

STANDARD OPERATING PROCEDURE COMMUNITY - OVERNIGHT NURSING SERVICE

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Dec 2022	New SOP. Approved at Community Services Clinical Network Group (15 December 2022).
1.1	Feb 2023	Minor amend – Whitby DN phone number updated. Review date kept the same. Approved by Anne Wild (Whitby Community Services Team Lead – 23 February 2023).
1.2	18 July 2024	Reviewed and minor amends made throughout. Details updated for One Community Leadership Team (August 2023). Also included new OOH's provider details and call receiving process. Approved at Community Services Clinical Network Group (18 July 2024).

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1. INTRODUCTION

A key driver of the NHS long term plan is to 'boost out of hospital care' and increase responsiveness of community services who are ideally positioned to ease pressure on acute services by preventing admission and facilitating safe discharge. A way of ensuring our patient population across Humber Community Services have equitable access to responsive care is via the 24 hour nursing service overnight offer; to ensure patients receive care at their time of need and to fall in line with our Urgent Community Response (UCR) / Virtual Ward (VW) services.

The North Yorkshire community nursing service operates 24 hours a day 7 days per week including bank holidays. The service offers planned and unplanned visits for the patient population of North Yorkshire, HTFT Community Nursing Service will be delivered overnight across Scarborough, Ryedale and Whitby, with the team working from: Whitby Community Hospital, Malton Hospital, and, Prospect Road Community Hub, Scarborough. Pocklington is exempt from providing overnight nursing service; offering a service until 10pm 7 days a week.

The out of hours service includes calls that are received after 6pm once Single point of contact service admin staff finish. The process will be explained in this SOP

2. SCOPE

This SOP is relevant to all clinical staff, including OOH's GP's, Advanced Clinical Practitioners (ACPs), Registered Nurses (RGNs), Healthcare Assistants (HCAs), Locality Matrons, agency staff, bank staff; where applicable.

The scope of this SOP includes all North Yorkshire community nursing services that work overnight and outside of 9-5 business hours. Pocklington are not currently within scope of the Overnight service provision as the service is aligned and commissioned by York place. Therefore, only applicable to Pocklington until 10pm.

The service accepts patients who are both known and not known to the service. Inclusion criteria includes: the patient must be 18+, registered with an aligned Scarborough, Ryedale or Whitby GP practice (or pending registration in some circumstances) and those unable to leave their home. Patients at home, including those in care homes and on the Virtual Ward, and Community IPUs, can be supported by the overnight service. See APPENDIX C for alignment.

There is a new call receiving system in place; The time frame this includes is from 6pm until 08.00 am 7 days a week. This enables patients to directly call their community nursing team over a 24-hour period. Patients will ring SPOC (single point of Contact) 01653 609609. A nominated person per late/twilight/night shift is required to carry team mobile on their person. Calls received from the single point of contact service after 6pm are included in this SOP. It is not expected that you will answer calls whilst conducting patient care.

Visits will be delivered in line with the commissioned community nursing service contract and prioritised as per the community clinical triage and decision-making tool. [Community - Referral and Triage for Community Services SOP18-014.pdf \(humber.nhs.uk\)](#)

Once the night duty teams commence, the visits will be aligned geographically between Scarborough and Whitby overnight services.

2.1. Out of Scope

Visits which are not appropriate for the overnight nursing service include (not exhaustive);

- Verification of death of patient who is **not known** to service. See HTFT procedure: [Verification of Expected Adult Death Procedure Proc470.pdf \(humber.nhs.uk\)](#)

- Where patients in the community are no longer safe to be managed at home and hospital admission is necessary, a step-up approach overnight will not be considered
- patients admitted to an acute hospital, or via 999 ambulance transfer.

3. DUTIES AND RESPONSIBILITIES

Operational staff, including General Manager, Service Manager, and Team Leaders must have an awareness of the SOP. Admin staff have a responsibility to understand the processes and procedures of the SOP and their role within this.

Named General Practitioner / General Practitioner (GP): The GP has responsibility for planning and delivering patient care in hours. The out of hours GPs have a responsibility to provide support to the overnight nursing staff for clinical escalation and clinical decision making. OOH's GP's have a duty to respond, clinically triage and determine if a telephone consultation or face to face appointment is required. They can be contacted **the dedicated HCP line is 01904 235 356.**

Service Manager: To provide overarching operational leadership and budgetary accountability for the service. The service manager is responsible for escalation of concerns to internal and external stakeholders e.g., senior management, integrated care boards and, ambulance services at 'Bronze' level. The service manager is responsible for maintaining the multidisciplinary workforce through effective recruitment and retention of staff as well as ensuring provision of quality assurance.

