Sherwood Forest Hospitals
NHS Foundation Trust

Healthier Communities, Outstanding Care

THE HOSPITAL OUT OF HOURS POLICY

POLICY

Reference	CPG-TW-HOOHP
Approving Body	UEC Divisional Clinical Governance Group
Date Approved	March 2026
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**

YES	NO	N/A
X		

Issue Date	30-June-2026
Version	4.0
Summary of Changes from Previous Version	• Expanded scope to include Emergency Admission Areas (EAU, SDEC, Discharge Lounge) and medical bed waiters within ED. • Mandated Nervecentre as the Trust system for Out of Hours escalation, task management and handover. • Introduced Hospital Out of Hours SPA phones for urgent escalation (separate lines for wards and front door/EAU). • Clarified that RED priority escalations are created by the HOOH team following SPA/bleep contact. • Strengthened the HOOHP command-and-control role, including oversight of resident doctor deployment and staffing risk. • Formalised Out of Hours handover arrangements (joint Acute Medicine/Medicine handover chaired by HOOHP; specialty handovers for Surgery and Orthopaedics). • Introduced a formal monitoring and audit framework for escalation, response times, Nervecentre login and handover attendance. • Updated training and competency framework aligned to NHS England, NICE, NMC, Resuscitation Council UK and GIRFT. • Introduced a defined HOOH governance and meeting structure with escalation into Divisional and Trust governance routes. • Removed legacy Hospital at Night/NTL terminology and aligned to the Hospital Out of Hours (HOOH) model.
Supersedes	V3.0
Document Category	Clinical
Consultation Undertaken	Hospital Out of Hours • Head of Service • Medical Director • Chief Nurse • Chief Operating Officer
Date of Completion of Equality Impact Assessment	Cheryl Fagan Matron. 06/02/2026
Legal and/or Accreditation Implications	Not Applicable
Target Audience	• Hospital Out of Hours Practitioner (HOOHP) • Consultants • Resident Doctors • Registered nurses • Healthcare Support Workers

	• Silver On Call Gold On Call
Review Date	June-2029
Sponsor (Position)	Chief Operating Officer
Author (Position & Name)	Cheryl Fagan. Matron
Lead Division/ Directorate	Urgent & Emergency Care
Lead Specialty/ Service/ Department	Acute Medicine
Position of Person able to provide Further Guidance/Information	Hospital Out of Hours Matron

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
Not Applicable	Not Applicable
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

The Hospital Out of Hours (HOOH) Policy sets out the arrangements for delivering effective and safe clinical care outside of normal working hours within SFHT. Normal working hours are defined as 08:00–17:00, Monday to Friday, excluding bank holidays.
The HOOH service therefore operates outside of these hours and provides a multi-professional, multidisciplinary approach, ensuring that the team collectively has a full range of skills and competencies to meet patients' needs and deliver appropriate care out of hours, with the overarching aim of maintaining patient safety.

2.0 POLICY STATEMENT

This policy mandates the use of Nervecentre as the single, trust-approved digital platform for the escalation of deteriorating adult inpatients and for the management, allocation and tracking of Out of Hours clinical tasks at Kings Mill Hospital.
All clinical staff must use Nervecentre for:

- Escalation of critically unwell patients in line with the Trust Observation and Escalation Policy
- Task generation, prioritisation and allocation to the Out of Hours clinical teams
- Supporting and documenting medical and acute medicine handover
- Maintaining real-time visibility of workload, patient risk and response times

Adherence to this policy is mandatory
Failure to use Nervecentre as the primary escalation and task management system may result in:

- Delays to patient review
- Increased clinical risk
- Incident reporting and governance review

This policy exists to:

- Ensure early identification and timely escalation of deteriorating patients
- Provide a standardised, auditable and transparent Out of Hours workflow
- Support safe, structured and reliable handover across Acute Medicine and Medical teams
- Strengthen patient safety, clinical prioritisation and workforce coordination
- Reduce variation in escalation practice and eliminate informal or undocumented task allocation

Scope notes

Urgent clinical escalation must be supported by the Hospital Out of Hours single point of access (SPA) phones (separate SPA phones for ward areas and for EAU/front door services). Nervecentre must be used as the default mechanism for all Out of Hours escalations and task requests, with verbal escalation (SPA phone or bleep) used only as a supplement for urgent or life-threatening situations and not as a replacement for Nervecentre documentation. Documentation must be completed on Nervecentre at the time of escalation or immediately afterwards.

