

North Hampshire Clinical Commissioning Group

ON-CALL POLICY [COR/019/V1.2]

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Author:	Richard Clarke, Head of Business Development and EPRR Planning Lead, North Hampshire CCG
Review date:	April 2020
For attention of:	All CCG staff acting as Executive Director or Manager On-Call for the CCG.
Policy statement:	The aim of this Policy is to outline the On-Call arrangements in place for North Hampshire CCG so to ensure there are robust plans in place for 'On-Call' relating to system-wide resilience and an escalation route to Executive Director level in relation to major or significant business continuity incidents, including out-of-hours serious media enquiries.
<p>Links to other policies and documents:</p> <p>This policy gives an outline of the structures and processes surrounding the on-call system in NHCCG. The operational detail necessary to undertake the on-call duties are laid out in the following documents and which are sign-posted within this policy using the following icons:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid blue; border-radius: 15px; background-color: #00aaff; color: white; padding: 5px; text-align: center; width: 150px;"> <p>NHCCG Incident Response Plan Section X.X</p> </div> <div style="border: 1px solid yellow; border-radius: 15px; background-color: #ffff00; color: black; padding: 5px; text-align: center; width: 150px;"> <p>NHCCG Business Continuity Plan Section X.X</p> </div> <div style="border: 1px solid orange; border-radius: 15px; background-color: #ffcc00; color: black; padding: 5px; text-align: center; width: 150px;"> <p>NHCCG On-Call Pack Insert X.X</p> </div> <div style="border: 1px solid blue; border-radius: 15px; background-color: #0056b3; color: white; padding: 5px; text-align: center; width: 150px;"> <p>NHCCG ACTION CARD (1-14)</p> </div> </div>	
Responsibility for dissemination to new staff:	NH CCG Head of Business Development
Training Implications:	All CCG On-Call Executive Directors and Managers will undergo initial familiarisation training and yearly refresher training thereafter.
Equality Impact Assessment Completed?	TBD
Consultation Process	Executive Director and Manager On-Call colleagues NHCCG Senior Management Committee NHCCG Integrated Governance Committee
Approved by (date):	Integrated Governance Committee (16 Sep 2014)
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Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1	12/11/14	8 Sec 3.1 xi	Clarification of the responsibilities for coverage of on-call shifts during periods of illness/incapacity.	12/11/14
2	25/4/17	6, Sec 2.1	Paragraph updated to show new joint arrangements with WHCCG for Exec Level On Call. Chart updated similarly	April 2017
3		8, Sec 3.2 i	On Call Manager to update themselves on daily system issues/pressures	April 2017
		8, Sec 3.2 iv	Details of Manager roles out of hours with regard to the 'North and Mid Hampshire Local A&E Delivery Board Escalation Framework'	April 2017
4		9, Sec 3.2 vii	Reference to IRP Activation 'Lite' as an Appendix. Instruction to on call colleagues to reference IRP Activation 'Lite' and Action Cards 1&2 in an emergency	April 2017
5		9, Sec 3.4 and Sec 4	Section removed and placed in Sec 4. which itself has been retitled On Call Rotas and On Call Packs	April 2017
6		11, Sec 6.3	A system-wide teleconference will be chaired by either the Manager or Exec Director On Call dependant on the escalation level	April 2017
7		All	NHSE Wessex Area Team changed to NHSE South (Wessex) throughout	April 2017

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
1.10	April 2017	R Clarke	Internal approval due to technical changes only.	Transition to V1.20

**North Hampshire CCG
ON-CALL POLICY (COR/019/Draft V3.0)**

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North Hampshire CCG

ON-CALL POLICY

1. Introduction

1.1 Aim

The aim of this Policy is to outline the On-Call arrangements in place for North Hampshire CCG so to ensure there are robust plans in place for 'On-Call' relating to system-wide resilience and an escalation route to Executive Director level in relation to major incidents, including out-of-hours serious media enquiries and significant business continuity issues.

1.2 Scope

For the purposes of this policy, the Basingstoke and Winchester 'Health System' is defined as:

The network of NHS providers working within the geographical boundaries of the CCG, and, in terms of the major elective and emergency health activity, is nominally centred on the two sites of Hampshire Hospitals NHSFT, namely the Royal Hampshire County Hospital at Winchester and the Basingstoke and North Hampshire Hospital in Basingstoke, but also includes, but not restricted to, Southern Health NHSFT (community and mental health services).

It is the case, though, that the CCG is required to show leadership and coordination of the system during pressures/incidents **and all** the NHS funded healthcare providers, whatever their definition or contact route to the CCG.

1.3 Objectives

- To document the requirement and purpose of the CCG's On-Call systems
- To explain the distinctive roles of the Executive Directors and the Managers On-Call Rotas
- To describe the system-wide joint on-call arrangements between West Hampshire and North Hampshire CCGs
- To explain the roles and responsibilities of all on-call personnel
- To confirm the command and control arrangements for the on-call systems and the link between on-call system resilience, major incident and business continuity planning.

1.4 Requirement

The following extracts from national guidance require CCGs to have a 24/7 On-Call rota in place. The CCG is, therefore, required to:

- i. Define a route for providers to escalate issues 24 hours a day, supported by trained and competent staff, in case they cannot maintain delivery of core services.

NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR) (2013)

- ii. Support NHS England South (Wessex) in discharging its EPRR functions and duties locally. Provide a route of escalation for the LHRP (Local Health Resilience Partnership) should a provider fail to maintain necessary EPRR capacity and capability.

