will not over ride the Rest Break Agreements provision for compensatory time to be taken at shift end where no rest break has been allocated. EOC will, wherever possible, ensure that crew staff eligible for compensatory time at shift end are returned to their base station in order to benefit from this provision.

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### **3.3 Staff Safety**

Staff Safety and welfare are paramount, and these arrangements have been subject to formal risk assessment undertaken jointly between representatives of operational management, staff side and the Safety and Risk Department.

In addition, staff should apply the principles of dynamic risk assessment at all times, regardless of whether operating under the active area cover arrangements.

In particular, consideration should be given to safety at all times if crew staff elect a static cover position within the geographic area, including (for example) safe parking areas, good lighting, CCTV coverage, radio and mobile telephone signals for example. This list is not intended to be exhaustive.

Staff are encouraged to report any health and safety issues that may arise through the normal service procedures.

## **4. Review**

The arrangements for and the impact of Active Area Cover will be carefully monitored on behalf of the Director of Operations by the Deputy and Assistant Directors of Operations and this process will be supported by the input of senior staff side representatives.

These arrangements will also be subject to joint review, initially to be undertaken within six months of the implementation.

Any such review will be based upon the key principles set out within this document and the jointly agreed Active Area Cover Framework.

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## Appendix A

Station	A&E department
H1 Chase Farm	Chase Farm Hospital
J3 Whipps Cross	Whipps Cross Hospital
K4 Romford	Queens Hospital
B5 Hillingdon	Hillingdon Hospital
C5 Park Royal	Central Middlesex Hospital

(These stations are nearby but not adjacent to the Hospital)

E3 Camden	Royal Free Hospital
G3 City & Hackney	Homerton Hospital

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