Locality Matron: The Locality Matron is responsible for ensuring quality and excellence is delivered throughout the service, clinical governance and overarching clinical supervision and support to the clinical staff. The Locality Matron is also responsible for undertaking appropriate investigation following incident reporting within the service.

Team Leader: Provides day to day operational leadership and ensuring smooth running of the service. The team leader will act as the initial escalation point of the service. The team leader is responsible for keeping an overview of sickness and absence monitoring, recruitment and providing assurance regarding appropriate rostering for the service.

Clinical Lead: The Clinical Lead is responsible for clinical care, responsible for promoting and embedding quality under the remit of the Locality Matron, undertaking clinical supervision, audit and monitoring of the service, as per agreed clinical supervision and community line management structures.

Registered Nurses (RNs): Are responsible for providing clinical care in line with all trust policies and procedures from They will familiarise themselves with and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per Trust policies and procedures. They will make their line managers aware of barriers to implementation. They will proactively engage with patients GP to ensure anticipatory medication is in place prior to Out of Hours care. Phone calls out of hours from patients and public will also be included in Out of hours role.

Healthcare Assistant (HCAs): Are responsible for supporting the RGNs in implementing clinical care and undertaking non-complex clinical tasks including phlebotomy, basic dressings and injections. They also have a responsibility to undertake documentation in line with trust policy and procedure. Phone calls out of hours from patients and public will also be included in Out of hours role.

4. PROCEDURES

4.1. Patient Pathway

See appendix B for referral process to OOH's GP services.

Visits will be delivered in line with the commissioned community nursing service contract and prioritised as per the community clinical triage and decision-making tool. [Community - Referral and Triage for Community Services SOP18-014.pdf \(humber.nhs.uk\)](#)

The contact details for NIMBUS care Out of hours is via NHS111 and professional line 01904 235356. NUMBUSCARE CAS (customer Access Service) number is **01904 235355**.

Community nursing team can ring the direct Professional line OOH's, including weekends and Bank holidays.

Yorkshire Ambulance Service (YAS) Health Professionals line: 0300 330 0295
[yorkshire-ambulance-helpful-guide-for-hcps-foldable-leaflet-for-printing.pdf \(yas.nhs.uk\)](#)

Links to HTFT Deteriorating patient information:
[Deteriorating Patient Policy.pdf \(humber.nhs.uk\)](#)
[Deteriorating Patient Protocol.pdf \(humber.nhs.uk\)](#)

4.2. Staffing

Community services provide a continuous 24-hour nursing service within the community. The overnight service is provided through staffing aligned within Whitby and Scarborough core services as part of a one community approach; and staffed with 2 RGN's and 2 HCA's overnight covering the whole catchment area, across Whitby, Scarborough, and Ryedale. The community core services that are in scope, will have a bespoke approach to covering the night shifts to meet their current HUB roster arrangements.

Where less staff are able to be on duty, HTFT lone worker policy will be adhered to [Lone Worker Policy F-004.pdf \(humber.nhs.uk\)](#). Enabling safety of the staff at night and a separate risk assessment will be undertaken in line with Rural and remote lone working across the division.

North Yorkshire is the largest county in the United Kingdom and ensuring patients have access to timely and responsive care is a priority. Due to the size and rurality of the patch, the overnight nursing teams must liaise with one another regularly, ensuring effective triage and management of the visits as well as ensuring breaks are coordinated between the staff on duty.

4.3. Receiving Telephone Calls and Contact to the Service

Single point of contact is available 24/7 for patients to call and access services. The public will contact via SPOC: 01653 609609.

The call system uses softphone software app, called Webex. This is installed on all team mobiles. Each team has been assigned log in details and softphone numbers. Details can be found in BCP section. The softphone application enables teams to transfer calls and retrieve a call if its not answered at the receiving end.

A nominated clinical member of staff from each community team will receive calls directly to the team mobile; after patients/ public have followed the automated calls steps.

Team mobiles used Out of Hours to receive calls.

Ryedale	Evening Community Nursing 6pm-9pm 07790 378044
Scarborough	Evening Community Nursing from 6pm- 07816 137626
Whitby	Evening Community Nursing from 6pm- 07581 054358
Pocklington	Evening Community Nursing 6pm-10pm 07702 975915

It is essential when patients call, that they receive a polite and courteous team member that listens to their concerns and directs them to another service if they have come through to an alternative team. Staff must not ask patients to call back and press an alternative option. It is the responsibility of the nominated call handler to transfer calls, take messages and take patients details. To ensure the patient is navigated to the correct department. **The responsibility for the patient who calls the incorrect team, sits with the receiving team until this can be passed over.** Communication between two teams needs to happen, as assurance the call will be actioned.

If a call is received whilst providing patient care, it is not expected that you will answer this call. nor is it an expectation that you answer the phone whilst driving unless its safe to do so (via Bluetooth, pairing to vehicle).