'Health Emergency Preparedness, Resilience and Response from April 2013 (2012)'

- iii. Should providers fail to maintain their performance levels, CCGs need to provide their commissioned providers with a route of escalation on a 24/7 basis.

'NHS CB Frequently Asked Questions (FAQs) on the future arrangements for health EPRR (2013)'

- iv. If a provider of NHS funded care has a problem either in or out of normal business hours, they must be able to escalate the matter through the CCG. This requires CCGs to draw up their own on-call rotas.

'NHS Commissioning Board Command and Control Framework (2013)'

- v. Each Clinical Commissioning Group must take appropriate steps for ensuring that it is properly prepared for dealing with a relevant emergency.

'Section 46 of Health and Social Care Act 2012'

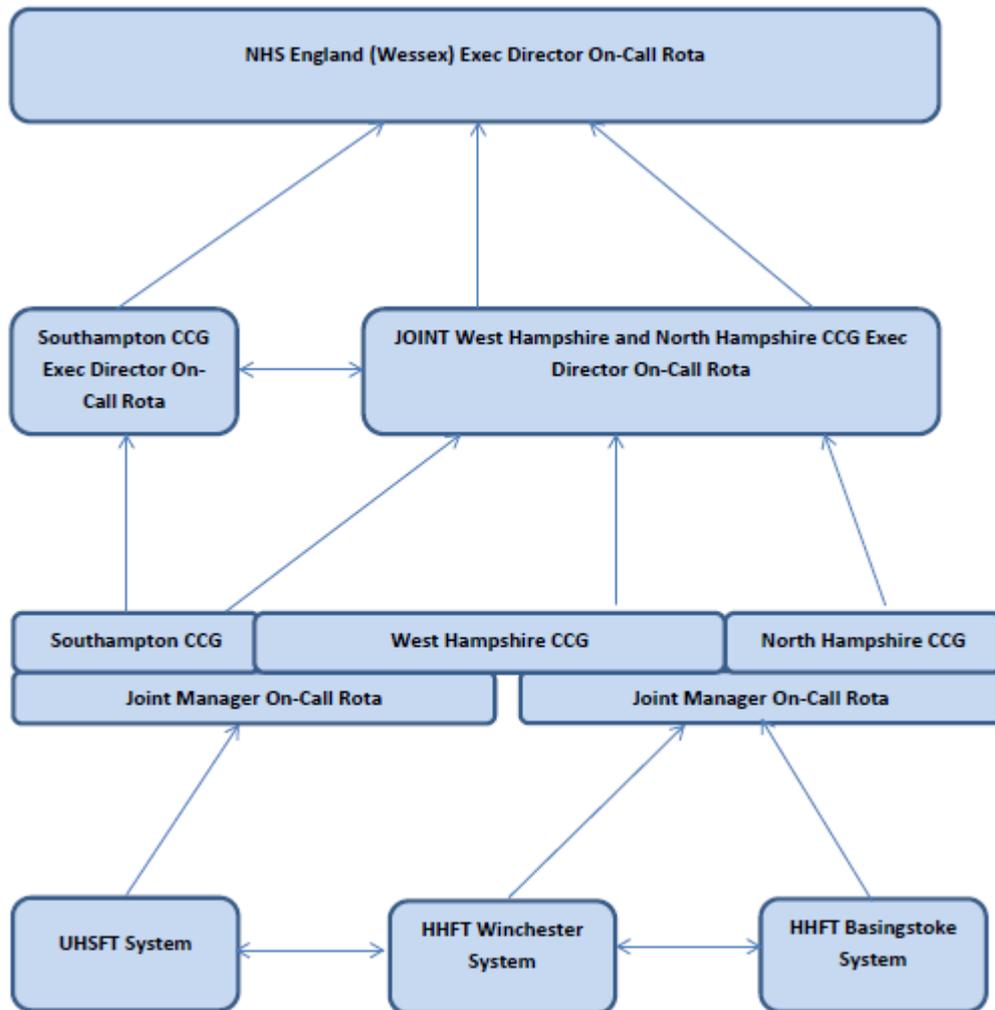
2. Structures and Arrangements of the On-Call Rotas

- 2.1 North Hampshire CCG runs a joint On-Call Rota with West Hampshire CCG across the health system nominally centred on the two sites of Hampshire Hospitals NHSFT, namely the Royal Hampshire County Hospital at Winchester and the Basingstoke and North Hampshire Hospital in Basingstoke, but also covering NHS funded provider services within the CCG geographical boundaries. This also includes Southern Health NHSFT. The rota is joint at two levels:

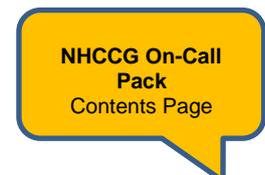
- Executive Director level on call
- Manager level on call

West Hampshire CCG colleagues, when they are 'on call', also cover the Southampton system that incorporates University Hospitals Southampton NHS Foundation Trust. The structure of the rotas are shown below:

