

Standard Operating Procedure (SOP)

OBSERVERS

SETTING	Service-wide
FOR STAFF	All staff and observers
PATIENTS	All patients

Introduction

This SOP details the specific roles and responsibilities of any individual undertaking an Observership with Retrieve, and those of the duty Retrieve team on shift. This document focuses on those from a clinical background (generally, but not limited to, medical and nursing staff) who wish to gain an insight into the principles of Adult Critical Care Transfer, or the systems and processes of the Retrieve service.

This document does not cover the following situations and individuals for which separate arrangements do, or will in due course, exist:

- Those from a non-clinical background who may, on occasion, wish to gain an insight into the function of the service.
- Anaesthesia and Intensive Care Medicine trainee medical staff seeking formal, supervised experience in Transfer Medicine towards completion of the relevant sections of their CCT programme.

This SOP will be provided to all Observers at the point at which their attachment to the service is agreed. It is expected that they read this in advance, and abide by its principles at all times while with the service. Appendix 1 contains an Observer Declaration. This must be signed and returned to their designated contact within the Retrieve Leadership Team in advance of starting the attachment.

Principle considerations

The objectives of this SOP are to:

- Describe the process by which individuals may apply for an Observership
- Describe key governing principles, logistical constraints, and practical considerations
- Describe the prioritisation of certain groups in view of the large number of observer requests received
- Ensure that Observerships are used to maximal benefit of the Observer while causing minimal impact on delivery of the Retrieve service (beyond accommodating an additional individual on deployments)

Application and approval of Observerships

The Retrieve service exists first and foremost for the care of our patients, but has a secondary and important role in supporting the training and development of colleagues across the region. This serves numerous purposes including education of potential future Retrieve colleagues, and

dissemination of an understanding of the workings and purpose of the service amongst the region's hospitals.

Application process

All applications should be made using the 'Observer' form on the Retrieve website (www.retrieve.nhs.uk/observers). These will be reviewed weekly and the outcome of all applications communicated by email.

Approval process

In general terms, the following principles apply to sanctioning a request:

- Any individual may be granted up to five days with the service in any one year
- Observers cannot be accommodated if there is no DC cover on the base that day
- Neither nursing nor medical Observers have any particular priority over one another when competing for dates – a common-sense approach to fairness should be adopted
- Observerships will not be accommodated if there is already a duty team of three (any combination of Duty Consultant (DC), Transfer Practitioner(s) (TP), or medical trainee on an organised training attachment).
- Observers will not be permitted to work with the team during periods of demand surge, or special demand cover.
- If any of these pre-requisites are no longer met due to short-notice changes for the shift, Observers must accept that they will have to be stood down and their attachment rearranged.

Prioritisation of applications

Unfortunately, given the high number of requests for Observerships and the space constraints in the Retrieve ambulance, the following groups will be given priority in order. In exceptional circumstances, the Retrieve Leadership Team may grant other individuals an Observerships on a case-by-case basis.

- **An individual who meets the job description and has demonstrated an interest in applying for a job.** This is an essential opportunity for interested parties to experience Retrieve and these applications may be made in a short timeframe, depending on vacancy advertisement. Note: this includes senior trainees in anaesthesia and/or intensive care medicine considering the Duty Consultant role upon completion of training.
- **An individual completing a critical care specific or specialised course.** Note that Observerships are non-clinical and are therefore not appropriate for completion of clinical competencies.
- **Specialty trainees and critical care nurses** who are interested in critical care transfer. This will benefit those referring to and receiving patients from Retrieve.
- **Students undertaking formally recognised elective placement, research programme or other relevant programme.**

Unfortunately, it is not currently possible to routinely support applications from the following groups:

- Non-critical care clinical and non-clinical staff
- Foundation Programme level trainees
- Students, with the exception of those described above
- Non-registered clinical staff

Governing principles

The distinguishing feature of an Observer is that they have not undergone formal Human Resources processes via the *Retrieve* host Trust (UHBW) and, as such, are not permitted any practical patient interaction on the transfers. For the avoidance of doubt, this specifically excludes an Observer, irrespective of their professional background, from a wide variety of activities including, but not limited to:

- **Any** patient care or physical contact
- Any manual handling activity, including carrying equipment or bags, or movement or manipulation of the transfer trolley
- Handling of medications (including checking), gases, or medical devices
- Interaction with the ARCEMS electronic record system

Medical Observers cannot be accommodated in the absence of a physically-present DC on shift so as to avoid any situation arising where that Observer might feel obliged to overstep their remit as an Observer. Should a TP not happen to be on duty, a nursing Observer would also have to be stood down, for similar reasons.