If the team are busy and out on visits. We cannot rely on a task being created on S1 as the only means of communication.

- The minimum requirement is a voicemail message onto the fellow team mobile, for the receiving team to ring each other to get the caller details.
- Correct team to ring the patient back when physically possible and within the hour of the call received.
- If a voicemail is left by a patient trying to make contact, the nominated person with the phone must ring the patient back on the number displayed in the call log.

Once the call is received and determined to be the correct community service, advice or visits will be undertaken as required.

Please see crib sheet in APPENDIX D for telephone guidance

If there is only one service covering overnight due to shortage of staff. The call forward function in the WEBEX app is used to divert the OOH's calls. The softphone number is the number used in the call forward section for each team. How to Call transfer and retrieve a call has been placed in APPENDIX D

Site	Softphone Number	Webex Login
Ryedale	01653531703	hnf-tr.ryedaleOOH@nhs.net
Scarborough	01653531704	hnf-tr.scarboroughOOH@nhs.net
Whitby	01653531705	hnf-tr.whitbyOOH@nhs.net
Pocklington	01653531706	hnf-tr.pocklingtonOOH@nhs.net

If teams are required to check another teams voicemails, it has been agreed that there will be two PIN codes. 2468 and 1357. The PIN codes do expire, therefore alternating between the two will enable team to dial 01653 609609 and entering the PIN to listen to the voicemail messages.

4.4. Clinical

Where it has been identified that medical input is required, the staff have access to advice from OOH's GPs service. Should a GP home visit be required, Nimbuscare will clinically assess via their triage process and OOH's GP will undertake this, if it is required. Where a patient is no longer safe to remain at home and requires admission, staff to ring NHS111 professionals' line and if necessary, phone for ambulance transfer to local acute hospitals. [yorkshire-ambulance-helpful-guide-for-hcps-foldable-leaflet-for-printing.pdf \(yas.nhs.uk\)](#)

If the overnight nursing team are unable to get to a patient visit which may require admission, depending on the nature of presentation, the patient should be advised to call 999/111 or to self-present to the nearest ED. In an instance where the team is unable to attend a visit, a Datix incident form will be submitted and reported to the appropriate manager. This will then be discussed at the daily corporate safety huddle for monitoring and actions.

Where Medication that is required overnight, it is NIMBUS care responsibility to ensure that the medication is prescribed, dispensed and patients receives their medication directly. HTFT nursing team will not take responsibility for any transporting or accessing medication. See medication pathway in **APPENDIX B** that Humber have contracted Nimbuscare to follow.

NIMBUSCARE designated OOH's GP professional line –**01904 235356**.
NUMBUSCARE CAS (customer Access Service) number is **01904 235355**.

There is a YAS professional number – 0300 330 0295

For out of hours palliative care advice, clinicians can contact PALCALL, St Catherine's nurse-led helpline: 01723 354506.

The Urgent Community Response (UCR) Service is delivered between 08.00 – 20.00, and calls from 18.00 – 20.00 can be directed to:

- Scarborough UCR - 07971 180121
- Ryedale UCR - 07971 740847

Once the night duty teams commence, the visits will be aligned geographically between Scarborough and Whitby overnight services.

To assist with planning routes to visits the staff can access the North Yorkshire Roadwork map to check for incidents or major works using this link [Roadworks map | North Yorkshire Council](#)

5. BUSINESS CONTINUITY

It is inevitable that Business Continuity challenges will arise, and community services require robust contingency plans to mitigate some of the most likely risks. BCP's are stored on the intranet and detail what is most likely to disrupt service provision. Including but not limited to: loss of staff, premises, IT, and, power. Action cards and triggers are included within the 'One Community BCP' [Business Continuity Plans \(humber.nhs.uk\)](#)

Utilise road closure link, when working at night, as possible diversions may be required. [Roadworks map | North Yorkshire Council](#)

The softphone software on the smartphones could log themselves out. Community teams are to ring the SPOC number and try and put themselves through to their team at 6pm, if the call will not come through check the Webex app and use the following password and user details.

To enable the OOH services to work effectively staff need to have the App open on team mobile phones. If Webex Soft Phone App happens to log out; these following details are the login details required for each of the team phones. The staff need to enter these details into the Webex App

Site	Softphone Number	Webex Login	Password
Ryedale	01653531703	hnf-tr.ryedaleOOH@nhs.net	Password#1
Scarborough	01653531704	hnf-tr.scarboroughOOH@nhs.net	Password#1
Whitby	01653531705	hnf-tr.whitbyOOH@nhs.net	Password#1
Pocklington	01653531706	hnf-tr.pocklingtonOOH@nhs.net	Password#1

**The number column on this list enables the softphone software to work. It has not changed the number of the mobile phone or contact details.*

If the Webex app fails and you cannot log in. Contact the IT Out of Hours service desk and ask them to divert the actual team mobile number. Rather than the softphone software number.