This clinical document applies to:

Staff group(s):

- Hospital Out of Hours Practitioner (HOOHP)
- Consultants
- Resident Doctors
- Registered nurses
- Healthcare Support Workers

Clinical area(s)
This policy applies to all adult inpatient and emergency admission areas within scope at Kings Mill Hospital, including:

- All adult inpatient wards
- Emergency assessment Unit (EAU)
- Medical Same Day Emergency Care (SDEC)
- Discharge lounge
- Medical bed waiters within the emergency department

Patient group(s)
This policy applies to escalation and task management for:

- Emergency Assessment Unit (EAU)
- Medical wards
- Medical outliers
- Surgical wards
- Orthopaedic wards
- Medical bed waiters
- Discharge Lounge

Escalation Only (Limited Scope)
The policy applies to escalation only (not task management) within:

- Obstetrics & Gynaecology
- Same Day Emergency Care (SDEC)
- Medical bed waiters within the Emergency Department

Exclusions
This policy does **not** apply to areas outside the Hospital Out of Hours service:

- Paediatrics
- Emergency Department (ED)
- Mansfield Community Hospital
- Newark Hospital
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3.0 DEFINITIONS / ABBREVIATIONS

ALS	Advanced Life Support
ED	Emergency Department
EAU	Emergency Assessment Unit
HOOH	Hospital Out of Hours
HOOHP	Hospital Out of Hours Practitioner

NERVECENTRE
Trust-approved digital platform supporting escalation of deteriorating patients, task allocation, handover and real-time oversight of workload and patient risk.

HOOH SPA PHONES
Hospital Out of Hours single point of access phones used for urgent escalation and contact with the HOOHP team Out of Hours. Separate SPA phones are provided for ward areas and for Emergency Assessment Unit/front door services.

OUT OF HOURS (OOH)
All working outside 09:00–17:00 Monday–Friday, excluding Bank Holidays.

BRONZE / SILVER / GOLD ON CALL
Trust on-call command structure for escalation of operational and clinical risk Out of Hours.

4.0 ROLES AND RESPONSIBILITIES OF THE HOSPITAL OUT OF HOURS PRACTITIONER

The Hospital Out of Hours Practitioner (HOOHP) is an experienced registered nurse who provides senior clinical leadership, operational command and control, and coordination of Out of Hours clinical

activity across all adult inpatient and emergency admission areas within scope at Kings Mill Hospital. The role is delivered using Nervecentre as the Trust-approved digital platform for escalation of deteriorating patients, task management, handover and real-time oversight of workload and patient risk.
The HOOHP acts as the central point of coordination for Out of Hours clinical activity and provides visible, mobile senior clinical leadership across front door and ward areas to maintain patient safety, operational grip and situational awareness.

4.1 COMMAND AND CONTROL MODEL (FRONT DOOR, EAU AND WARD AREAS)

The HOOHP will provide visible, mobile clinical leadership and operational command and control across all adult inpatient and emergency admission areas within scope at Kings Mill Hospital.
This includes:

- Oversight of deteriorating patients and NEWS-triggered escalations via Nervecentre
- Prioritisation and allocation of Out of Hours clinical tasks
- Operational coordination, deployment and dynamic reallocation of resident doctors via Nervecentre in response to patient acuity, workload pressures and emerging clinical risk.
- Coordination with the Consultant on Call and the on-call Bronze, Silver and Gold structure to ensure timely escalation of clinical and operational ensure timely escalation of clinical and operational risk
- Maintenance of real-time situational awareness of patient risk, workload and flow across the site
- Active monitoring of medical bed waiters and escalation of concerns where waiting times or excessive numbers of patients increase clinical risk, including escalation to the Consultant on Call, Silver On Call and Gold On Call as appropriate
- Provision of senior clinical leadership to support timely review, escalation and patient flow

