



Out of hours clinical management support

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Type of document	Guidance
Target audience	All CWP staff
Document purpose	This document outlines the management on-call arrangements and procedures across the Trust.

Document consultation	This document has been circulated for consultation to members of the Executive Team, Deputy of Operations, General Managers, members of the Clinical Governance Team, Facilities and Estates and the Head of Informatics.	
Approving meeting	Quality Committee	8-Mar-11
Ratification	Document Quality Group (DQG)	8-Sep-11
Original issue date	Mar-07	
Implementation date	Sep-11	
Review date	Sep-16	

CWP documents to be read in conjunction with	HR6 CP21 GR1 GR7	Trust-wide learning and development requirements including the training needs analysis (TNA) Bed Management Procedures within adult and older peoples mental health division Incident reporting and management policy Major Incident Plan
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Training requirements	There is specific training requirements for this document. All staff undertaking the responsibilities detailed within this document must have completed the on-call / blepholder training protocol.
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		

N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Monitoring compliance with the processes outlined within this document

Is this document linked to the NHS litigation authority (NHSLA) risk management standards assessment?	No NB - The standards in bold above are those standards which are assessed at the level 2 and 3 NHSLA accreditation.
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Who is responsible for undertaking the monitoring?	Each clinical service unit/Clinical Support Unit will be responsible for monitoring of the document
How are they going to monitor the document?	On-call log sheets will be completed by each manager who has responded to a call, whether in person or by telephone
What are they going to monitor within the document?	Appropriateness of the calls and responses, evidence for any additional training needs, clustering of events leading to the need for on-call management support
Where will the results be reviewed?	Within each Clinical Service Unit/Clinical Support Unit Management Meetings or equivalent
When will this be monitored and how often?	Annually
If deficiencies are identified how will these be dealt with?	With either individuals via management supervision or via the governance structures within each Clinical Service Unit or Clinical Support Unit
Who and where will the findings be communicated to?	Within the Clinical Service Unit/Clinical Support Unit Governance Structures
How does learning occur?	Feedback to individuals via supervision, PDP's and service learning via the appropriate governance structures both local and Trustwide
How are the board of directors assured?	Number of reported incidents that have resulted in non adherence to the guidance.

Document change history

Changes made with rationale and impact on practice
1. Full document review.

External references

References
1.

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1. Introduction

CWP ensures the continuity of access to management advice and support, outside of normal operating hours through the provision of a management on-call system. There are 3 tiers to the on-call system which cover clinical services that operate outside of normal working hours.

2. Definitions

2.1 Hours of operation

On-call rotas operate outside of normal business hours, covering between the hours of 1700hrs to 0900hrs Monday to Friday. At the weekend and bank holidays staff will commence their on-call at 0900hrs and finish at 0900hrs the following day.

2.2 Tiers

- Tier 1 – Senior nurse / professional on duty / blepholder;
- Tier 2 – Clinical service unit (CSU) / clinical service line (CSL) senior managers;
- Tier 3 – Executive level.

3. Procedure

Below are details of the procedures for the clinical service lines (CSL) / units that provide a management on-call facility.

3.1 Adult Mental Health Clinical Service Unit (CSU)

Tier 1 – Blepholder, this rota is produced and coordinated locally and is issued to all wards within each of the units. Tier 1 will be a mental health professional with appropriate knowledge and experience to provide immediate advice and support. This will form part of their duties during a working shift. A rota is produced identifying a specific nurse usually the senior nurse as the “blepholder” and this is co-ordinated at a local level within the clinical service lines (CSL).

Tier 2 – There are 2 rotas; Wirral CSL and West CSL are combined and East is coordinated separately. The rotas are issued to all services, switchboards and senior managers within the CSL. Tier 2 on-call will be a senior manager and is accessed via the tier 1 blepholder via the switchboard; however, they may be contacted directly if emergency planning procedures are implemented. Tier 2 managers do not usually need to be physically present to support the tier 1 blepholder and advice and guidance can be communicated via telephone.

