

STANDARD OPERATING PROCEDURE OPERATIONAL MANAGERS ON CALL

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

CHANGE RECORD

Version	Date	Change details
1.0	22/6/21	<i>New Procedure</i>
1.1	23/3/22	<i>Updated 9.3 short notice absence to explicitly define time period.</i>
1.2	18/5/22	<i>Updated Appendix 4 - Out of Hours Cascade alerting system to mirror the updated Major Incident Plan</i>
1.3	25/10/22	<i>Updated to reflect the outcome of the on call consultation of which was agreed to split rotas for Mental Health and Community on call managers. Comments from ODG included.</i>
2.0	24/01/23	<i>Full annual review and amendment to include on call payment information to negate the need for a separate on call payments policy. Links to NHS Employers Handbook. Approved at Operational Delivery Group (24 January 2023).</i>

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1. INTRODUCTION

Version 1 of this Standard Operating Procedure (SOP) was developed in consultation with all staff participating in the managers on call (MOC) rota. A full review has been undertaken and this Version (2) reflects the current practices and expectations within the on-call arrangements and adheres to the 'Principles for harmonised on-call arrangements' as outlined in the NHS Employers Handbook [Annex 29 NHS Employers Handbook](#)

The SOP describes the on-call system across Humber Teaching NHS Foundation Trust and clarifies communication channels and lines of accountability. The SOP defines the roles of the MOC within the integrated-on call System, which is designed to:

- ensure that clinical decisions are taken by clinical teams
- provide out of hours support to the Trusts services 365 days a year, those of which are adequately experienced to enable them to:
- provide support for operational teams
- manage non-clinical situations (e.g., fire, flood)
- liaise/negotiate with other agencies (NHS & non-NHS)

The manager on call system is designed to support operational services and the SOP defines the MOC duties, which are complimentary to and supportive of the clinical provision of safe care.

There are two manager on call rotas, one covers Mental Health Services, Children's and Learning Disability and Secure Services, the other covers Primary Care and Community Services belonging to the Trust in the out of hours period. These are supported by a Duty Manager who is available as the first line of contact for operational issues between the hours of 1800 until midnight for the whole Trust. **NB** If there is no duty manager available on the roster then the Manager on Call would be the first line of contact on that occasion

2. SCOPE

This document applies to all staff undertaking the on-call duties described and details the process for ensuring clear channels of communication exist that clearly identify who in the management on call system has responsibility at any given time.

This SOP will be reviewed annually and amendments to reflect any changes or improvements in the current clinical and organisational practice as directed by the relevant policies within Humber Teaching NHS Foundation Trust will take place. **This SOP will be kept as a live document and will be revised as changes take place, version control will be maintained to ensure the most up to date copy of this document is in circulation.**

3. DEFINITIONS

On Call

In accordance with paragraph 2.54 of the Agenda for Change Terms and Conditions of Service, on-call is defined as:

"Part of the arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with their employer, they are

available outside their normal working hours - whether at the workplace, at home or elsewhere – to work as and when required”.

Manager on Call (MOC)

A MOC is a Senior Manager (Band 8a to 8c) who fits the eligibility criteria for membership of the on-call rota which is:

- Working in an operational role
- Bands 8a-8c
- Not on any other on call rota
- Working managerially

Each MOC session will be:

Weekdays 5.00pm – 9.00am (16 hrs)

Weekends & Bank Holidays: 9.00am – 9.00am (24 hrs)

Managers are on duty for a 16- or 24-hours session according to how they are rostered.

Director on Call (DOC)

A Director on Call is an Executive Director or Very Senior Manager (Band 8d or 9) who fits the eligibility criteria for membership of their on-call rota.

Each Director on Call session will be for **24** hrs (9.00am – 9.00am).

4. DUTIES AND RESPONSIBILITIES

Chief Operating Officer

The Chief Operating Officer is responsible for the provision and implementation of suitable, efficient manager on call and director on call systems and providing assurance on their effectiveness.

Operational Delivery Group

The Operational Delivery Group is responsible for the ratification of this SOP and for monitoring compliance with the implementation and provision of the manager on call system.

Deputy Chief Operating Officer

The Deputy Chief Operating Officer is responsible for the oversight of the on-call systems which are managed by the EPRR team.

Managers on call - Role and Responsibilities

Responsible for providing on call for all operational issues that cannot be managed at service level ie duty manager or nurse in charge. Consultants on call may be contacted for advice and for making clinical decisions.

Existing operational policies will provide the structure for all patient related concerns including bed management and staffing.

To provide support and advice in the event of any incident or emergency requiring management guidance and direction in conjunction with the Duty Manager, Nurse in charge and/or duty medic supported by the DOC if required.

Has access to business continuity plans whilst on call.

Liaises with the DOC as per the on-call manager to director scheduled call procedure or more frequently if the situation requires it.