NHCCG On-Call Pack
Inserts Ai - vi



3. Responsibilities



3.1 General

- i. Ensure that your On-Call Pack is kept up-to-date with all standard 'Inserts' from the On-Call Coordinator, as well as all important communications and updates sent by Email
- ii. Be on-call for the duty period of one week (7 days) commencing on a Tuesday morning at 0900 and finishing on the following Tuesday morning at 0900
- iii. Be available and contactable by telephone 24 hours a day, 7 days a week during the period of on-call in order to manage system resilience and system pressures
- iv. Ensure that you can travel within 2 hours to the CCG's Incident Control Centre
- v. During your duty period maintain a log of all telephone calls, messages, decisions made and actions taken in accordance with log taking best practice. This includes indicating in the logbook when you started and finished your shift
- vi. Undertake on-call training at least annually

- vii. Be able to respond appropriately to an emerging emergency situation should the need arise and give clear advice
- viii. Ensure you have your On-Call Pack to hand and that your mobile telephone is fully operational (switched on, audible and with battery fully charged)
- ix. Have access to the mobile telephone numbers of On-Call Executive Directors and Managers (these are provided on all On-Call Rotas).
- x. Ensure that any change of contact details (telephone numbers) is communicated to the On-Call Co-ordinator immediately. Currently, this is the Head of Business Development
- xi. Ensure any shift changes are notified to the On-Call Co-ordinator. *If there is a problem with shift coverage, it is the responsibility of the incumbent manager/director to arrange for the shift to be covered by another member of the on-call team. If this is not possible eg due to illness/incapacity, the incumbent manager/director must make contact with either the On-Call Co-ordinator or the Business Services Manager for coverage to be organised.*
- xii. Abstain from drinking alcohol during your duty period as it may be necessary to drive to the Incident Control Centre and make clear decisions
- xiii. Carry your NHS photo ID at all times
- xiv. Ensure efficient handover of responsibility to the next On-Call Manager/Executive Director, including full briefing of any outstanding issues yet to be resolved and/or identification of potential issues on the horizon (use the Handover Action Card in Annex 2 of this Policy). The joint rota with West Hampshire CCG operates a '**PUSH**' system where the person on-call proactively makes contact with the next person on-call and 'pushes' the handover process, including all relevant information, and confirms that the FlexTel number has been transferred successfully.

NHCCG On-Call Pack
Inserts Aiii & v

NHCCG On-Call Pack
Inserts Aix

3.2 Specific Responsibilities of the Manager On-Call

- i. The CCG has a nominated Manager responsible for the management of the local health system resilience during normal working hours. The On-Call Manager should familiarise themselves with any resilience issues, such as system pressures going into the out-of-hours period
- ii. Provide co-ordination and leadership of the local health system for capacity issues and diversion during periods of extraordinary demand fluctuation out of normal working hours
- iii. Ensure that system management is conducted in accordance with the CCG's resilience/escalation framework - contained within the '*North and Mid Hampshire Local A&E Delivery Board Escalation Framework*' - a copy of which is provided in the On-Call Pack
- iv. The Manager On Call must be familiar with the '*North and Mid Hampshire Local A&E Delivery Board Escalation Framework*' so that appropriate decisions can be made at the appropriate management level, and in particular the requirements of OPEL 3 (Red) and OPEL 4 (Black) to involve the Exec Director On Call, or the requirement of the CCG to lead teleconference meetings out of hours with the possible involvement of NHSE Wessex colleagues

NHCCG On-Call Pack
Escalation Framework

- v. Work with the Head of System Reform (or team) to ensure a daily handover of issues and system intelligence
- vi. All necessary local health system contact numbers are provided in the On-Call Pack
- vii. Be familiar with the CCG's Incident Response Plan (IRP), Incident Response Plan Activation 'Lite' and Business Continuity Plan (BCP) so that you can raise an issue which may develop into a significant issue or major incident with the Executive Director On-Call and then assist him/her to activate either or both of the plans according to the procedure shown in **Appendix D**.

NHCCG On-Call Pack
IRP Inset Ci
BCP Inset Biv

If a 'major incident alert' or 'standby' is called, do not attempt to read the whole Incident Response Plan but proceed to enact the instructions given in:

- IRP Activation 'Lite' (Appendix D)
- ACTION CARD 1 Manager On Call (Appendix E)
- ACTION CARD 2 Exec Director On Call (Appendix F)

NHCCG ACTION CARDS
1 & 2

3.3 Specific and Additional Responsibilities of the Executive Director On-Call

- i. Act to support decision-making on the Manager On-Call and act as a reference point for all enquiries made by him/her, especially when this relates to escalation of resilience issues or declaration of a major or business continuity incident
- ii. To escalate to the NHS England (Wessex) Executive Director On-Call if there is a likely requirement for the local system (including the local hospital and community services) to move from OPEL 3 (Red) to OPEL 4 (Black)

NHCCG ACTION CARDS
1 & 2

- iii. Manage the CCGs initial response to a major incident or significant business continuity issue by considering the activation of the Incident Response Plan and/or Business Continuity Plan in conjunction with the Manager On-Call. This will include responding according to the the instructions given in 3.2 vii above and the flow chart shown in **Appendix D**