3.2 Learning Disability Clinical Service Unit (CSU)

Tier 1 – This is an on-call rota made up of ward managers and deputies, with the expectation that they are not physically required to be based at the unit, but it may be necessary for them to attend to provide support, advice and compliment the staffing establishment if experiencing low staffing levels.

Tier 2 – This rota covers the whole CSU. The rota is issued to all services, switchboards and senior managers within the CSU. Tier 2 on-call will be a senior manager and accessed via tier 1 on-call. Tier 2 managers do not usually need to be physically present to support tier 1 on-call and advice and guidance can be communicated via telephone.

3.3 Drugs and Alcohol Clinical Service Unit (CSU)

No on-call requirements.

3.4 Child and Adolescent Mental Health Services Clinical Service Unit (CSU)

There is no dedicated management on-call system, however a system is in place to support CAMHS inpatient wards and this can be accessed via the Countess of Chester Hospital switchboard.

3.5 Trustwide

Tier 3 – This is a trustwide rota and is coordinated from trust board offices and includes the executives of the trust. Tier 3 on-call is accessed via tier 2 senior managers through any of the associated switchboards. Tier 3 is a trustwide provision and rotas are issued to all appropriate switchboards.

Like tier 3 it is not necessary for the executive to be physically present when providing advice and guidance.

On-call managers also have access to support from estates and facilities and informatics (see [appendix 1](#)).

4. Duties and responsibilities

4.1 Tier 1

- Initial management tasks, e.g. bed management, staffing, fire, security, incidents, equipment, complaints;
- Initial risk assessment and management of situation;
- Provide advice / support / reassurances to staff;
- Authority to manage the unit and mobilise immediate resources (move staff between wards and units if necessary following negotiation with other locality 1st tier);
- Apply local and trust policies as appropriate;
- Liaison with other tier 1 managers across the trust;
- Deal with and manage issues within competence and band;
- Complete datix and other reporting mechanisms where appropriate.

Contact tier 2 to confirm a chosen course of action if necessary and any issues beyond the scope, competency and authority of the tier 1 manager, for example explosions or major outbreaks of fire, hostage situations, category A and B incidents, missing persons, implementation of business continuity plans, emergency plans, media enquiries, disciplinary or incidents requiring suspension (this list is not exhaustive and action should be in line with the appropriate local and trust policy).

4.2 Tier 2

- Reassuring, supporting and advising tier 1;
- Signposting;
- Authority / decision making;
- Overall responsibility for notified management issues;
- Action according to trust policies;
- Serious complaints;
- To provide continuity out of hours;
- Risk management;
- Troubleshooting;
- Implementing Business Continuity Plans (BCP).

Liaison with other tier 2 managers across the trust and other on-call managers / systems both internal and external to the trust.

Contact tier 3 in accordance with trust policies and when issues are beyond the authority of tier 2.

Tier 2 is not expected to provide clinical advice / opinions and this should be sought via the appropriate medical staff which can be accessed via local switchboards.

4.3 Tier 3

- Picking up issues beyond the authority of tier 2 managers;
- Reassurance and support to tier 2 managers;
- Media issues;
- Major incidents / instigate the trust's [major incident plan](#);
- Liaison with partner organisations.

Tier 2 and tier 3 are expected to complete the on-call sheet (see [appendix 2](#)) and to be stored centrally at trust board offices.

Local arrangements for the issues raised during on-call should be in place, so that learning can be cascaded appropriately.

It is the responsibility for all staff participating on the on-call rotas that they provide current and up to date contact details.

4.4 Changes to rotas

It will be the responsibility of all managers to agree with colleague's changes and cover for leave and this should be communicated to the assigned administration worker for distribution.

4.4 Absence due to sickness

Should an on-call manager be unable to cover their allocated period due to sickness, they should arrange for a colleague to cover if in a position to do so and inform appropriate persons of this change, which may include switchboards, ward staff and other managers on-call.