Responsibilities include:

- Supporting the facilitation of urgent bed management where required. This may include liaising with the weekend B7/duty manager or nurse in charge as required. For all other services where there is no duty B7 discussion with the nurse in charge at the time will be required.
- Supporting the clinical team in their decision-making process if in their own area of expertise and are confident to do so
- Mental Health Act advice should **only** be given following discussion with the on-call consultant for that division
- Advise and support on issues impacting on operational delivery
- Support with Child protection/ Safeguarding Adults
- Advise and support on HR/disciplinary issues
- Authorise use of out of area beds/transport
- Reporting of SI's, sudden death, major clinical emergencies and critical/major incidents
- Liaising and communicating to senior team as per on call manager to director scheduled call procedure or more frequently if the situation requires it
- Supporting new MOC's and buddying as outlined in section 5.3 where required
- Will assume the role of Silver Command in the out of hours period as outlined in the Major/Critical Incident Plan

The MOC should complete an 'on call log' (Appendix 6) within 1 working day or earlier of their on-call session even if it is a **NIL** return. The log should then be submitted to the EPRR Team at HNF-TR.EmergencyPlanningTeam@nhs.net

The flow of responsibility and the roles of the DOC and MOC are described in more detail in Appendix 1

5. Reportable Incidents

Any of the incidents listed below **must** be reported to the DOC:

- Major/Critical incident (see section 17 for definitions)
- Any SUI/ STEIS reportable incident.eg Sudden death
- Serious incident concerning a minor
- Contact with the media or press
- Serious assault on patient/staff
- Arson
- Any significant event / incident that may involve the Police or rescue services

Where the MOCs presence is required on site a pragmatic approach should be taken to the covering of the MOC calls. It may be more appropriate for the DOC to attend on site and the MOC continue with accepting on call issues, there should be agreement with both parties as to the most sensible approach.

6. Senior Duty Staff

Each inpatient area should have a designated senior member of staff identified as a point of contact in the out of hours period including weekends. They are responsible for the general management of actions required (clinical and non-clinical) that can be addressed under normal management conditions for service.

Adult Mental Health Services have a duty B7 on a weekend that work 9-5 Saturdays and Sundays, they will manage the majority of operational issues that occur including staffing during that period for their services.

Secure Services have a duty manager identified up to midnight.

CAMHS and LD services have senior nominated member of staff on duty that can be contacted.

Community Services have a duty B7 on a weekend that work 9-5 Saturday and Sunday, they will manage the majority of operational issues that occur including staffing during that period for their services.

There is an expectation that these staff should be able to manage the following operational issues:

- Bed Management
- Staffing
- Complaints
- Other agencies liaison
- Patient Management Advice
- Child / Adult Safeguarding
- Advice and support on health and safety issues
- Liaison and communication to all the relevant senior teams
- Support for AMHP's out of hours
- Missing / AWOL patients management
- Environmental issues
- Authorisation of specialist equipment

Outside of these hours a duty manager for the Trust is based at Miranda House and can be contacted during the hours of 1800 until midnight. NB...these are bank shifts so therefore may not always be populated.

The duty manager should complete a separate log for each contact and return to Emergencyplanningteam@nhs.net

The duty B7 or nurse in charge should complete a log by **exception only** and send to the Service Manager with a copy to HNF-TR.EmergencyPlanningTeam@nhs.net

7. Mental Health Crisis Intervention Team B7 **(After 17.00 and before 09.00)**

May be able to provide additional telephone support or clarification to the duty manager and MOC if required

8. All other Trust staff

Are responsible for ensuring that daily clinical activity/coordination occurs and supports the out of hours procedures:

- Daily delivery of agreed responsibilities to support the on-call system is provided safely by maintaining communication of operational matters at all times
- Effective working with other teams and networks to ensure coordination out of hours is delivered and maximises safe patient flow
- Enable efficient coordination of staffing requirements and to effectively manage resources
- Ensuring patient safety and delivering consistent high-quality services
- Should be familiar with their services business continuity plan

9. Rota Management

9.1. Coordination and allocation

The oversight of the manager on call rota is undertaken by the Deputy Chief Operating Officer and the allocations are based on the guiding principle of harmonised on call arrangements (Annex 29 AfC). The pay enhancements are in line with the 'harmonised on call arrangements' under AfC and based on the frequency of on call of less than 1 in 12 and is calculated over a 12 month period.

The EPRR team will act as rota manager and rotas will be scheduled, as far as possible, at least 6 weeks prior to the end of the existing rota and shall run for approximately 3 months at a time. Every effort will be made to be as equitable as possible when scheduling shifts (i.e., number of weekends vs weekdays, this will be monitored over a 12 month period. etc.). Cover for Christmas, Easter and Bank holidays will also be considered equitably when scheduling these dates (i.e., considering previous cover on these days, time off in lieu is given for working a bank holiday under AfC). Each staff member would be expected to undertake an equal proportion of weekdays and weekends within the on-call rota period (over 12 months). It must be noted that time off in lieu (TOIL) for time worked can be claimed for working a bank holiday whenever that falls.