NHCCG Business Continuity Plan
Section 3

4. On Call Rotas and On-Call Packs

- 4.1 The Emergency Management and Risk Manager from NHS West Hampshire CCG is responsible for the preparation and distribution of the On Call Rotas for both the Executive Director and Manager rotas. The Head of Business Development from NHCCG will act to collate the availability of local Managers and Directors to populate the rotas and to manage issues occurring locally.
- 4.2 The NHCCG HoBD will update and distribute On-Call Packs for all Executive Directors and Managers on the On-Call Rotas. The HoBD will also maintain the Master Copy of the On Call Pack.
- 4.3 A CCG On-Call Pack will be issued to each nominated person on the Executive Directors and the Managers rotas. All On-Call personnel should familiarise themselves with the contents of this Pack and gain clarification on any issues as necessary. It is the responsibility of the pack owner to keep it up-to-date with standard 'inserts' as supplied by the On-Call Coordinator, communications regarding current events in the system and plans. The Pack contains the following documents:
- All current CCG On-Call rotas
 - Approved Log Book
 - Handover Checklist
 - Flextel guide for routing the On-Call numbers
 - Other CCG On-Call contact numbers
 - NHSE (Wessex) On-Call Rota
 - Health and multi-agency emergency contact Executive Directory
 - Systems resilience teleconference set-up details
 - Systems resilience teleconference template agenda
 - North and Mid Hampshire Local A&E Delivery Board Escalation Framework
 - North Hampshire CCG Incident Response Plan (IRP) and 'Activation Lite'
 - North Hampshire CCG Business Continuity Plan (BCP)
 - Major incident alert cascade diagrams
 - CCG Incident Coordination Centre (ICC) set up
 - Major Incident Action cards for On-Call Manager and On-Call Executive Director
 - Maps and details of key health infrastructures
- 4.4 The HoBD will also ensure that all Executive Directors and Managers on the On-Call Rotas are adequately trained for their responsibilities and to arrange annual update training.

5. On-Call Contact Numbers

- 5.1 The 'Flexitel' system is used to provide single numbers for key partners to contact, and enables calls to a single number to be diverted to any mobile or landline number. On-Call Managers and Executive Directors must transfer the Flexitel number to a mobile or landline that they will be able to answer 24/7 during their On-Call period. Instruction for re-routing the Flexitel numbers are contained in the CCG On-Call Pack.

NHCCG On-Call Pack
Inserts iv & vi

6. Teleconference Calls

- 6.1 A local system teleconference call can be requested by a provider organisation if they are likely to escalate from red to black and if they have undertaken all related actions within the escalation policy and have genuine concerns about managing the situation on a wider basis.

NHCCG On-Call Pack
Seasonal Plan Insert
Bi Sec 4.2

- 6.2 In addition any organisation, including NHSE South (Wessex), can request a health system teleconference to support the management of system resilience.

- 6.3 The CCG On-Call Manager will organise system-wide teleconferences and depending on the current escalation level being reported, will be chaired by either the CCG Manager or CCG Director. Details for setting up a teleconference are contained within On-Call Pack. Organisations included in teleconference calls are likely to include:

- CCG (chair and minutes)
- Hampshire Hospitals NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Solent NHS Trust
- Hampshire Doctors Out-of-Hours
- '111'
- Patient Transport Services
- Hampshire County Council Adult Services
- Southampton City Council Adult Services
- South Central Ambulance Service NHS Foundation Trust
- Other CCG's as required
- Other NHS-Funded providers as required
- Communications lead as required

A template agenda is available in On Call Pack.

7. Supporting Health On-Call Rotas

7.1 NHS England South (Wessex)

The NHS England South (Wessex) office have a 24/7 Executive Director On-Call Rota for major incident response and will represent the NHS at the Strategic Co-ordinating Group (Gold) and provide the Wessex area co-ordination of a response to a major incident.

NHCCG On-Call Pack
Insert Cviii

7.2 Communications

Internal CCG communications will be led by the Head of Communications and Engagement. Contact details are provided in the On-Call Pack.

NHCCG On-Call Pack
Insert Biii

7.3 Executive Director of Public Health On-Call Rota

The Executive Directors of Public Health On-Call Rota provides a senior public health lead for serious public health incidents and to provide a chair for the Scientific and Technical Advice Cell (STAC) which would be called in a Major Incident to provide advice to Strategic Command. The On-Call Executive Director of Public Health can also provide access to the Wessex Public Health England Centre and their Executive Director On-Call who would advise the NHS when there is an infectious disease outbreak or an incident with widespread public health implications.

NHCCG On-Call Pack
Insert Aviii

NHCCG Incident Response Plan
Section 2.4.4,
Figure 4 &
Appendix A

7.4 Clinical Commissioning Groups

The following Hampshire CCGs also have On-Call Rotas in place:

- Southampton CCG jointly with West Hampshire CCG covering the health system within the Southampton CCG boundaries
- Portsmouth, Fareham & Gosport and South Eastern Hampshire CCG's combined rota
- North East Hampshire and Farnham CCG have a combined rota with Surrey Heath CCG

8. Success Criteria

This uptake of this policy will be tested on a 1:1 basis with On-Call staff by the Head of Business Development, and their understanding tested during training.

9. Reference Documentation

Documents used in the development of this policy include:

- NHCCG Incident Response Plan
- NHCCG Business Continuity Policy and Plan
- NHCCG Executive Director and Manager On-Call Pack (Winchester and Basingstoke Health System)
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) (2016)
- NHS England Command and Control Framework (2013)

- Section 46 of Health and Social Care Act 2012
- Civil Contingencies Act (2004)

10. Equality, Diversity and Mental Capacity

This policy is yet to be assessed against the CCG Equality Analysis Tool.

11. Training

All CCG On-Call Executive Directors and Managers will undergo initial familiarisation training and yearly refresher training thereafter. They will also be required to attend designated training modules and exercises as quoted in the NHSE Training and Exercise programme.