It is expected that all clinical Observers will, at all times and in all regards, behave in a professional manner.

Indemnity

Professional indemnity is not required as Observers are not undertaking clinical practice.

Training and support goals

It is important that any Observership has stated aims, however brief, to ensure these can be met in an objective manner over the course of the attachment. These should be provided in advance.

On an operational basis, medical Observers will be the responsibility of the DC group, and nursing Observers the responsibility of the TP group. That said, the whole team will have something to offer an Observer, irrespective of their professional background and supporting the attachment should be a joint endeavour. Support of Observers must not detract from core operational work of the duty team. In general, support and training of Observers will, most likely, be gained from informal discussion around topics of Transfer Medicine during the course of the shift(s).

Shift logistics

Observers should ensure they are familiar with the location of the designated Retrieve base to which they will be attached. This will be provided by the liaising Leadership Team member. As above, Observers should arrive just before 0900 to be sure of entry to the base. Observers should aim to spend a complete shift with the team (finishing at 2100) if possible. Earlier finish times are entirely at the discretion of the individual. Clearly circumstances may not permit this e.g. consecutive deployments around the preferred finish time may mean it is not possible to return to base with an Observer. This cannot be avoided and Observers must anticipate this as well as be aware of the potential of a shift overrun. In the event of an anticipated overrun, the Observer will be given the option whether they wish to remain with the team if they are deploying from the base. Late starts to the shift cannot be accommodated – if the team gets an early deployment, access to the base may not be possible, and they may be out for a large portion of the shift.

Observers are responsible for bringing their own food and drink for the shift.

Access and security

All Observers should wear their NHS identity badge at all times. Observers should arrive shortly before 0900 to ensure they can gain access to the operational base with the duty team. Observers will not be given access codes or other similar means to access controlled entry sites. The duty team remain responsible for ensuring security of the operational base at the point of deployment and completion of shift, as usual, but Observers are expected to make all reasonable efforts to ensure they do not leave doors or windows unsecure at any time. Retrieve and UHBW cannot accept any liability or responsibility for the property of Observers during their attachment.

Dress

When working with Retrieve, Observers should be dressed in tidy and professional attire. This should comprise dark trousers, a dark-coloured polo shirt (no logos) and sturdy footwear, ideally black leather boots (no trainers). Observers will be provided with an Observer tabard to wear when on a deployment with the team.

Document Governance

REFERENCES	
RELATED DOCUMENTS AND PAGES	
AUTHORISING BODY	
SAFETY	
QUERIES AND CONTACT	Retrieve Leadership Team

Appendix 1 – Observer declaration

As an Observer with *Retrieve*, you are expected to adhere to the principles outlined in this SOP and the same level of confidentiality enshrined in the professional code of conduct under which you normally operate. In particular, this means:

- You may find you see or overhear information which could be regarded as privileged information. You are expected to treat this confidentially and not divulge it to anyone else, including those who may be employed by Retrieve or University Hospitals Bristol & Weston NHS Foundation Trust.
- If you witness or encounter evidence of a possible breach of confidentiality, you must report it at the earliest opportunity to a member of the clinical team. If such a breach involves a member of the Retrieve Clinical Team, you should report this directly to your Leadership Team contact at the earliest opportunity.
- You must not take photographs during transfer of, or care of a patient. You must not take photographs of the team members, the vehicles, the bases or the equipment without express permission from the Leadership Team.
- You must not post photographs or remarks naming Retrieve on social media.
- Any notes made as part of reflective practice or learning from the Observer shift must not contain information which could allow a patient to be identified (this includes referring/receiving hospitals, date of birth, exact age, condition, injury/illness or treatments provided).
- You must not discuss details of referrals/transfers with anyone not directly involved in the care of the patient: this includes your family members and friends.
- You must refer any enquiries requesting sensitive information (e.g. from staff in referring/receiving hospitals, patient relatives) to a member of the clinical team.
- You must expect any breach in confidentiality to be treated seriously. In such cases, the matter will be referred jointly to United Hospitals Bristol & Weston NHS Foundation Trust and the Observer's primary employer for consideration of a disciplinary process.
- If you believe you have witnessed an error or deficiency in patient care, you should report this to your Leadership Team contact. In doing so, you may, if necessary, breach confidentiality in this exceptional circumstance. You must, however, divulge the minimum possible amount of sensitive information to permit report of the breach.

Declaration

I hereby declare that I have read, understood and will abide by, all of the contents of this document, I accept the patients' and staff rights to confidentiality and the principles of these rights as described above. This undertaking binds me during my time with Retrieve and also when and after I terminate that association.

Signed:

Printed:

Date: **GMC/NMC number:**