If the phones are not able to work via the APP, check the team are on the correct Wi-Fi system as there is a known firewall issue.

A user profile for the **HFT-Wifi** has been created. This should hopefully stop any fire wall issues.

You will need to make the Team phone 'forget' the HFT-IoT Wi-Fi and then log in to the **HFT-Wi-Fi** using the details below:

Username: communityooh

Password: Pineapple23!

A further BCP may be required if Ryedale calls are not automatically transferred over at 9.30 pm. Instructions can be found in appendix D.

Escalation

Escalation required as follows.

Operational

Overnight nursing teams will liaise with one another to trouble shoot problems as they arise. The staff can contact the On-Call Manager via Miranda House Switchboard on 01482 216624. When calling Miranda House; the Duty manager is the first point of contact, prior to the Senior manager on call.

Staff will do this when a significant challenge presents itself that cannot be resolved. This may include loss of IT equipment, staff sickness, estates / facilities issues, or immediate partnership working breakdowns that effect patient safety., Following this, a Datix will be submitted and escalated to the appropriate manager. Any required actions would be picked up by Service Managers / Team Leaders the following day after review at the daily corporate safety huddle.

If staff are unable to get the softphone software active, can receive support from On call manager/ IT to talk through the login process (see BCP section).

Clinical

If you are unable to make contact with OOH's GP service, and there is significant patient care compromise, contact the On-Call Manager via Miranda House Switchboard on 01482 216624

SystemOne

All clinical documentation will be recorded on SystemOne in line with the [Community Services Assessment and Documentation SOP22-007.pdf \(humber.nhs.uk\)](#)

[And all activity saved according to the activity undertaken by the staff.](#)

It's essential that IT systems including SystemOne, and phone lines are configured effectively and are consistent in delivery across the patch. Community services are configured on the SystemOne 'Core' unit which is used by administrative and clinical teams to create referrals, register and document clinical activity undertaken. The use of SystemOne 'tasks' is a means of written communication in relation to a specific patient.

Overnight service activity will be requested as needed from the BI Team, reportable via time patient care delivery.

OOH's GPs for community services OOH's GP have their own Systemone module. It's essential we encourage sharing agreements so we can see third party EPR information.

5.1. Estates / Facilities

The staff can contact the On-Call Manager via Miranda House Switchboard on 01482 216624. When calling Miranda House; the Duty manager is the first point of contact, prior to the Senior manager on call

Whitby

Address: Whitby Hospital, Spring Hill, YO21 1DP

OOH access: Via authorised Swipe card – Additional swipe cards can be provided for clinicians covering the overnight service. swipe cards will be provided within each community Pool car (cards have no detail which reduces any security risks). There is also an intercom at the main entrance, press the ward 3rd floor access button and staff can enable authorised access.

Scarborough

Address: 174 Prospect Road, Scarborough, YO12 7LB

Access via key pad code 2145 - See APPENDIX E

Ryedale

Malton, Norton & District Hospital, Middlecave Road, Malton, YO17 7NG

Key pad access; 4523 is the outer door to Fitzwilliam Ward. Entrance to Ryedale Ward is 2334.

Pool cars

- 4 vehicles available for S&R – located at 174, Prospect Road, and Malton Hospital
- 1 vehicle available for Pocklington – located at The Beckside Centre, 1 Amos Drive Pocklington
- 4 vehicles available for Whitby, located at Whitby Hospital, Spring Hill, YO21 1DP.

Staff can refer to the council roadworks map to check for road closures that may impact patient visits using this link.

[Roadworks map](https://www.northyorks.gov.uk/roadworks)
[northyorks.gov.uk](https://www.northyorks.gov.uk)



See APPENDIX F for pool car information

Equipment

Peripheral stores will be accessible overnight (Prospect Road + Whitby Hospital (ground floor via swipe card) and Malton Hospital on Ryedale ward (Key pad access; 4523 is the outer door to Fitzwilliam Ward. Entrance to Ryedale Ward is 2334.)

Orders can be placed on the medequip system but would not be delivered OOH.

All clinicians are allocated clinical equipment and kit bags on commencing in role.

5.2. Safeguarding

As per HTFT mandatory training requirements, all staff working within the overnight service receive mandatory training in the principles of safeguarding children and adults.

Safeguarding information:

[Safeguarding Adult Concerns \(humber.nhs.uk\)](https://www.humber.nhs.uk/safeguarding-adult-concerns)

[Safeguarding Children Referrals \(humber.nhs.uk\)](https://www.humber.nhs.uk/safeguarding-children-referrals)

5.3. Rostering

Each community hub is working towards using e-roster, upon which the 24-hour roster will be accessible to show adequate cover across the one community division.