12. Communication and Dissemination

This policy will be communicated to all staff included on the NHCCG On-Call rota and included in their On-Call Packs. It will also be published on the North Hampshire CCG website at:

<https://www.northhampshireccg.nhs.uk/documents/>

13. Policy Review

This policy will be reviewed every three years or as required.

Appendix A Summary of the On-Call Arrangements

The table below summarises the responsibilities of the CCG On-Call and the NHS England South (Wessex) On-Call. This will help provide an overview of how the CCG rotas fit in with the wider management of major incidents and system resilience.

Area	NHS England South (Wessex)	CCG On-Call Manager / Executive Director
Major Incident Response		
Multi-agency Strategic Co-ordinating Group (SCG)	Represent NHS Services at SCG	N/A – unless assistance requested.
Multi-agency Tactical Co-ordinating Group (TCG)	N/A	Executive Director to represent NHS services at Tactical Coordination Group(s) (if required)
Incident Control Centre (ICC)	Lead the establishment and operation of the NHSE South (Wessex) ICC	Executive Director On-Call to lead the establishment and operation of the CCG ICC
Incident Management Team	Lead the NHSE South (Wessex) Incident Management Team	Executive Director On-Call to lead the CCG Major Incident Team
Systems Resilience		
In-hours	Overview of whole Wessex Area-wide system	For information only – this will be the responsibility of systems leads in hours
Out-of-hours	Overview of whole Wessex Area wide system	Management of local system
Out-of-hours – Black	<ol style="list-style-type: none"> 1. Authorisation of move to black for the local system 2. Inform NHS CB South Region Executive Director on-call 3. Support the local system On-Call Manager (if required) 4. Monitor impact on wider NHSE South (Wessex) systems 5. Liaison with NHS CB South Region 	Management of local system as described for level OPEL 4 (Black) in the 'North and Mid Hampshire Local A&E Delivery Board Escalation Framework'

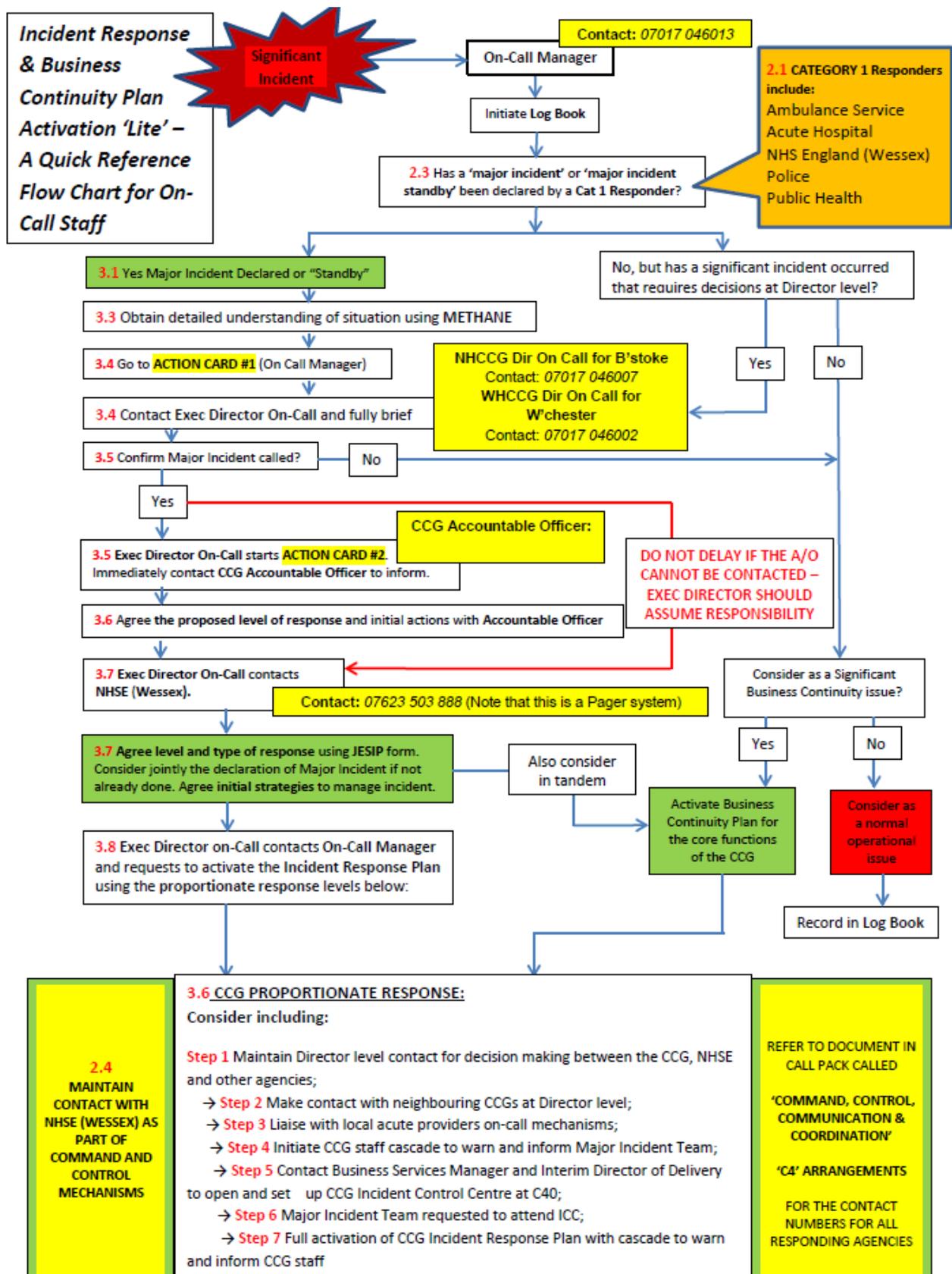
Appendix B CCG On-Call Managers Handover Guide

