Standard Operating Procedure (SOP)
RHYTHM OF A SHIFT

SETTING   Service-wide

FOR STAFF   All staff

PATIENTS   N/A

Introduction

The purpose of this document is to provide a high-level description of a shift in Retrieve, the various required activities and a hierarchy of tasks. It is intended to be read alongside the documents it refers to, all of which are accessible on the Eolas App.

Shift times

Retrieve operates two shifts across the 24 hour period:

- Day shift – 08:30 to 20:45 with one full consultant-led team in each operational base.

- Night shift – 20:30 to 08:45 with a Transfer Practitioner and driver in each operational base. Both teams have consultant support from an on-call Duty Consultant who will provide call-handling triage, coordination and clinical advice to both teams.

Important information

Each shift should start with a brief handover. This is an opportunity to check on your out-going colleague's welfare, and exchange information regarding immediate or urgent pending transfers. Following this the phones should be swapped, charged and the drug bag signed back in. The individual who checked out the drug bag is responsible for ensuring it is signed back in. The incoming team will check out their drug bag for the upcoming shift. The day team may choose to complete CD checks (only done once in a 24-hour period) at this point, but this must not delay a deployment or the Huddle.

Equipment and ambulance checks will then be completed. All checks should be completed for Huddle at 0900 or 2100.

If there is an early or pending referral of any escalation of care transfer, the priority is to brief within the team and deploy rather than attend the Huddle with the other team. If one team is out the Huddle agenda should still be reviewed by the on-base team to capture vital safety information and the service critical points of the week.

All transfer services in England must report their operational availability and daily activity to NHS England through the Directory of Services. At 0800 each day, the Transfer Practitioners are responsible for reporting the last 24 hours' transfer activity and team availability (see Directory of Services submissions SOP for more information). The Retrieve Service Administrator will oversee training and access to DoS (via a generic Retrieve login).

Day shift overview (08:30 – 20:45)

Time	Description	Reference documents
08:30-08:45	Team commence shift wearing correct uniform Start of shift checklist ECMO vehicle daily checks Brief handover, Exchange phones Drug bag sign-out Night DC hands over relevant information	Start of shift checklist Uniform policy Medicines management SOP Consultant operations SOP ECMO retrieval service SOP ECMO checklist
09:00-09:30	Huddle including case discussion	Huddle agenda Huddle and daily case review SOP
09:30-09:45	Status update on pending referrals	
09:45-10:45	Daily education – team discussion	Retrieve learning and development SOP
10:45 onwards	CD drug check	Medicines management SOP
	Patient follow up	Patient follow-up SOP
	Rotational checks and essential base tasks to be completed as a team	Rotational checklist (Peninsula & Severn)
	Trust mandatory and statutory training as required	Induction and competency document Retrieve learning and development SOP
	Admin / project work / audit	
Referrals	Referral calls and deployment	Referral handling and deployment SOP Rhythm of a deployment (below)
20:00-20:30	End of shift checklist	End of shift checklist v3
20:30	Brief handover Exchange phones Drug bag sign-in	Medicines management SOP
20:45	Day DC hands over relevant information Team finish, change out of uniform	Consultant operations SOP

On-site night shift overview (20:30 – 08:45)

Time	Description	Reference document
20:30-21:00	Team commence shift wearing correct uniform Start of shift checklist Brief handover Exchange phones Drug bag sign-out Day DC hands over relevant information	Start of shift checklist Uniform policy Medicine Management SOP Consultant operations SOP
21:00-21:30	Huddle including case discussion	Daily huddle agenda Huddle and daily case review SOP
21:30-21:45	Status update on pending referrals – identify any that require an early morning (0700-0830) call to ascertain bed availabilty, etc	
21:45-22:45	Daily education, including annual competency, mandatory and statutory training	Retrieve learning and development SOP Induction and competency document
22:45 onwards	Admin / project work / audit	
Referrals	Referral calls and deployment	Referral handling and deployment SOP Rhythm of a deployment (below)
08:00-08:30	DoS (cannot be done before 0800) End of shift checklist	DoS SOP End of shift checklist v3
08:30	Brief handover Exchange phones Drug bag sign-in Night DC hands over relevant information	Consultant operations SOP Medicines management SOP
08:45	Team finish, change out of uniform	

On-call Duty Consultant shift overview (20:30 – 08:45)

Time	Description	Reference document
20:45	Handover from Day DC Ensure access to ARCEMS	Consultant operations SOP
21:00	Huddle	Daily huddle agenda
Referrals	Manage referral, deploy team or SWASFT Complete documentation on ARCEMS	Referral handling and deployment SOP
08:30	Handover to oncoming Day DC	Consultant operations SOP

On-shift task prioritisation

It is important that the team appropriately prioritise tasks each shift, with those pertaining to safety and service delivery taking precedence. It is recognised that in a 'usual' Retrieve shift there is ample time to complete these, along with the desirable tasks, whilst ensuring there is time for team rest, recuperation and 'downtime'.

Essential	**Must be completed each shift:**
	● Brief Handover
	● Pending referral follow-up (default daytime task)
	● Team huddle
	● Case discussion
	● ECMO checks
	● Patient follow-up (default daytime task)
	● Start of shift checklist
	● End of shift checklist
	● Handover to DC

Desirable	**Depending on workload, you should aim to achieve each shift:**
	● Daily education (scenarios, familiarisation cards, drills etc.)
	● Education log and feedback
	● Rotational checks (default daytime task)
	● Equipment competencies
	● Trust mandatory training (as required)
	● Contribute to learning materials
	● Attached Doctor competencies

Optional	**Only once the above have been achieved you could complete:**
	● Admin
	● Project work

Rhythm of a deployment

These are covered by the Referral handling and deployment SOP as well as multiple other documents.

Time	Description
00:00	Referral call to 0300 030 2222 Documentation
00:05-00:15	Accept or decline Pre-deployment checklist
00:05	Mobile from base if time critical (Category A)
00:15	Mobile from base if non-time critical (Categories B & C)
15 min ETA	Call referring hospital to notify of 15 min ETA Seek more information if time critical
Arrive referring	Introductions Handover Assessment, stabilisation Packaging Call receiving hospital with ETA
Depart referring	Pre-transfer checklist parts 1 (leaving clinical area) + 2 (in ambulance prior to departure)
During transfer	Transfer clinical care Documentation observations - regular synchronisation from ZOLL to ARCEMS
15 min ETA	Call receiving hospital to notify of 15 min ETA
Arrive receiving	Introductions Handover Complete documentation and print patient record
Depart receiving	Post-transfer checklist parts 1 (leaving clinical area) + 2 (in ambulance prior to departure)
Return to base / next deployment	Restock (from base or spares in vehicle) Post-deployment checklist

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
11/2023	2.2	Retrieve Lead Consultant	Major	Updates to reflect 24/7 operations
01/2024	2.3	Retrieve Lead Consultant	Minor	Updated times

Document Governance

References	
Related Documents and Paging	
Authorising Body	
Safety	
Queries and Contact	Retrieve Leadership Team