Preference is for B5 and B3 workforce. If there are challenges with adequate cover, B2 or B6 clinical workforce with the required skills, knowledge, and competencies, will be considered for ensuring service delivery.

Community Team Leaders will oversee rota management which is now on e-roster linked to relevant areas.

Whitby community nursing staff has an established 24 hour service and are on e-roster.

Sickness

Staff absence to be reported as per HTFT / Local absence reporting procedures. If this impacts on the overnight service provision, contact to be made between TLs or via the one overnight nursing mobile (07581054358).

If there are insufficient staff to create 2 overnight teams, remaining staff to work as one team, at the base where most staff are present or the base nearest to any known patient activity for that shift.

Staff can be based overnight on Malton, prospect road or Whitby wards, where this helps with staff safety and patient care.

Handover / Communication

Patient information to be handed over via S1 tasks to the appropriate task group for individual patients. Phone call to relevant team can be made by exception, if clinician decides this would enhance responsive communication and coordination for patient care, or to locality Leadership Team as required for example is staff member becomes unwell during shift and has gone home.

All community nursing and therapy services will record patient activity on the Community Core S1 unit.

SystemOne help Guides available here:

[Recording Data in SystemOne \(humber.nhs.uk\)](https://www.humber.nhs.uk/recording-data-in-systemone)

Any requests for referrals to other services should be directed via task to SPOC who will open the referral for the team.

6. REFERENCES

Reference should be made here to any other associated relevant Trust strategies/policies/guidelines or documents.

- Lone Worker Policy - [Lone Worker Policy F-004.pdf \(humber.nhs.uk\)](#)
- Verification of Expected Death in the Community Procedure - [Verification of Expected Adult Death Procedure Proc470.pdf \(humber.nhs.uk\)](#)
- Deteriorating Patient - [Deteriorating Patient Policy.pdf \(humber.nhs.uk\)](#)
[Deteriorating Patient Protocol.pdf \(humber.nhs.uk\)](#)
- Safeguarding Adults and Safeguarding children – [Safeguarding Adult Concerns \(humber.nhs.uk\)](#)
[Safeguarding Children Referrals \(humber.nhs.uk\)](#)
- Community Business Continuity Plans - [Business Continuity Plans \(humber.nhs.uk\)](#)
- Discharge and transfer community inpatient units - [Community - Discharge and Transfer for Community Inpatient Units SOP19-046.pdf \(humber.nhs.uk\)](#)

Appendix A: Out of Hours Process

[Out Of Hours Community Process](#)

Appendix B: HTFT and NIMBUSCARE Out of Hours Pathway

OOH's Community Process

Nimbuscare will commence as the OOH's GP provider from 2nd April 2024 for health professionals.

- They are accessible from 18.30 hours through to 08.00 am on weekdays. On a weekend, they will provide OOHs provision from 18.30 hours Friday to 08.00 am Monday morning (unless it's a BH) and based in Scarborough general hospital.
- On a weekend and BH's they will also be based in Whitby UTC to provide OOH's support between the hours of 1pm – 6pm.
- Each patient will be clinically assessed via a triage process. It's the responsibility of Nimbuscare clinician as to whether the patient receives care via telephone consultation or receive a home-based visit.

To access OOHs GP, NIMBUSCARE have given you direct access to their health professionals line, should you need to ring and get GP/medical advice OOH's. **The dedicated HCP line is 01904 235 356.** (This is not to be shared publicly, only Humber community hubs and UTC colleagues can ring this number instead of NHS11 professional line).

Medication

- We need to be proactive in our approach to patient care. If based on your clinical knowledge and skills, a patient will require any palliative anticipatory medication, pain relief etc. We must plan ahead where we can; to ensure that a distressed patient is not left without access to medication. And their own GP has prescribed this in working hours.
- North Yorkshire place has an SLA (service level agreement) that provides a community pharmacy list and drugs list for access to palliative care drugs in community pharmacy. Please use/ see links below for OOHs process.
- Click [here](#) for a **list of the pharmacies** commissioned to provide this service in North Yorkshire as of 15/12/23.
- Click [here](#) for the **palliative care** drugs scheme **list of drugs** and quantities stocked. Correct as of 07/12/23. The 24/25 SLA will be updated and accessible via the same links.