If a 'duty' is inconvenient then it is the **managers** responsibility to resolve cover for themselves and to notify the EPRR team of the swap via the EPRR mailbox.

The EPRR team will ensure that Miranda House switchboard are provided with up-to-date rotas and contact details of on call staff.

In the event of a particularly difficult on call duty the EPRR team may ask for a debrief form to be completed to support any learning sessions that may be facilitated to enable MOCs and DOCs to discuss common themes, solutions and share information.

9.2. Managers acting up to B8 roles

Any staff acting up into B8a – B8c roles that are eligible for on call duties will be expected to join the rota at an appropriate time agreed with the individual and the rota manager. The EPRR team will ensure that staff are buddied up with an experienced-on call colleague and that they have received an introduction to the on-call rota. Change forms will need to be completed by their line managers and submitted to the Transactional Team to ensure on call payments are made.

9.3. Payment rates

Frequency of On-Call	Value of Enhancement as a percentage of Basic Pay
1 in 3 or more frequent	9.5%
1 in 6 or less but more than 1 in 3	4.5%
1 in 9 or less but more than 1 in 6	3.0%
1 in 12 or less but more than 1 in 9	2.0%
Less frequent than 1 in 12	1.0% where on-call is part of a regular roster

9.4. Process for reviewing on call payments

A review of on-call allowances may be triggered if there is a significant change in on call patterns due to changes in team structure or work process or quarterly as a minimum. Variations due to ill health, training or other such individual factor should not have an impact

on payments; however there should be parity across the 12 month period i.e. where cover arrangements by colleagues have been made.

The percentage uplift may be reviewed according to a re-evaluation of the frequency of on call against the rota periods over a 12 month period. The Deputy COO will keep on-call arrangements under review, monitoring them on an on-going basis in order to ensure that all team members are being correctly rewarded for their involvement in the on-call rota.

If during this review the Deputy COO finds an anomaly, they should either trigger a review or discuss with the post holder and their manager an agreed approach to align their duties with the rota pattern where appropriate.

Changes to the on-call allowance resulting from a review, whether these have the effect of increasing or decreasing the payment, will take effect from the beginning of the following month.

Outside of this quarterly monitoring process a review can be triggered by either a member of staff or their manager, who should notify the other party in writing setting out the reasons for the request.

In the event of maternity or long term sick leave (4 weeks or more), the previous quarter immediately prior to the leave will be taken as the reference period for calculating payment as long as it reflects an individual's usual working pattern. When it does not, then a longer reference period may be agreed.

9.5. Work during on call periods

All staff who are called into work during an on-call period, whether full time or part time are paid, including any travel time and expenses (at standard mileage rates), for the period they are required to attend (over 15 minutes), regardless of the number of contracted hours. This payment will be made at time and a half, with the exception of work on general public holidays which will be at double time. Alternatively, staff may choose to take time off in lieu although this is paid back at plain time. However, if for operational reasons, time off in lieu cannot be taken within three months the hours worked must be paid for. Payment for work done, including work done at home, should be made at the appropriate hourly rate with reference to the NHS Employers Handbook [NHS Terms and Conditions of Service Handbook | NHS Employers](#).

For people in Bands 8a-8c payment will be made at plain time. Time off in lieu will also be at plain time, this applies for weekdays, weekends and bank holidays.

Working time should be recorded on the Additional Hours Claim Form (Appendix 5) and any expenses submitted via e-Expenses so that payment can be made, details of the work attendance should also be recorded on the Manager On-call Logs.

When a Manager has been subjected to a particularly busy on-call and this has impacted on their ability to be properly rested for work the next day, individuals will receive compensatory rest in accordance with Section 27.13 the Agenda for Change Terms and Conditions of Service. For example, multiple calls during the early hours of the morning could constitute the requirement for compensatory rest. This includes work undertaken at home or on-site and will be agreed with their line manager using the on-call logs as reference.

Need to ensure also the reference is more explicit about compensatory rest and how this is granted ie what constitutes busy, how many calls, what happens if multiple calls OOH

9.6. Sickness/Absence

In the event of a MOC being off sick or absent, individuals should ensure the rota manager is notified as soon as possible so that alternative cover can be found.

- **Short notice absence** - shall be classed as less (<) than 72 hours' notice and will be advertised for cover by email to all MOCs from that rota. Allocation for the cover will be on a 'first come, first served' basis and the 'extra duty' cover rota amended accordingly. This duty may be 'split' if sufficient cover is not achieved. In the exceptional circumstance of **no** cover being achieved there may be a requirement for

the Manager on the opposite rota to provide a level of cover and Miranda House switchboard will be notified accordingly. The returning individual will be allocated the next available rota duty.

