

National Position Statement: HART Meal Breaks

February 2018 / v.2.0

[Including an update issued on the 28th February 2018]

Background

Three Trusts have raised issues with NARU regarding HART meal breaks.

Trusts are having difficulties in applying their meal break or rest period policies (designed for wider operations) to their specialist HART Units.

Currently, different Trusts manage HART meal breaks in different ways. The 2017 Review of Interoperable Capabilities confirmed that the most common arrangement is for on-duty HART staff to manage their meal breaks within their team according to a greater level of flexibility that the Trust HR policies would normally permit.

Key Issues

The Health and Safety at Work Act 1974 (and its subsequent regulatory provisions) and the Working Time Regulations 1998 set minimum requirements for meal breaks / rest periods for all employees including HART.

Most NHS contracts for HART staff will not pay them for at least 30 minutes within the 12 hour shift on the basis that they are not working during that 30 minute rest period.

HART staff are required to maintain a national state of readiness to deploy to specific types of incident.

There are very few HART staff on duty at any given time (normally 6 – 8 per Unit).

HART staff are required to operate safety critical systems and complex safe systems of work. They need to be fit and rested to deploy in protective equipment such as breathing apparatus.

For a number of deployment configurations, HART require a minimum of six operational staff to execute them safely. If six HART staff are not available at the scene for certain types of incident, none of the HART staff will be able to deploy into the inner cordon or hazardous area safely. This can create significant delays in the provision of NHS care to trapped casualties and reduce survival rates and clinical outcomes.

National contract standards apply to HART staff and HART operations. These standards do not apply to wider operational staff. These standards include:

- Maintaining a minimum of 6 staff on duty at all times.
- Maintaining a 30-minute notice to move anywhere in the UK.

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- Maintaining defined response time standards for mobilising 4 staff initially then all 6 staff for certain types of incident.

Failure to maintain these standards will result in a breach of the standard contract arrangements (specifically the SC30 EPRR contract standards).

National Position

Pay and working conditions are matters for employers and the relevant lead commissioners.

The contractual requirement for HART is to maintain 6 staff on duty at all times, not an establishment of 42. The HART establishment of 42 was removed from specifications and national standards several years ago in recognition that a number of Trusts could not maintain 6 on duty at all times with that number. Since then, several Trusts have increased their HART establishment to more than 42.

Trusts need to ensure that they maintain a HART establishment which generates a minimum of six on duty at all times, allowing for local sickness levels, HR policies, meal breaks etc.

Potential Local Options

- Increase the HART establishment to ensure fixed meal break / rest periods can be taken whilst six staff remain on-duty per unit.
- Include special provisions within meal break / rest period policies that allow HART staff to manage their meal breaks flexibly when not deployed on HART specific incidents.
- Place HART staff on protected meal breaks / rest periods but have a 'recall to duty' procedure if a HART incident comes in requiring six HART staff. Staff on meal breaks are then 'recalled to duty' for which they receive some financial recompense (negotiated locally).

Alternatively, Trusts may implement their own local solutions providing the national contract standards are maintained for HART.

Update: 28th February 2018

A concern was recently raised by the Coroner for the area of Dorset regarding the impact of Ambulance meal breaks / rest periods resulting in a Regulation 28 Report (Report to Prevent Future Deaths).

Regulation 28 Report (HM Coroner) following the case of K. Richmond. Report dated 17th November 2017.

Report recipients:

- Secretary of State for Health
- Chair of the Association of Ambulance Chief Executives

[See the Regulation 28 Report for specific information.]

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Given the potential connection between the Coroner's report and this position statement, the following response is provided by NARU:

- NARU has reviewed the aforementioned Regulation 28 Report specifically in relation to interoperable capabilities (HART, MTFA, CBRN etc) at a national level.
- Given that these are specialist capabilities operating within the wider Ambulance Service, it is unlikely that that Coroner had specialist inner cordon responses in mind when making the report. That is important context.
- Given that interoperable capabilities include minimum staffing levels and national states of readiness set in NHS contract obligations (under SC30), they potentially sit outside of the scope of the report.
- However, if all HART staff took their break at the same time and were unavailable to provide an NHS response inside an inner cordon, that would create parallels to this Regulation 28 report.
- The contract standards for interoperable capabilities already mitigate the meal break impact by requiring the maintenance of specific states of readiness. Trusts are obligated to ensure their establishment (staff) numbers for the capabilities are sufficient to maintain the required state of readiness including whatever rest periods and meal breaks are defined in local Trust policies.
- The position statement on HART meal breaks [set out above] has been reviewed in light of the Regulation 28 Report. It has been deemed to remain accurate with no amendments.
- At the national level, the existing contract standards for interoperable capabilities are sufficient to mitigate the concerns raised by the Coroner in their report.

[Ends]