1	Handover
	<p><i>The joint rota with West Hampshire CCG operates a 'PUSH' system where the person on-call proactively makes contact with the next person on-call and 'pushes' the handover process, including all relevant information, and confirms that the FlexTel number has been transferred successfully.</i></p> <p>On receipt of the on-call responsibility:</p>
1.1	Indicate in your log book the date and time you took over the On-Call duty
1.2	Test that the CCG On-Call Managers FlexTel contact number is working – record this in your log book – any issues or problems contact the On-Call Co-ordinator.
1.3	<p>Discuss with the previous On-Call Manager:</p> <ul style="list-style-type: none"> • any issues during their On-Call period • any risk or issue foreseen for your On-Call period
1.4	Discuss with the day time system managers any current or foreseen issues including the current system escalation status – it is YOUR responsibility to initiate this, not theirs.
1.5	Arrange a 1:1 with local system managers (if applicable) to review any actions taken and identify any lessons learnt.
1.6	Ensure your On-Call Pack has all the information you are likely to need in the event of a call and that it is up to date with respect to rotas and contact numbers.
2	During On-Call Period
2.1	Arrange to sit in on regular systems teleconferences (if necessary)
2.2	Ensure you receive the daily systems status report from the CCG system lead (if it is running) and the wider Wessex area system status from the Wessex Area Team
2.3	Provide a verbal update to the day time system manager if you experience any out-of-hours issues or undertake any actions (such as chairing teleconferences)
2.4	Arrange a verbal handover with next person On-Call
2.5	Push any outstanding actions to the next On-Call Manager
2.6	Indicate in the log book when you finished your duty period and hand over the On-Call including transferring over the FlexTel telephone as described in Section 3 below.
3	Transferring the Telephone
3.1	Transfer the Flextel number to the next person on the Rota as described on the On-Call Rota itself
3.2	Contact the next person and let them know you have made the transfer

Appendix C CCG On-Call Executive Directors Handover Guide

1	Handover
1.1	Indicate in your log book the date and time you took over the On-Call duty
1.2	Test that the CCG On-Call contact number for the Executive Directors Rota is working - record this in the log book - any issues or problems contact the On-Call Co-ordinator
1.3	Discuss with the previous On-Call Executive Director: <ul style="list-style-type: none"> • any issues during their On-Call period • any risk or issue foreseen for your On-Call period
1.4	Ensure your On-Call Pack has all the information you are likely to need in the event of a call and that it is up to date with respect to rotas and contact numbers.
2	During On-Call Period
2.1	Arrange a verbal handover with next person On-Call
2.2	Handover any outstanding actions to the next person On-Call
2.3	Indicate in the log book when you finished your duty period and hand over the On-Call including transferring over the telephone as described in Section 3 below.
3	Transferring the Telephone
3.1	Transfer the Flextel number to the next person on the Rota as described on the On-Call Rota itself
3.2	Contact the next person and let them know you have made the transfer

Appendix D Incident Response/Business Continuity Plan Activation 'Lite' – Quick Reference Flow Chart for On-Call Managers



Version 3.0 Sep 2016

Appendix E ACTION CARD 1 – On Call Manager

BASINGSTOKE AND WINCHESTER HEALTH SYSTEMS	ACTION CARD 1
ON-CALL MANAGER ROLE	Name:
<p>Role: The role of the On-Call Manager is to, when required, to receive the first alert via the on-call system for the declaration of a ‘major incident’ or a ‘major incident standby’ and to ensure that the Executive Director on-call is notified and the process of deciding whether the incident will require the Incident Response Plan for the CCG to be activated is initiated. The On-Call Manager may also be required to act as Incident Director until the On-Call Executive Director or Accountable Officer is available.</p> <p>The On-Call Manager will also play an important role of alerting external stakeholders such neighbouring and local providers, and to fill in for any roles in the Major Incident Team under instruction from the Incident Director.</p>	
All Actions and Decisions MUST be logged – start your Personal Incident Log NOW	
CORE ACTIONS:	TIME/INITIALS:
<p>1 If you are at the CCG offices, collect a Personal Incident Logbook from the Major Incident Cupboard and complete the details on the front cover. If not, start your On-Call Systems Log Book.</p>	
<p>2 Confirm the role and purpose for which you are logging.</p>	
<p>3 Refer to the IRP activation flow chart in your On-Call Pack.</p>	
<p>4 Obtain a detailed understanding of the situation and its’ impact using:</p> <p>M = Major Incident –has a major incident been declared, if so who by (is it a Cat 1 Responder?) and is it a ‘Major Incident Declared’ or a ‘Major Incident Standby’?</p> <p>E = Exact location – what is the exact location of the incident, with a possible map reference?</p> <p>T = Type of incident - for example is it a chemical, explosion, or Road Traffic Collision (RTC)? What level of incident has been declared?</p> <p>H = Hazards at scene - present and potential. Is any specific or urgent action required of the CCG <u>now</u>?</p> <p>A = Access and egress routes – what are the best routes for access and egress to the scene and RVP?</p> <p>N = Number of casualties involved – what is the approximate number and types of casualties P1/P2/P3/DEAD and whether there is any contamination involved</p> <p>E = Emergency services present and requested? What is the scope of the incident – what hospitals/trusts are involved?</p> <p>S = What is the SCOPE of the incident? Which hospitals/trusts will be involved in the response? Which hospitals have been designated as ‘receiving’?</p> <p>Please note all relevant information in your Personal Incident Log.</p>	
<p>5 Make contact with the Executive Director On-Call using the contact numbers in the On-Call Pack and give the briefing obtained from 2 above. Using Form 1 in the On-Call Pack (or Operations Manual), undertake an initial risk assessment with the Executive Director On-Call.</p>	