- **Planned/longterm absence cover** – will be allocated from the 'extra cover' rota in order of the next turn and these will be recorded as extra duties for those individuals

9.7. Exclusion from on call duties

Are managers on call that have been excluded from on call duties by either:

- Occupational Health
- Line Manager
- Long term sickness

Any requests for exclusion from the manager on call rota should be directed to the Deputy Chief Operating Officer for consideration.

Absence from the rota of more than four weeks will be classed as long term and reviewed by the Deputy Chief Operating Officer supported by HR on a monthly basis; Occupational Health may be consulted where appropriate. Change forms will be required to be completed by their line manager to remove individuals on call payments until such time they are able to re-join the rota again.

The EPRR team will maintain oversight of the rota to ensure compliance with the less than 1 in 12 frequency.

Short term absence will be managed by the EPRR team as in 9.6

9.8. On call support and Induction

New on call managers and directors will receive an induction prior to acting as MOC by the EPRR team and this will be via MS Teams.

The support system applies to both the director and manager on call and is viewed as a supportive arrangement to ensure that individuals are confident in their ability to carry out their duty. The buddying arrangement is for newcomers onto the rota and an arrangement with an experienced manager will be put in place at the outset. Once they have completed a duty any areas of concern should be discussed with the EPRR team.

Both the Mental Health and Community rotas run concurrently, and the facility is there to liaise with the other on call manager on the rota if support is needed. Should an incident occur or a manager be indisposed for some reason on either rota it will be assumed that they will work collaboratively to support each other during times of pressure.

9.9. V: drive – on call pack

There is a comprehensive pack of information to support the on-call manager stored on the Trust V: drive. It is in all MOC interests to notify the EPRR team of any out of date documents they find and to also provide any documents they deem appropriate to support their colleagues from their own areas.

V:\Corporate\Emergency Planning\Shared\On call Packs\On call manager pack

Daily information sheets are sent out to support the MOC, those carrying out weekend duties will be in receipt of the weekend clinical capacity and contingency plan. More comprehensive Easter and Christmas plans replace the normal weekend plans for those bank holiday periods.

The whole Trust on call rotas are produced by switchboard at Miranda House and these are stored in the Emergency Planning out of hours mailbox, all on call managers have access to this. HNF-TR.Emergencyplanningoutofhours@nhs.net

10. Daily Administrative Duties

Daily Logs

MOCs should record details of all calls and activity undertaken during their period of duty in the MOC daily recording log (Appendix 3). The log sheet should be forwarded to the HNF-TR.EmergencyPlanningTeam@nhs.net mailbox as soon as possible following the period of on call. These will be held by the team for reference, thematic review and for identification of any administrative improvements. As a matter of routine, a copy of the log sheet will be forwarded to the relevant Head of Service/Service Manager for information/action.

All decisions made in respect of a critical, business continuity or major incident should be documented on the logs as evidence of that decision making process in case of inquiry. In cases of a particularly difficult or busy duty the MOC should document this on the on call logs and agree with their manager an appropriate plan for compensatory rest, subject to the demands of the service.

The MOC may also be sent a debrief form to complete, this supports the EPRR team with identifying any lessons learned that can be communicated out to those on the MOC rota and services in general.

Managers can access the daily logs for information at:

V:\Corporate\Emergency Planning\Shared\On call logs

Manager to Director Scheduled Calls

Managers from each rota should ideally make contact with each other (either by email or phone) ahead of their duty and determine who is more appropriate to give the update to the director. It is worth considering that the on-call manager who has experienced the most activity may be best placed to update.

On-call managers are required to make a scheduled call to the on-call Director during their duty to give an update of events, seek approvals or escalate issues as appropriate. Managers from each rota must ensure they make contact with each other and agree who will be giving the update(s).

Monday to Friday evenings (excluding Bank Holidays)

- On-call Manager to contact the on-call Director via Miranda House switchboard at 2000 hours. Escalate anything COVID19 related. If the on-call Director has not received a call from the on-call Manager at the specified time then they should instigate contact to ensure all is well within 15 minutes
- The contact should be documented in the on-call logs by both parties. Any on call logs relating to Covid19 should be headed up COVID19 and submitted to the Emergency Planning Mailbox HNF-TR.Emergencyplanningteam@nhs.net before 0930 the next morning.

Saturday, Sunday and Bank Holidays

- On-call Manager to contact the on-call Director via Miranda House switchboard at 1000 and 2000 hours. Escalate anything COVID19 related.
- If the on call director has not received a call from the on call manager at the specified time then they should instigate contact to ensure all is well within 15 minutes
- The call should be documented in the on-call logs by both parties. Any Covid19 related calls should be headed up COVID19 and submitted to the Emergency Planning Mailbox HNF-TR.Emergencyplanningteam@nhs.net the next day

Weekend Sitrep

This is completed by the on-call manager with information received from the Mental Health Liaison Team and sent to the director on call for approval of the Trust OPEL, the director will then submit to the Humber and North Yorkshire ICB generic mailbox. As this is Mental Health information the MH manager on call will complete this, however in the event the MH on call manager is unavailable then the Community manager on call will be required to complete this activity.