[NHS Vale of York Clinical Commissioning Group - Palliative care drugs \(valeofyorkccg.nhs.uk\) \(pockington only\)](https://www.valeofyorkccg.nhs.uk/pockington-only)

- Nimbuscare OOH hold this list of drug and stock, in Whitby. Nimbuscare have an honorary contract, this means that no prescription/FP10 is required. OOHs GPs can access this medication, sign it out and issue medication direct to patient.
- To note: phenobarbitone injection is now kept at York and Scarborough trusts if needed as so rarely used.
- There is on-call pharmacy in acute trust (both SGH & YDH sites), should any drugs be required. Signpost OOHs GP to access this service directly when there is a clinical need.
- It is Nimbuscare responsibly to ensure the patients are in receipt of these drugs, should the patient require urgent help/treatment. Humber are not responsible for the dispensing the medication. Please also refer to attached OOH's procedure for handling medications SOP.
- If a patient does not receive this medication or there is a delay in care. A datix must be completed to capture this.

Systmone & Sharing agreements.

- Nimbuscare have their own S1, they will not use our S1 module unless they are seeing patients on IPU. Where they are specifically required to use Humber S1 inpatient module.
- We need to encourage patients to agree to having a sharing agreement, so we have 3rd party access to see what Nimbuscare OOHs Dr consultation case note states as long as consent id recorded on both sites.

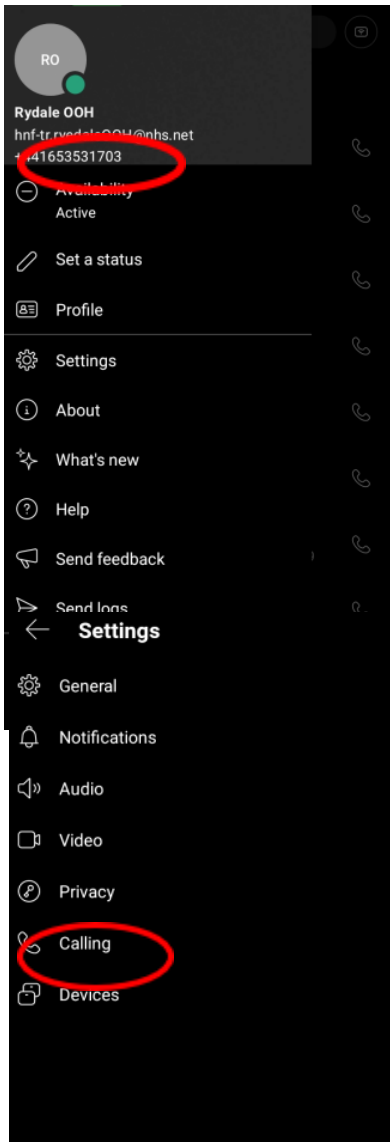
Nimbuscare pathway

[GP OOH Procedure for Handling Medication SOP](#)

Appendix C: GP Aligned Services to Community Teams

<p>Ryedale</p>	<p>Derwent Practice</p> <p>Sherburn Group Practice</p> <p>Sherburn & Rillington Practice</p> <p>Ampleforth & Hovingham Surgery</p>
<p>Scarborough</p>	<p>Hackness Road Surgery</p> <p>Hunmanby Surgery</p> <p>Brook Square Surgery</p> <p>Eastfield Medical Centre</p> <p>Filey Surgery</p> <p>Scarborough Medical Group</p> <p>Castle Health Centre</p> <p>Haxby Group</p> <p>Ayton & Snainton Medical Practice</p>
<p>Whitby</p>	<p>Sleights & Sansend Medical Practice</p> <p>Whitby Group Practice</p> <p>Staites Surgery</p> <p>Esk Valley Medical Practice</p> <p>Danby Surgery</p> <p>Egton Surgery</p>
<p>Pocklington</p>	<p>Pocklington Group Practice</p>

Appendix D: Call Handling Telephone Information



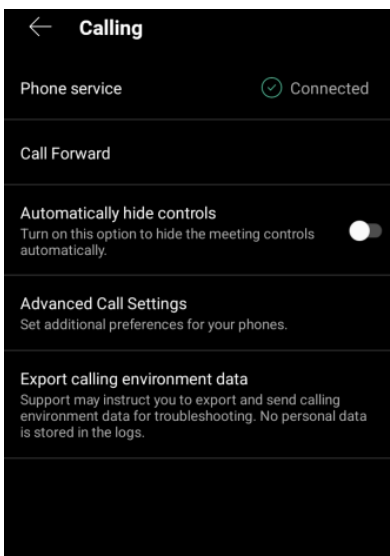
RYEDALE TRANSFER

Manual Call forwarding on Webex app can be done by following the below instructions:

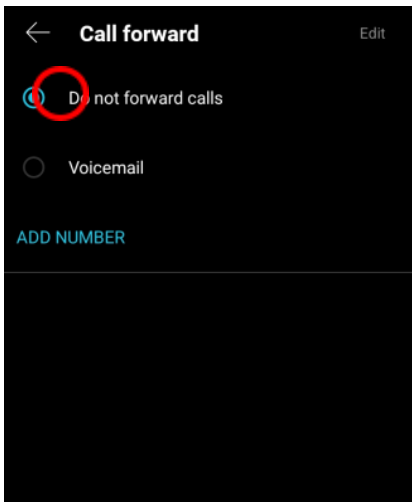
Click the top right hand corner – Team Initials.