4.2 OPERATIONAL AND CLINICAL RESPONSIBILITIES

- In addition to the command and control function, the HOOHP will: Receive, triage and prioritise Out of Hours requests for assistance, treatment and review via Nervecentre, supported by the Hospital Out of SPA phones (One for the wards, one for EAU/front door) and bleep system.
- Provide senior clinical leadership in responding to deteriorating patients, alongside the resident doctor.
- Lead and chair the joint Out of Hours face-to-face handover for Acute Medicine and General Medicine with resident doctors, ensuring clear identification of high-risk patients, outstanding tasks, escalation plans, and resource priorities.
- Respond to cardiac arrests and emergency calls across Kings Mill Hospital (including areas outside routine scope), subject to site safety and workload priorities
- Be ALS qualified and ensure the emergency response team is acknowledged and clearly identified at each Out of Hours handover, to support a timely, coordinated, and effective response to emergency calls.
- Clinically support with deteriorating patients where workload permits.
- Mentor and support resident doctors and ward teams
- Support results review in collaboration with resident medical staff.
- Verify expected deaths in line with Trust policy. Maintain communication with the Consultant on Call and Bronze/Silver/ Gold for staffing and risk escalation.
- Ensure resident doctors provide cross-cover across divisions Out of Hours only in line with Trust guidance on cross-cover outside usual specialty, with cross-cover used in exceptional circumstances, within the doctor's competence, supported by appropriate induction and senior supervision, and recorded in line with Trust requirements.
- Maintain operational oversight of resident doctor staffing across Acute Medicine, General Medicine, Surgery and Orthopaedics Out of Hours, including identifying sickness or gaps in cover, coordinating redeployment where appropriate, and escalating staffing shortfalls and associated risk to the Consultant on Call and the on-call Bronze, Silver and Gold structure

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4.3 NERVECENTRE DOWNTIME CONTINGENCY

In the event of Nervecentre system failure:

- Ward teams must contact the HOOHP via the HOOH SPA phones or Bleep for escalation and task requests.
- The HOOHP will manually record, prioritise and allocate tasks to resident doctors via a bleep system.
- All activity undertaken during system downtime must be retrospectively documented within Nervecentre once systems are restored.

4.4 STAFFING MODEL AND COVERAGE

The HOOHP service will be provided as follows:
Twilight: 16:00-00:00 – One (1) HOOHP, 7 days per week
Night: 19:45-08:15 – Two (2) HOOHPs
Weekends/Bank Holidays (Daytime): 07:45-20:15 – One (1) HOOHP

This model ensures appropriate command and control coverage during peak risk periods.

4.5 CONTINGENCY ARRANGEMENTS – SICKNESS AND UNPLANNED ABSENCE

In the event of sickness or unplanned absence affecting HOOHP staffing:

- All non-clinical management time will be cancelled to prioritise clinical service delivery.
- The service will move to a minimum safe model with one (1) HOOHP providing cover across all areas overnight.
- The HOOHP will adopt a more static coordination and command role, with no direct clinical duties, focusing on Nervecentre oversight, escalation coordination, task prioritisation and patient safety oversight.
- A review will be undertaken to assess the need to increase resident doctor numbers to mitigate risk and maintain safe service delivery
- As a minimum standard, one (1) HOOHP will be provided to cover all Out of Hours shifts.
- The following must be informed immediately of any reduction to minimum staffing levels:
- Urgent & Emergency Care (UEC) Division (Monday to Friday 08:00-17:00)
- Gold On Call
- Silver On Call
- Duty Nurse Manager (DNM)
- Consultant On Call

5.0 RESIDENT DOCTORS ROLES AND RESPONSIBILITY

This section applies to all doctors working Out of Hours, including Consultants on Call, Tier 2 resident doctors and Tier 1 resident doctors, who are required to work collaboratively with the Hospital Out of Hours Practitioner (HOOHP) team to ensure safe, timely and coordinated care delivery across all adult inpatient and emergency admission areas within scope at Kings Mill Hospital.