11. Handover

There should be a brief handover from the out-going MOC verbally where possible to the incoming MOC summarising any key issues arising from the on-call period that may roll over to the next on call, this is particularly important when the duty has been split more than once to cover duties. Managers will be expected to exercise judgement as to whether this is required if there has been no activity during their duty. Urgent handover of information should always be undertaken by telephone and followed up on email.

12. EPRR Related Training

It is expected that all MOC attend the NHSE Tactical (Silver) Health Command Training and for this to be updated every three years. Any additional EPRR related training should be identified by the EPRR team and MOC should attend EPRR exercises both internal and external to the Trust when required. All relevant training carried out will be recorded on the EPRR training needs matrix to support this and this also supports the NHSE EPRR Annual Assurance core standards submission.

13. Specific Topics

13.1. Health and Safety

The MOC should at all times ensure all actions fully comply with Health & Safety legislation and maintain the welfare of staff, patients and visitors.

The MOC may need to attend on site in the case of a serious incident or a major incident.

The MOC is not responsible for attending intruder / fire alarm calls to closed buildings out of hours. This remains the initial responsibility of Police and Fire Services and subsequently out of hours key holders (support from Estates on call may need to be obtained). The Trust Health & Safety Policy [Health and Safety Policy.htm \(humber.nhs.uk\)](https://www.humber.nhs.uk/Health-and-Safety-Policy.htm)

13.2. Child Protection and Safeguarding Adults

The MOC may be called for advice dependent upon the complexity of the issue in conjunction with the duty manager or nurse in charge. Where necessary, this can include contact with the Safeguarding duty team within the Local Authority. Safeguarding policies here [Safeguarding policies \(humber.nhs.uk\)](https://www.humber.nhs.uk/Safeguarding-policies)

13.3. Advice and Support on Human Resource Issues

Short notice loss of staff reported to the MOC should be dealt with as per Trust policies and managed by the Services Business Continuity Plans.

If a problem is of a serious nature, the MOC may have to intervene in person and carry out initial investigation(s) as per Trust policies. It would usually only happen in exceptional circumstances.

Where an allegation of a serious offence has been made against an employee, it may be necessary for the employee to be suspended from duty or moved to another area pending completion of an investigation.

Out of Hours, if this occurs, those on call may be asked to deal with this and it is recognised that it will probably not be possible to attend to all procedural matters immediately. The MOC may therefore be required to make a precautionary and temporary decision to suspend until the usual policy and procedure can be followed at the earliest opportunity. In these circumstances the MOC should obtain the facts of the incident and record the detail of allegations and actions taken including phone calls and other informal communications on the on-call log.

Where an incident relates to allegations in respect of child protection or adult at risk of abuse, the appropriate Trust policy or designated person should be consulted for guidance on procedure. In either of these cases, the Director on call should be informed, the police could potentially be informed dependant on the incident.

14. Communication – Press Queries

Media enquiries are managed by the Communications Team which is staffed Monday to Friday 9am - 5pm. Outside of those hours' responses will only be supplied if there is an emergency or critical/major incident.

If the enquiry is not in response to an emergency or major/critical incident, ask the journalist to email their enquiry to HNF-TR.communications@nhs.net and advise that this enquiry will be dealt with within normal working hours.

If it is an enquiry related to an emergency or critical/major incident use the 'Media Enquiry Form' (Out of Hours) in Appendix 2 to collect details of the enquiry. Responses to out of hours emergency media enquiries will be provided by the DOC. The MOC should not provide statements to the media.

15. Estates

The majority of all estates related matters will be addressed by Estates on call - this will not be escalated at MOC or DOC level unless there is a significant concern. All estates issues will normally be dealt with at team level, by the nurse in charge or the duty manager.

In the event contact with Estates on Call is necessary, the following details are: 01482 477877 selecting Option 2.

16. Information Technology

There is a dedicated IT on call system in place. In the event of an incident requiring urgent IT assistance, Management on call should contact IT:

Call the Service Desk Number 01482 477877 and between the hours of 17:30pm – 08:30am selecting Option 1.

17. Major/Critical Incident Plan

MOC and DOC are advised to read the Trusts Major Incident Plan as a baseline for understanding the requirements of the Trust under the Civil Contingencies Act 2004 and the Health and Care Act (2022). This can be found on the Trust Intranet under Emergency Planning.

A Major Incident is generally defined as:

'Any occurrence which presents a serious threat to the health of the community, disruption to service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented.'