Then choose Settings.

Choose the Calling Option.



Select Call Forward.



The team will need to add Scarborough's Softphone number (but this should only need adding once).

This is done by selecting 'ADD NUMBER' and adding 01653 531704.

Once the option has been chosen it should have the blue dot next to it, like the Do not forward calls in this image.

To take the call forward off – select the Do not forward calls option. Please can we ensure this is double checked tomorrow evening.

[Crib Sheet for Nursing Team](#)

[Staff Communication](#)

Appendix E: Prospect Road and Whitby Hospital Base Information

174, PROSPECT ROAD – SCARBOROUGH, YO12 7LB

IMPORTANT CODES

Outer Front Door Code – 2145

House Alarm Code – 0511

Outside Key Safe – 2145 (Door to be manually locked overnight as automatic default in power cut if for door to be unlocked).

Ground Floor Corridor Door Codes – 2145

Ground Floor Key Safe – 1492A

First Floor Key Safe – 1492E

Storeroom Key Pad – C1492

Back Alley Lock Code – C1492Y

Clinical Waste Bin Padlock – Locked with key hanging by fire exit

Entering the building

- Unlock and open the front door with the key from lock box. The house alarm will start to sound internally.
- Flip alarm panel cover down.
- Key in alarm code 0511.
- Flip cover up.
- Replace keys in lockbox.

Exiting the building

- Flip panel cover down.
- Key in alarm number 0511.
- LCD display will show message 'Welcome back, Master', then 'Do you want to set alarm?'.
 - Press the button at the bottom of the keypad marked 'Yes'.
- Internal alarm will start to sound.
- Open front door and exit building.
- Lock the front door with the key from the lock box and listen to check the alarm stops.
- Replace keys in lockbox.

Whitby Hospital

Outer door is via swipe card or intercom – press option 3 to communicate with ward for access.

Codes to navigate room access are 6850x

OOH's GP room key safe is 6850

CONTACT TELEPHONE NUMBERS

Sarah Locker (Scarborough Service Manager) – 07976 939046

Rachel Laud (Ryedale Service Manager & Malton Hospital) – 07966 175874

Jayne Gibson (Service Manager Whitby & Community Services) – 07976 074941

Jo Marshall (Scarborough Locality Matron) – 07966183756

Carol Wilson (Ryedale locality matron) -07801260066

Jeanette Hyam (Whitby Locality matron) - 07973693024

Gemma Hancock – Scarborough Clinical Lead – 07976 408587

Clare Strubin - Scarborough Clinical Lead - 07976 938295

Fay Hethershaw – Scarborough Clinical Lead - 07976 408938

Helen Buck – Ryedale clinical Lead -07977 634404

Becky Storrie (Whitby clinical lead) – 07966 405289

Vicky Townsley (Pocklington Clinical Lead) - 07977 395696

Donna Savage (Whitby team leader) - 07812699320

Wendy Cooper – Ryedale and Pocklington Team Lead

Maxine Murrell – Scarborough Team Leader – 07974 593228

Angela Frankish– Scarborough Team Leader – 07890 953471

Anna Welford – Scarborough Team Leader – 07970 235210

Team Leader Office Landline – 01723 344260

Alison Newton – Community Administration Officer- 07977056369

SPOC– 01653 609609

On Call Manager (out of hours) – 01482 301700

Estates – 01482 477877 (out of hours Estates on call 01482 301700)

NHSPS out of ours(estates) call centre number -

IT Helpdesk – 01482477877

Emergency Services – 999

Emergency GAS Board – 0800 111 999

Coastal Security – 01723 366969

FIRST AID

First aid kits are located in the ground floor reception area, and in the training/meeting room on the first floor.

The Leadership team will be first point of contact and call the emergency services if necessary. If none of the leadership team is present in the building, any staff member to contact the emergency services as required.

FIRE

Break glass points are situated at each fire exit.

There are also smoke detectors in each room which when activated will warn & inform staff.

Team Leaders and administrative staff will take on Fire Warden Roles.

There is a blue fire information folder which is kept in the ground floor reception area.

Fire Extinguishers are situated around the building. Please refer to the location maps on display.

Fire alarm checks at Prospect Road take place every Tuesday at 13.30

IN THE EVENT OF FIRE

Sound the alarm, dial 999 to call the fire brigade, and leave the building via the nearest fire exit closing all doors behind you.