The following responsibilities apply to all doctors working Out of Hours:

- All doctors must log onto Nervecentre at the start of each Out of Hours shift (with the exception of the night consultant). If unable to log on, they must contact the HOOHP immediately. Doctors must remain logged onto Nervecentre throughout the shift and available to receive tasks and automatic escalations.
- Doctors must engage with the HOOHP team, respond promptly to tasks and escalations allocated via Nervecentre, and communicate clearly regarding task progress and completion.
- Doctors must maintain awareness of Out of Hours processes, escalation pathways and site-specific guidance, including use of Nervecentre and the HOOH SPA phones.
- Doctors are expected to work flexibly across divisions in line with Trust cross-cover guidance and HOOH operational command and control, to maintain patient safety and respond to emerging clinical risk.
- Doctors must escalate concerns regarding deteriorating patients to the **Consultant on Call** in line with the Trust Observation and Escalation Policy, supported by Nervecentre documentation.

- For urgent or life-threatening concerns, doctors must initiate the appropriate emergency response route (Acute Response Team (ART) call or cardiac arrest call) and notify the HOOHP via the Hospital Out of Hours SPA phone or bleep to support coordination and prioritisation of the response.
- Doctors must ensure that any RED priority escalation on Nervecentre is initiated via the HOOH team in line with Out of Hours escalation processes.

5.1 HANDOVER ARRANGEMENTS (OUT OF HOURS DOCTORS)

- Acute Medicine and General Medicine will undertake a joint, face-to-face Out of Hours handover at 20:00 with the HOOHP team, supported by Nervecentre, to review workload, identify high-risk patients, and agree task prioritisation. Surgical and Orthopaedic teams will undertake their own specialty handovers. Any information, concerns or actions arising from these handovers that impact Out of Hours workload, patient safety or escalation must be communicated by the resident doctors within these specialties to the HOOHP team.
- Attendance at the relevant Out of Hours handover is mandatory for resident doctors.
- Handover must include clear identification of high-risk patients, outstanding tasks, escalation plans, and named points of contact for each specialty.

Nervecentre provides real-time visibility of tasks requested by ward staff, their urgency, and available clinicians to complete them across the hospital. This supports safe prioritisation, quality of care and effective resource allocation Out of Hours.
User guides, including those for Hospital Out of Hours workflows, are available via the Trust Nervecentre intranet pages.

6.0 THE WARD TEAM

Ward teams across all adult inpatient and emergency admission areas within scope at Kings Mill Hospital are responsible for the early identification, escalation and ongoing monitoring of deteriorating patients and for the appropriate use of Out of Hours escalation and task management processes.

The following responsibilities apply to ward-based teams:

- Identify patients requiring Out of Hours clinical review and escalate deterioration promptly in line with the Trust Observation and Escalation Policy.
- Generate tasks for Out of Hours review using Nervecentre as the Trust-approved system for escalation and task management.
- For urgent or life-threatening concerns, initiate the appropriate emergency response route (Acute Response Team (ART) call or cardiac arrest call) and contact the Hospital Out of Hours single point of access (SPA) phone (one SPA phone for ward areas and one SPA phone for EAU/front door services) or bleep the HOOHP.
- All RED priority tasks on Nervecentre must be created by the HOOH team; ward teams must contact the HOOH team via SPA phone or bleep to initiate RED escalations.
- Provide a structured SBAR handover to the HOOHP and resident doctors, including recent observations, NEWS, clinical concerns, actions taken and escalation plans.
- Ensure a member of the ward team is available on arrival of the Out of Hours clinician to provide a baseline clinical update and support assessment and interventions.
- Document all escalation activity and direct verbal communication with the HOOHP and Out of Hours doctors in the patient record and within Nervecentre at the time of escalation or immediately afterwards.
- Maintain responsibility for ongoing patient care and monitoring following Out of Hours review, escalating further deterioration promptly via Nervecentre and SPA phones as required.
- Support timely access to the patient, notes, investigations and relevant equipment to enable safe and efficient Out of Hours review.
- Ensure awareness of Out of Hours escalation pathways, SPA phone numbers and Nervecentre use within the ward team, including during ward handovers.