A Critical Incident is generally defined as:

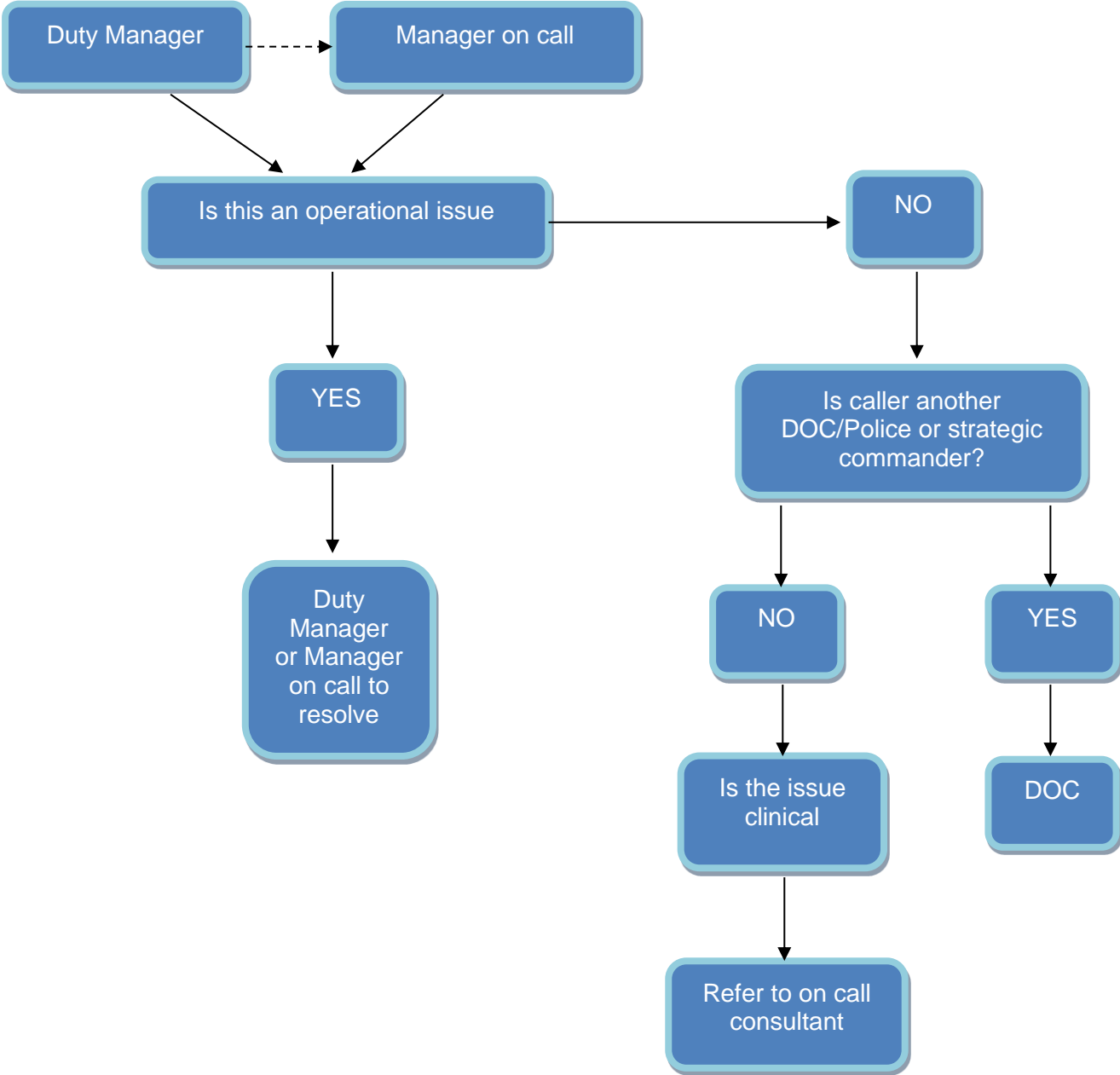
'A localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions'.

A Business Continuity Incident is generally defined as:

'A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

No incident is the same and as such should be dealt with on its own merits, however there are some general principles and framework for working that should be adopted (Appendix 4).