Report to the fire assembly point, which is Nares Street directly opposite the building.

OPENING AND CLOSING PROCESS (IF BUILDING IS OR WILL BE UNOCCUPIED)

Scarborough - A key to the front door is located in the lock box to the left of the door.

The house alarm is a white box approx. 8x6cm located on the left-hand wall in the entrance. The alarm console has an LCD panel, and a flip down cover.

Whitby – via swipe card or intercom. Press 3 inpatient unit. Who can give permissible access.

Appendix F: HTFT Community Services – Pool Car Information

HTFT COMMUNITY SERVICES – POOL CAR INFORMATION

POOL CAR BASES / CAR MAKE / REGISTRATION DETAILS:	4 x Whitby Hospital	Blue Toyota Corolla Estate – YY24 WGV Black Suzuki Vitara – KT23 FSO Black Toyota Corolla 5 door estate - YY21 TUJ Suzuki Vitara (White) – KN73 VPU
	2 x Prospect Road, Scarborough	Suzuki S Cross Hybrid – KO24 EJK Toyota Corolla - YX71 UZF
	2 x Malton Hospital	Suzuki Vitara – KP73 RHU Renault Clio – YY22PZG
	1 x Becksde Pocklington	Suzuki Vitara 1.5 SZ5 All Grip Estate – KW24 RXL
HTFT POLICY REFERENCE:	Travel Rates and Expenses Policy.pdf (humber.nhs.uk)	
RISK ASSESSMENT – DRIVING AT WORK:	V:\PCC\S&R - Community Management\Shared\Risk Assessments	
STAFF USE OF POOL CAR:	<p>Case by case decision to enable fair use of vehicles, including;</p> <p>For business travel only, and not to be ordinarily used by one staff member or service to the exclusion of others</p> <p>Delivery / transport of items of e.g. bulky equipment / supplies to a patient home</p> <p>Staff interim loss of own vehicle, to enable staff member to continue to provide patient care / shift cover if have access to pool car</p> <p>Staff temporary re-deployment and travel to ensure community business continuity</p> <p>Staff requested to work extra hours over and above contracted hours to meet service need to ensure business continuity</p> <p>To access patients meeting service referral criteria but living in a remote area of the geographical patch the Core or Specialist Community Service covers</p> <p>Patient visit requiring 2 staff and shared vehicle to maximise staff safety</p> <p>Where a community Specialist Service covers a wide geographical area, e.g. Specialist Services commissioned to deliver across all community and excess milage required</p> <p>To support safe travel in periods of adverse weather conditions – 4x4 pool vehicles</p>	
GUIDANCE WHEN UTILISING POOL CARS:	<p>Cars need to be signed out on every occasion and mileage recorded on sheets attached to clipboard in the car – Required to be completed by actual driver of car</p> <p>Parking /speeding fines / penalties for driving offences are the driver’s responsibility</p> <p>Visual inspection of vehicle at start and end of use/record and reporting any defects</p> <p>Fuel cards are kept in the glove compartment of each car with instructions - loyalty cards must not be used when purchasing fuel for a trust pool car</p> <p>Cars have winter car care kits and torches</p> <p>Any defects, problems, or incidents involving the cars need to be reported asap to Team Leaders (TLs) / DATIX submission where appropriate</p> <p>Cars needs to be left clean and tidy of any rubbish after each individual use / TLs to monitor</p> <p>The weekly checklist in each car needs to be kept updated and cars well topped up with water, oil, tyre pressures checked, kept tidy, and clean – inside and outside / TLs to monitor</p> <p>Record / communicate where each car is left so it can be easily found by the next user, where applicable (for example Scarborough bases where the car may be parked on a variety of side streets)</p> <p>Keys will be kept in local bases – contact Information Assistants or TLs</p> <p>Insurance information etc. about the cars will be kept in local bases</p> <p>Car booking systems are in place in each area - contact Information Assistants or TLs</p>	

Appendix G: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Community - Overnight Nursing Service
2. EIA Reviewer (name, job title, base and contact details): Sarah Locker - Service Manager
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma.

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	Referral criteria for community nursing service is for adults aged 18 and above.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	No exclusion criteria related to this group
Sex	<p>Men/Male Women/Female</p>	Low	No exclusion criteria related to this group
Marriage/Civil Partnership		Low	No exclusion criteria related to this group
Pregnancy/Maternity		Low	No exclusion criteria related to this group
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	No exclusion criteria related to this group

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	No exclusion criteria related to this group
Sexual Orientation	Lesbian Gay men Bisexual	Low	No exclusion criteria related to this group
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No exclusion criteria related to this group

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
See evidence comments above.	
EIA Reviewer: Jayne Gibson	
Date completed: 03/04/24	Signature: J. Gibson