6	The Executive Director On-Call will make contact with the Accountable Officer to discuss the situation, whether to activate the Incident Response Plan and the make-up of the proportionate response . He/she will then call NHS (Wessex) to discuss the initial strategy and call you back to confirm and give instructions on how to implement this.	
7	In consultation with the Executive Director On-Call, decide to what level the staff cascade needs to be initiated, starting with the Major Incident Team first, and whether the Incident Control Centre (ICC) at Central 40 needs to be opened. If the ICC is to be opened, contact the Business Services Manager (see cascade) to facilitate this. If the BSM is unavailable, make contact with the Director for Delivery as back up.	
5	The Executive Director On-Call assumes the role of Incident Director until the ICC is opened and the Chief Nurse arrives. If the ICC is not to be opened, the Executive Director On-Call will remain as Incident Director.	
6	If requested by the Executive Director On-Call / Incident Director , make contact with neighbouring On-Call Rotas including North East Hampshire and Farnham, West Hampshire and South East Hampshire CCGs. The Incident Director will maintain contact with NHSE (Wessex).	
7	Support the Incident Director to confirm what other organisations should be contacted and confirm emergency contact arrangements with: <ul style="list-style-type: none"> • Hampshire Hospitals NHSFT • South Central Ambulance Service • Southern Health NHSFT Health Trusts • Frimley Park NHSFT • Basingstoke and Deane District Council Emergency Planning • Hampshire County Council Adult and Children's Services • Public Health England On-Call Director • Hampshire County Council Public Health (in-hours) • other relevant responding agencies 	
8	If requested by the Executive Director On-Call, attend the ICC at the C40 and await the arrival of the Business Services Manager who will open the building using the instructions in the On-Call Pack.	
9	Support the Business Services Manager to set up and establish the ICC.	
10	At the request of the Incident Director, assume the role on the MIT as designated. Take the appropriate Action Card from the Operations Manual in the Major Incident Cupboard .	
11	Continue to assist with the operations of the MIT until stood down by the Incident Director.	
COLLATION OF EVIDENCE – ALL PAPERWORK IS SUBJECT TO DISCLOSURE		TIME/INITIALS:
A	ONCE COMPLETE PERSONALLY HAND THIS FORM TO THE MAJOR INCIDENT SUPPORT TEAM MANAGER	
B	COLLATE ANY AND ALL OTHER PAPERWORK USED (EVEN SCRAPS OF PAPER), INCLUDING THE LOG BOOK AND HAND TO THE MAJOR INCIDENT SUPPORT TEAM MANAGER	
C	IF YOU HAVE USED A DICTAPHONE, BAG THIS UP AS EVIDENCE, LABEL IT AND HAND TO THE MAJOR INCIDENT SUPPORT TEAM MANAGER	
D	COMPLETE AN INCIDENT REPORT WITHIN THREE DAYS OF THE INCIDENT	
E	ALL PAPERWORK MUST REMAIN IN SECURED NHS PREMISES AT ALL TIMES	