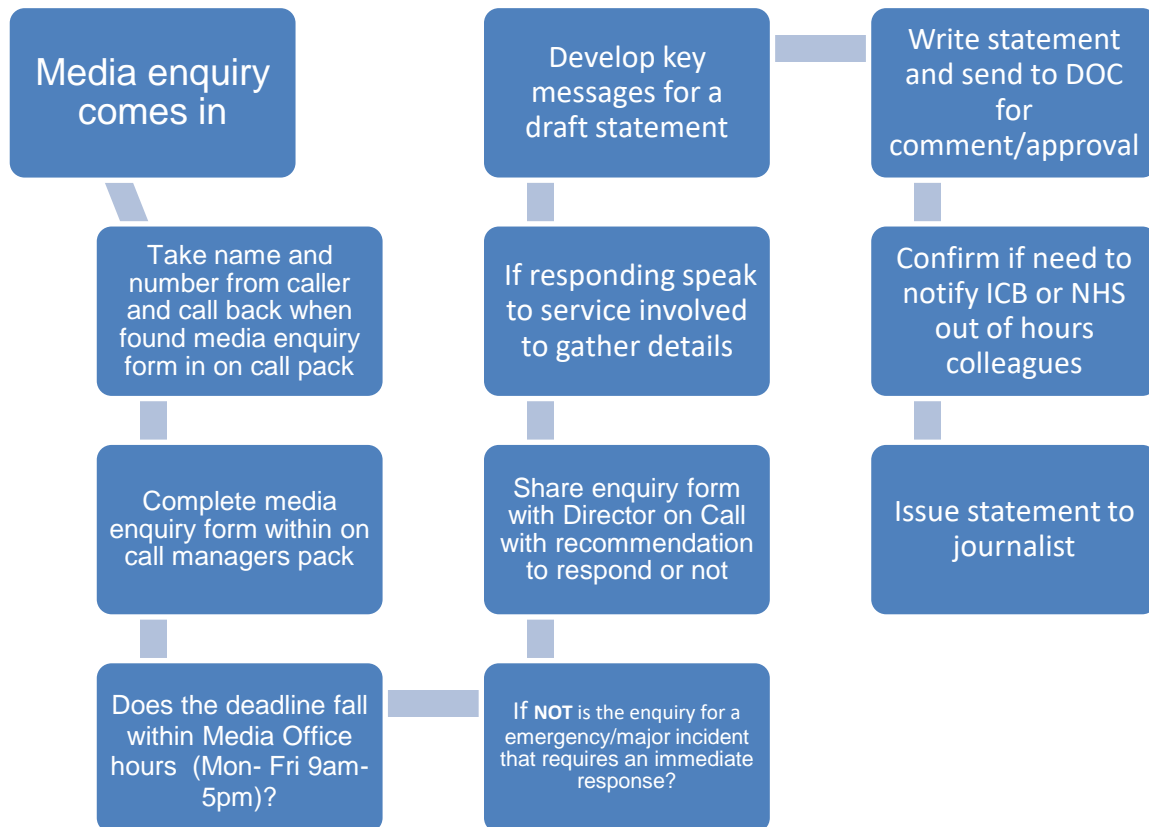
APPENDIX 1 - Management On Call Arrangements



APPENDIX 2 - Media Enquiry Form (out of hours)

The media office is open from 9am to 5pm, Monday to Friday. Within these hours all media queries must be directed to the communications team so we can assess enquiries ensure they are dealt with appropriately and that all information provided to the media is accurate, consistent and up-to-date.

Out of hours media enquiries will only be responded to if they relate to an emergency or major incident. The Manager on Call (MOC) should use this form to collect the appropriate details), draft a response and share with the Director on Call (DOC) who will approve and issue the statement.



1. General Information

Take details of the media enquiry below but please ask the caller to send through their request by email to ensure that there is a formal record of the enquiry. This is valuable in ensuring that every aspect of an enquiry is addressed. Any response should be sent to this enquiry by return.

Time of call/enquiry:

Contact Name:

Role at organisation (e.g. Health Reporter):

Organisation:

Media Outlet Representation (if different from above):

Email:

Telephone:

Alternative contact details If above cannot be reached:

Details

Subject of enquiry (what has happened):

Date/Time or incident/event:

Humber Service/location named:

What is requested? (e.g. statement/response/on camera interview)

Deadline:

2. Media Details

Press

Publication name:

Website:

Audience:

TV

Production/Programme:

Channel:

When will it be shown (e.g. 6 o clock news)

Please note:

Confidentiality

Our primary concern is the welfare of our patients and we reserve the right to decline media requests if we feel they conflict with patient care or our duty to patient and staff confidentiality. Please note that all media requests for patient information will require the express consent of the patient or their relatives. Without consent, no patient information will be disclosed.

Interview, filming and interview requests

Under no circumstances can interviews, filming or photography be carried out on or around Trust sites without the permission of the Communications team (**out of hours DOC**), this includes patients, staff or the buildings. Proposals for filming will be considered and organised where possible and if appropriate.

Freedom of Information

Some media enquiries can demand substantial amounts of specialist research by staff in other parts of the Trust. If this is the case we will sometimes advise a journalist to make a Freedom of Information request. This can be the best way to ensure full and detailed information.