7.0 HOSPITAL OUT OF HOURS – HEALTHCARE SUPPORT WORKER / CLINICAL SUPPORT WORKER (CSW)

The Clinical Support Worker (CSW) will work alongside the Hospital Out of Hours Practitioner (HOOHP) to provide clinical support across all adult inpatient areas within scope at Kings Mill Hospital.
The CSW role includes:

- Supporting clinical care through venepuncture, cannulation, ECG recording, and urinary catheterisation, in line with training, competence, and Trust policy. Assisting the HOOHP and resident doctors with the timely review and management of deteriorating patients.
- Attending cardiac arrests and emergency calls when workload permits, to provide practical support to the responding clinical teams.
- Supporting the coordination of Out of Hours activity as directed by the HOOHP.
- Working within the scope of practice and escalating concerns regarding patient deterioration to the HOOHP promptly.

8.0 APPROVAL

- Following consultation, this policy has been approved by the Urgent & Emergency Care Divisional Clinical Governance Group

9.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Percentage of RED priority escalations correctly initiated via the HOOH team following SPA phone or bleep contact (i.e. not directly submitted by ward teams)	HOOHP	Monthly audit of RED task creation source on Nervecentre to confirm the creator of each RED task and compliance with the requirement for HOOH team initiation. Findings will be used to inform targeted feedback and education to ward teams where non-compliance is identified.	Monthly	HOOH Governance Group, with themed risks and learning escalated to the UEC Divisional Clinical Governance Group
Handover Attendance & Quality	Hospital Out of Hours Matron and Head of Service	Monthly handover attendance log + spot audit of handover content (risk patients, tasks, escalation plans documented on Nervecentre)	Monthly	HOOH Governance Group, with summary to the UEC Divisional Clinical Governance Group
Time from RED escalation to clinician review	HOOHP	Monthly audit of Nervecentre timestamps	Monthly	HOOH Governance Group, with dashboard summary to the UEC Divisional Clinical Governance Group and the Clinical Outcomes & Effective Care Group, and escalation to the Clinical Escalation and Response Group (CIEAR)
Compliance with Nervecentre downtime process (manual allocation and retrospective documentation)	HOOHP	Post-incident review following any system downtime and spot audit of retrospective documentation	After each downtime incident	HOOH Governance Group, with learning shared with the UEC Divisional Clinical Governance Group

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Appropriate escalation of Out of Hours staffing shortfalls and associated risk to Consultant on Call and Bronze/Silver/Gold	HOOH Matron	Quarterly review of escalation logs, on-call records and staffing incident reports	Quarterly	HOOH Governance Group, with themes escalated to the UEC Divisional Clinical Governance Group
Use of cross-cover only in line with Trust guidance (exceptional use, within competence, with supervision and recording)	HOOHP	Quarterly audit of cross-cover instances and documentation	Quarterly	HOOH Governance Group, with compliance summary to the UEC Divisional Clinical Governance Group
Percentage of Out of Hours clinicians logged into Nervecentre for the duration of their shift (Consultants on Call, Tier 2 and Tier 1 resident doctors, HOOHP team)	HOOHP	Monthly audit of Nervecentre login and activity data to confirm active login status during Out of Hours shifts. Findings will be used to inform targeted feedback and education where non-compliance is identified.	Monthly	HOOH Governance Group, with themed compliance data escalated to the UEC Divisional Clinical Governance Group
Attendance of HOOH, Acute Medicine and General Medicine resident doctors at the joint Out of Hours face-to-face handover with the HOOHP team	HOOH Matron	Monthly audit of handover attendance logs, supported by spot checks of Nervecentre handover documentation to confirm key risks, tasks and escalation plans are recorded. Findings will be used to inform targeted feedback to specialties where non-attendance is identified.	Monthly	HOOH Governance Group, with summary and themes escalated to the UEC Divisional Clinical Governance Group and to Clinical Outcomes & Effective Care Group where non-attendance presents patient safety risk, with escalation to CIEAR and Silver/Gold On Call where required.