Appendix F – ACTION CARD 2 – Exec Director On Call/Incident Director

BASINGSTOKE AND WINCHESTER HEALTH SYSTEMS	ACTION CARD 2
EXECUTIVE DIRECTOR ON-CALL/INCIDENT DIRECTOR	Name:
<p>Role: The role of the Incident Director is to coordinate the activity of the CCG Major Incident Team (MIT) for the health system and in support of NHSE (Wessex) to implement a ‘Command and Control’ system. He/she will be responsible for making and decisions regarding the deployment of resources and assets, including funding, of the local providers of NHS healthcare in north Hampshire, including those of Hampshire Hospitals NHSFT and Southern Health NHSFT.</p> <p style="color: red;">The CCG will initiate a ‘proportionate response’ to a declared ‘Major Incident’ or ‘Major Incident Standby’ which may involve the opening of the CCG Incident Control Centre at Central 40. This Action Card is written for this eventuality but the Executive Director On-Call must be prepared to execute the initial response remotely. Details for teleconferencing are held in the On-Call Pack. In the first instance, the Major Incident Director role may be taken by the Executive Director On-Call until the CCG Chief Nurse arrives at the Incident Control Centre. The CCG Chief Nurse will take up the position of Incident Director as soon as is practically possible.</p> <p>In the event of a major incident being declared, ‘Command and Control’ will be established by the NHSE (Wessex) at Oakley Road, and who will act to coordinate the Hampshire-wide health response if the incident involves multiple agencies and/or multiple providers that span across CCG boundaries (level 2-4 incidents). The CCG Incident Director will act in accordance with a Cat 2 response to:</p> <ul style="list-style-type: none"> escalate and cascade information received from local providers, the Area Team and other partners (within and outside working hours) respond to requests from NHSE (Wessex) to collate and share situation reports (‘SitReps’) in level 2, 3 and 4 incidents advise NHSE (Wessex) on local priorities and resources required to support the local response from outside the CCG area. These resources may include specialist clinical advice, resources, staff or equipment and may in turn be escalated by the Area Team to the NHS England regional office coordinate the local health sector media response to incidents in the CCG area during Level 1 incidents, with support from the NHS England communications team when appropriate contribute to multi-agency recovery arrangements, supporting any multi-agency working groups that are established to consider how local partners work together after a major incident in a local area 	
All Actions and Decisions MUST be logged – start your Personal Incident Log NOW	
CORE ACTIONS:	TIME/INITIALS:
1 If you are at the CCG offices, collect a Personal Incident Logbook from the Major Incident Cupboard and complete the details on the front cover. If not, start your On-Call Systems Log Book.	
2 You will have a Loggist to support your decisions and activities. Make sure your nominated Loggist is at hand.	
3 Refer to the IRP activation flow chart summary in your On-Call Pack.	
4 If the initial incident alert has been received by the On-Call Manager, receive a briefing from the On-Call Manager in attendance and obtain a detailed understanding of the situation and its impact using METHANE : M = Major Incident –has a major incident been declared, if so who by (is it a Cat 1 Responder?) Is it a ‘Major Incident Declared’ or a ‘Major Incident Standby’? E = Exact location – what is the exact location of the incident, with a possible map reference? T = Type of incident - for example is it a chemical, explosion, or Road Traffic Collision (RTC)? What level of incident has been declared?	

<p>H = Hazards at scene - present and potential. Is any specific or urgent action required of the CCG now?</p> <p>A = Access and egress routes – what are the best routes for access and egress to the scene and RVP?</p> <p>N = Number of casualties involved – what is the approximate number and types of casualties P1/P2/P3/DEAD and whether there is any contamination involved</p> <p>E = Emergency services present and requested? What is the scope of the incident – what hospitals/trusts are involved?</p> <p>S = What is the SCOPE of the incident? Which hospitals/trusts will be involved in the response? Which hospitals have been designated as ‘receiving’?</p>	
<p>5 Undertake a risk assessment with the On-Call Manager using the Risk Assessment Tool (Form 1 in On-Call Pack)</p>	
<p>6 Make contact with the NHCCG Accountable Officer and discuss the situation with him/her but do not wait for the AO if he is unavailable when a Major Incident has been declared - the priority in this situation is to make contact with NHSE (Wessex) and to initiate a ‘proportionate response’ (see IRP activation flow chart summary in your On-Call Pack).</p>	
<p>7 If a Major Incident has not yet been declared, make a DECISION with the Accountable Officer whether to activate the CCG Incident Response Plan and the make-up of the initial (proportionate) response.</p>	
<p>8 Make contact with NHSE (Wessex) to confirm the declaration of a Major Incident and decide what the initial strategy should be for the CCG using the JESIP form (Form 2 in On-Call Pack). This will help with understanding the coordination of the multi-agency response to the incident and the CCG’s role in this.</p>	
<p>9 Contact with the On-Call Manager to confirm:</p> <ul style="list-style-type: none"> • the declaration of a major incident (or not) • the make-up of the proportionate response , and • the initial strategy of the multiagency response from NHSE <p>Request the On-Call Manager to:</p> <ul style="list-style-type: none"> • make contact with neighbouring CCG on-call teams and the local trusts to inform them of the situation presenting • make an assessment of what level of cascade to NHCCG staff is required in order to support the initial response. Warn and inform the Major Incident Team as required – request and confirm the details of the first meeting of the MIT (including teleconferencing if required) • make contact with Business Services Manager and/or Head of Business Development to open and set up CCG Incident Control Centre at C40 (if required) 	
<p>10 With the Business Services Manager, discuss and confirm the agenda for the first meeting of the Major Incident Team (MIT) using the template shown in Form 3 in the On-Call Pack. Ask the Minute Taker to produce the agenda.</p>	
<p>11 Hold the first briefing meeting of the MIT according the agenda and confirm with the MIT what roles are being played and that right people are in attendance. Ensure that all decisions and actions are recorded by the Loggist. Confirm the timings of subsequent meetings.</p>	
<p>12 Assess the need to activate local Business Continuity Plans.</p>	
<p>13 Meet with the Loggist after the meeting to go through the log, write a report of the incident and prepare for the next meeting.</p>	
<p>14 Ensure that the necessary SitReps are prepared for the Wessex Area Team (IRP Part 2 Annexe D), approve them before sending and confirm timings of subsequent SitRep reports.</p>	
<p>15 Plan for handing over the Incident Director role to another member of the CCG Executive Management Team within, at most, a 12 hour shift.</p>	

16 Assess the need for a media/press holding statement and prepare if required.	
17 Ensure the welfare of your Major Incident Team and ask the Major Incident Support Team Manager to order drinks, food etc, and ensure the team take breaks and organise for replacements after a predicted 12 hour shift.	
18 In consultation with the AT, determine when the stand down should be declared (taking advice from partners as necessary) and inform the appropriate personnel / agencies of this.	
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