APPENDIX 3 – On call contact Log

On-Call Manager:	
Date:	
Time of contact:	
Service/Unit:	
Name of Caller:	
Theme:	Beds/Staffing/Other – please specify

Reason contacted:

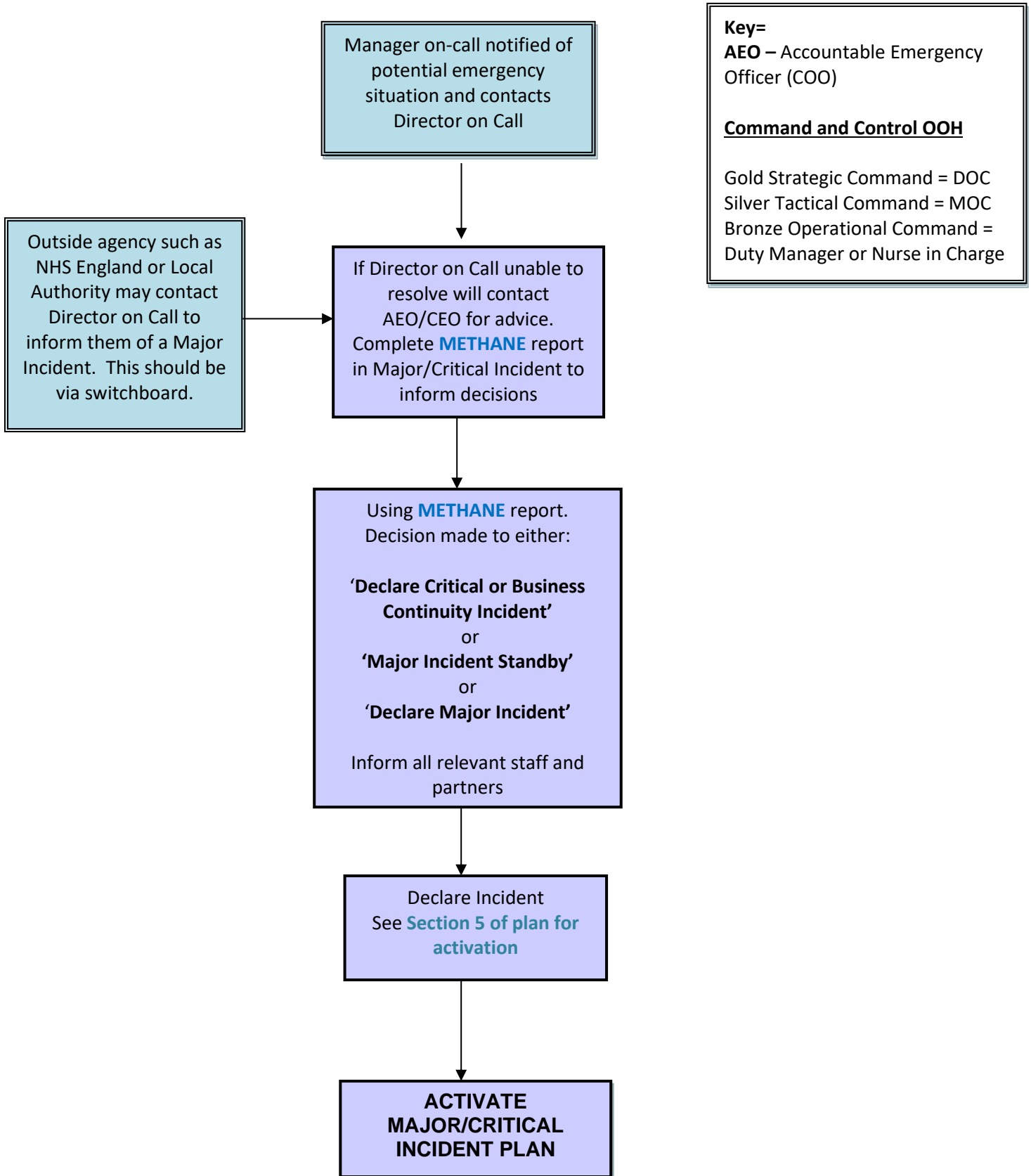
Action taken:

In order for us to identify themes and learning could this have been dealt with at operational level and if so was this an appropriate call?

Please return to: HNF-TR.EmergencyPlanningteam@nhs.net

APPENDIX 4 – Major/Critical Incident

Trust 'Out of Hours' Cascade Alerting System



APPENDIX 5 – Additional Hours Form

HUMBER TEACHING NHS FOUNDATION TRUST

CLAIM FORM FOR EXCESS & ENHANCEABLE HOURS (NON-NURSING)

NAME: _____ ASSIGNMENTNUMBER: _____
 CONTRACT HOURS PER WEEK: _____

BASE/DEPARTMENT				MONTH ENDING		
DATE	DAY	TIMES WORKED		<u>COLUMN A</u> TOTAL HOURS WORKED IN EXCESS OF NORMAL WEEK	<u>COLUMN B</u> SAT/SUN/BANK HOL WORKED AS NORMAL HOURS	
		FROM	TO			
1						
2						
3						
4						
5						
6						
7						
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30						
31						
TOTALS						

For employees: I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority (NHSCFA) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

For managers: I declare that I am an authorised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority (NHSCFA) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

<p>SIGNATURE OF EMPLOYEE:</p> <p>.....</p> <p>DATE:</p>	<p>CERTIFIED FOR PAYMENT</p> <p>.....</p> <p>PLEASE PRINT NAME</p> <p>.....</p> <p>DATE:</p>
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