10.0 TRAINING / COMPETENCY AND IMPLEMENTATION

The roles set out within this policy will be used to inform a structured induction programme for all staff working Out of Hours. These roles represent the minimum requirements to deliver safe and effective clinical care and must be underpinned by a programme of education and ongoing competency assessment to support continued professional development of the Hospital Out of Hours workforce.
This approach supports timely, coordinated patient care and ensures resident doctors are supported by clinically competent, senior nursing colleagues during Out of Hours periods.

11.1 Minimum Training and Competency Requirements by Staff Group

Hospital Out of Hours Practitioners (HOOHPs)
HOOHPs must demonstrate and maintain competence in:

- Advanced Life Support (ALS)
- Use of **Nervecentre** for escalation, task management and handover
- Recognition and management of the deteriorating patient (including NEWS)
- Operational command and control and clinical prioritisation
- Leadership in Out of Hours handover and escalation processes
- Verification of expected death (in line with Trust policy)
- Venepuncture and cannulation
- Arterial blood gas (ABG) sampling (where within scope of practice)
- ECG interpretation (to a level appropriate to role)
- Clinical debriefing and team support following serious incidents
- Incident reporting and participation in governance processes

Aspirational development for the HOOHP role:
The Trust aspires to further develop the HOOHP role towards Enhanced Care Practitioner capability, supported by access to relevant education, supervision and competency frameworks, subject to service need and workforce planning.

Resident Doctors (Consultants on Call, Tier 2 and Tier 1)
Resident doctors working Out of Hours must:

- Complete Trust induction to Out of Hours working
- Be trained in and use Nervecentre for task management and escalation
- Be trained in the Trust Observation and Escalation Policy and emergency response processes (ART / cardiac arrest)
- Work within scope of competence and Trust cross-cover guidance
- Participate in Out of Hours handover processes

Ward-Based Teams (Registered Nurses and Ward Staff)
Ward teams must:

- Be trained in recognition and escalation of the deteriorating patient (NEWS)
- Be trained in the use of Nervecentre for escalation and task requests
- Understand the Out of Hours SPA phone escalation routes
- Be trained in emergency response processes (ART / cardiac arrest)
- Be aware of the requirement to contact the HOOH team to initiate RED priority escalations

Healthcare Support Workers / Clinical Support Workers (CSW)
CSWs supporting Out of Hours services must:

- Be trained and competent in venepuncture, cannulation, ECG recording and urinary catheterisation (where within role scope)
- Be trained in basic life support and emergency response processes
- Understand Out of Hours escalation routes and the role of the HOOHP

- Work within defined scope of practice and escalate concerns appropriately

10.2 Implementation and Assurance

- Training requirements will be incorporated into Out of Hours induction for all relevant staff groups.
- Ongoing competency will be supported through supervision, clinical updates and access to relevant training programmes.
- Ward teams, through ward managers and divisional leadership, are responsible for assuring that their staff are trained and competent to undertake Out of Hours escalation processes, including use of Nervecentre and SPA phone escalation routes.
- Compliance with training requirements will be monitored through local governance arrangements and reviewed via the Hospital Out of Hours (HOOH) Governance Group, with themes escalated to the UEC Divisional Clinical Governance Group where required.
- Gaps in training or competency that present patient safety risk will be escalated via the Consultant on Call and the on-call Bronze, Silver and Gold structure, and through the Clinical Escalation and Response Group (CIEAR) and the Clinical Outcomes & Effective Care (COEC) Group where appropriate.