Appendix 1 - Informatics on-call contact details

Via the servicedesk on 01244 852345 and this will provide a number to call outside of normal working hours.

Estates and Facilities

East Cheshire

Estates on-call manager mobile phone 07917228099 or East Cheshire trust switchboard on 01625 421000 and ask for CWP estates on-call manager.

West Cheshire

Countess of Chester switchboard on 01244 365000 and ask for CWP estates on-call manager.

Wirral

Wirral University Teaching Hospital switchboard on 0151 678 5111 and ask for CWP estates on-call manager.

Appendix 2 - On-call outcome log

On-call managers name	
Date of on-call	
Time of call out (24hr clock)	
Called by name	
Job title of caller	

Clinical Service Unit	Service area
<input type="checkbox"/> AMH - West <input type="checkbox"/> AMH - East <input type="checkbox"/> AMH - Wirral <input type="checkbox"/> CAMHS <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Other	<input type="checkbox"/> Adult mental health in-patient <input type="checkbox"/> Older people's mental health in-patient <input type="checkbox"/> Other

Type of call out	<input type="checkbox"/> Phone only <input type="checkbox"/> Attendance
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Reason for call out (brief outline only)
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Appropriate call out? If No - Why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Action taken	<input type="checkbox"/> Phone only <input type="checkbox"/> Attendance
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Brief outline only

Outcome	<input type="checkbox"/> Resolved <input type="checkbox"/> Ongoing
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Incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
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NB. Once completed fax a copy to the executive team administration at Upton Lea on 01244 397398 and retain a copy for the clinical service / support unit / line records.

Appendix 3 - Training protocol regarding 1st tier blepholder / LD on-call and 2nd tier on-call

Prior to training, a “buddy” should be allocated who will assist and work alongside (in terms of decision making and not necessarily physically present) to provide guidance and support, via telephone. This person is termed mentor for this exercise.

Once these are signed off, place a copy in your professional portfolio and provide a copy to your line manager for entry into personal file and training records.

Name of person undertaking training	
Name of mentor or training buddy	

1st Tier unit blepholder / LD on-call training to cover the following:	Mentor and trainee to date and sign when completed
Provision of continuity out of hours (bleep book and systems in place to use).	
Local contact numbers and contacts for other 1 st tier managers in Trust.	
How to manage beds across unit / including bed management policy.	
What to do if you change duty re: arranging alternative 1 st tier duty cover.	
Internal communication to wards and including contact 2 nd tier on-call-when and whether to contact 2 nd tier on-call.	
Action to take in event of fire.	
Action to take in event of an untoward incident, specific action in terms of an unexpected death and potential crime scene etc.	
Action to take in event of a complaint or media enquiry.	
Action to take in event of faulty equipment, infection control issue, D&V outbreak etc.	
Action to take in event of staff shortage including: local movement of staff, requesting staff from other localities in the Trust.	
Liaise with other 1 st tier managers across the Trust.	
Having awareness of own limitations and asking for guidance.	

2nd Tier On-call Training to cover the following:	Mentor and trainee to date and sign when completed
Understand all the above issues in relation to the 1 st tier on-call responsibilities and process and systems that they should be adhering to.	
Provision of continuity out of hours (on-call folder and call logs to complete and fax).	
Changing rota and agreeing alternative cover.	
Sign posting (directing the course of action to take).	
Providing reassurance, support and advice.	
Levels of authority.	
Overall responsibility for notified management issues.	
Risk management.	
Bed management across the Trust.	
Liaison with other 2 nd tier managers and when to inform 3 rd tier on-call.	
Systems in other agencies i.e. social services particularly for out of hours sections of MHA advice.	
Bed closures and serious incidents.	
Major incident plans.	

Unexpected death of a patient.	
Fire.	

Ideally people should only undertake 1st blepholder / LD on-call and 2nd tier on-call without a “buddy” when they have completed all the above training requirements.