

Field Operations A&E - Meal Break Policy

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1. Introduction

1.1. This policy has been jointly developed between SECAmb managers and Staff Side Representatives working in partnership. This policy applies to all A&E field operational staff subject to the System Status Plan or equivalent and sets out the principles to be followed in relation to meal and rest breaks.

2. Aims and Objectives

- 2.1. This policy aims to give guidance to all operational staff and managers on the processes to be followed regarding allocation of meal breaks during an operational shift. The policy has been written in accordance with a set of principles agreed by the Meal Break Policy Joint Working Group as follows:
 - To ensure staff working in a challenging operational environment are able to take meal-breaks.
 - To design and agree a meal-break policy that offers appropriate flexibility and efficiency while meeting the needs of our staff welfare and patient care.
 - To demonstrate value for money, quality, safety and financial sustainability.
 - To adopt a collaborative approach, working in partnership to achieve the working group objectives

3. Definitions

- 3.1. A meal break is the unpaid time allocated to A&E field operational staff by the Emergency Operating Centre (EOC) during their shift.
- 3.2 This policy also includes the application of paid rest break for shifts of 12 hour durations

4. Policy Statement

- 4.1 This is a non disturbable meal break policy with exceptions for staff who choose to opt out and be disturbed.
- 4.3 The views of staff, staff side representatives, management and all stakeholders have been used to inform the development of this meal break policy.

5. Arrangements

- **5.1** The meal break length and window
- 5.1.1. A 30-minute unpaid meal break will be allocated during any operational shift which is longer than six hours.
- 5.1.2. For shifts shorter than six hours no meal break will apply. This is in keeping with the European Working Time Regulations.
- 5.1.3 Meal breaks will be taken within a three-hour window.
- 5.1.4 The three-hour window will commence from the fourth hour after the shift start for shift lengths greater than eight hours. Shifts rostered of eight hours' duration will commence their meal-break window from the third hour after shift start.
- 5.1.5. The 30-minute meal break will start at the time defined and communicated to the operational staff by EOC.
- 5.1.6. If crews require a delayed start to their meal break, this must be agreed with the Emergency Operations Centre Manager (and the reasons for requesting clearly outlined by the operational staff) prior to commencement of the meal break.
- 5.1.7. Every effort will be made for meal breaks to be taken within the crews own dispatch desk where possible, however meals breaks can be taken at any SECAmb location with full facilities.
- 5.1.8. The length of a shift is determined by start and finish times of the shift and not by the number of hours paid e.g. 07:00hrs 19:00hrs is a twelve-hour shift.
- 5.1.9. A Key Performance Indicator (KPI) demonstrating compliance of 90% of all meal breaks being taken within the window that has been agreed. This will be internally audited on a monthly basis to ensure compliance. Results will be published internally.
- 5.1.10. The Trust recognises that if a crew goes outside of their meal break window the priority will be to ensure that the crew commences their meal break as quickly as possible. Meal breaks allocated outside of the window will be taken at the closest and most suitable location with full facilities; or the hospital if that is the crew's preference.
- 5.1.11. All service journeys must be requested via EOC and should not commence until authorisation is given.
 - 5.1.12 In exceptional circumstances should a crew not be allocated a meal break within 30 minutes of the end of their shift (excluding 6hrs or below) the crew will be stood down by EOC returned to base and/or released from duty, unless already committed to an incident.

5.1.13 It is recognised that some staff, due to religion, pregnancy, nursing or medical conditions may require special arrangements at certain times. In these cases, a mutual agreement should be reached between the individual staff member and their line manager.

5.2. Disturbances

- 5.2.1. Under normal circumstances a meal break is undisturbable.
- 5.2.2. Staff may volunteer to respond to an "All Call" for a range of incidents as determined by EOC but there will be no financial payment for this and time spent volunteering cannot be taken in lieu.
- 5.2.3 Where meal breaks are taken outside of the crew members
 Dispatch Desk area there will be a £5 remuneration (out of area
 payment). This includes meal breaks taken outside of SECAmb
 (applies to the Dispatch Desk where staff commence their shift on
 the day in question). This aspect of the policy is subject to a threemonth review post-implementation.
- 5.2.4 Where a meal break is taken outside of the meal break window there will be a £5 remuneration (late break payment).
- 5.2.5 During a meal break staff must respond if approached directly by members of the public.
- 5.2.6 Where a meal break is disturbed as a result of exceptional circumstances, such as direct approaches by members of the pubic, time can be given back at the support of the duty OTL or EOCM.
- If a crew is not stood down for a meal-break during their shift, they will be entitled to receive both the £5 late break payment and £5 out of area payment. These circumstances are to be considered as exceptional and must be reported via IRW1s on each occasion by the duty EOCM. Such payments must not be viewed as a suitable alternative to staff receiving a meal-break, as the overarching objective of this policy is to ensure our staff are properly rested and priority is given to their welfare and wellbeing.

5.3. Refreshment Break

- 5.3.1. A second break called a 'refreshment break' will be allocated before the last hour of a shift, to be taken at the nearest location where facilities exist decided by EOC. This could include at hospital if requested and agreed by the crew.
- 5.3.2. The length of the refreshment break will be 20 minutes for ≥12 hour shifts and 15 minutes for shifts between ≥8 hours and <12 hours.
- 5.3.3. Shifts <8 hours will not be entitled to a refreshment break.

- 5.3.4. The refreshment break is disturbable for all category of calls where an alternative resource cannot meet the required patient response time standard.
- **5.4.** Use of radios during meal breaks
- 5.4.1. During an allocated meal break, field operational A&E staff can turn off their radios for the duration of their meal break but must continue to wear them in case they need to contact EOC urgently if approached by a member of the public during their break.
- 5.4.2. Operational A&E staff must ensure their radios are turned back on as soon as the meal break is complete.

6. Responsibilities

- 6.1. The **Director of Operations** will be accountable for the effective implementation and monitoring of this policy.
- 6.2. The **Associate Director of Operations** –will be responsible for implementing this policy within the clinical operations directorate. In addition to this is also responsible for establishing a system to report and monitor compliance with the KPIs detailed in this policy.
- 6.3. **All operational managers** have the responsibility for ensuring that staff comply with this policy.
- 6.4 EOC will be responsible for the on-day management of this policy and hold responsibility for the meal-break budget. Key Performance Indicators will be used to monitor EOC's compliance with policy and budget.
- 6.5. The Trust will ensure that all A&E operational staff are aware of this policy and the grievance / complaints procedures.

7. Competence

7.1. All operational managers and staff must be familiar with this policy and its requirements.

8. Monitoring

- 8.1. Compliance with this policy will be monitored by the appropriate line manager and any issues will be raised with the responsible manager and/or the relevant directorate.
- 8.2. The Associate Director of Operations is responsible for establishing a system to report and monitor compliance with the KPIs detailed in this policy

9. Audit and Review

9.1. This policy will be reviewed at three and six months' post implementation in order to assess the impacts and compliance to the policy. Thereafter the policy will be reviewed at least every three years or sooner if new legislation, codes of practice or national standards are introduced and earlier review is required.

10. Equality Analysis

10.1. The Trust has undertaken an equality impact appraisal to identify the impact this policy may have on the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

11. Quality Impact

11.1 A Quality Impact Assessment (QIA) has been undertaken to identify the potential quality impacts on patients, staff, external stakeholders, and performance, in relation to the introduction of the new policy. Where high risks have been identified these have been brought to the attention of the Chief Nurse and Director of Quality & Safety and mitigation plans have been developed to manage the risk.

12. References

13.1. None.