11.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix D
- This document has been subject to an Environmental Impact Assessment, see completed form in Appendix E

12.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base

This policy is informed by, and aligns with, relevant national legislation, professional standards and recognised models of Out of Hours care, including:

- European Working Time Directive (EWTD) and subsequent UK implementation regulations, which require safe, sustainable medical staffing models and robust Out of Hours working arrangements.
- The Hospital at Night (H@N) care model, originally endorsed by the Royal College of Nursing (RCN) and the British Medical Association (BMA), promotes multidisciplinary working, task prioritisation, and coordinated Out of Hours care delivery.
- National guidance on recognition and response to acute illness in adults, including standards for timely escalation, senior clinical input, and structured handover of deteriorating patients.
- NHS patient safety and quality improvement frameworks, supporting the use of digital systems for escalation, task management, and auditability of clinical activity.
- National patient safety standards for clinical handover and communication, emphasising structured, multidisciplinary handover to reduce risk and improve continuity of care.

This policy reflects best practice principles for safe Out of Hours working, coordinated clinical escalation, and effective use of digital systems to support patient safety and operational grip.

Related SFHFT Documents

This policy must be read in conjunction with the following Trust policies, guidance, and resources:

- Observations and Escalation Policy for Adult In-patients
- Nervecentre User Guide Nurse
- Nervecentre User Guide Doctor

- Guidance on Resident Doctors Covering Outside Their Usual Specialty – September 2025 – *unable to locate this on the intranet*
- Incident Reporting (Datix) Policy
- Nervecentre Business Continuity Plans
- Providing Emergency Cover for Junior Colleagues commonly known as "Acting Down"
- De-escalating Observations
- Critical Care Outreach Team (CCOT) SOP (v1.1, Sept 2024)

13.0 KEYWORDS

Hospital Out of Hours (HOOH); Hospital Out of Hours Practitioner (HOOHP); Out of Hours; Nervecentre; escalation; deteriorating patient; NEWS; task management; clinical handover; command and control; emergency response; ART; cardiac arrest; SPA phone; resident doctors; cross-cover; medical bed waiters; Kings Mill Hospital.

14.0 APPENDICES

Appendix A – Generic Roles for a Hospital Out of Hours Practitioner – Skills for Health

Appendix B – Competency Framework for Hospital Out of Hours Practitioner

Appendix C - Hospital Out Of Hours (Hooh) Governance And Meeting Structure

Appendix D – Equality Impact Assessment

Appendix E – Environmental Impact Assessment

Appendix F - Guidance on Resident Doctors Covering Outside Their Usual Specialty – September 2025

Appendix A

Generic Roles for a HOOHP – Skills for Health

This framework outlines the minimum expected competencies for the HOOHP role, aligned to Skills for Health principles and the operational requirements of the Hospital Out of Hours service at Kings Mill Hospital. All competencies must be undertaken within the scope of practice, role remit and professional registration, and supported by local competency sign-off and governance processes.

PHYSICAL ASSESSMENT AND CLINICAL EXAMINATION

1. Take a presenting history to inform assessment and clinical prioritisation.
2. Obtain relevant supporting information (clinical records, investigations, handover information) to inform assessment.
3. Undertake physiological measurements, utilising NEWS to assess physical status and determine escalation and level of care required.
4. Assess an individual's health needs and status (cardiovascular, respiratory, abdominal, and neurological systems).
5. Perform non-invasive monitoring to obtain physiological measurements (respiratory rate, blood pressure, pulse, temperature, oxygen saturation, and continuous ECG monitoring where indicated).
6. Refer individuals to the appropriate clinician or service (e.g. resident doctor, Consultant on Call, emergency response team) for further assessment and management.

TECHNICAL AND DIAGNOSTIC SKILLS

7. Undertake arterial blood gas sampling where within the scope of practice and competency.
8. Obtain venous blood samples.
9. Initiate laboratory investigations and interpret results in collaboration with resident medical staff (e.g. biochemistry, haematology, coagulation screening).
10. Request radiological investigations in line with Trust policy and scope of practice (e.g. chest X-ray).
11. Perform and interpret 12-lead ECGs to an appropriate level for role.
12. Contribute to clinical decision-making and diagnostic formulation within scope of practice and in collaboration with medical colleagues.

CLINICAL RESPONSIVENESS

13. Review patients presenting with acute clinical deterioration and determine appropriate immediate interventions and escalation in line with Trust policy.
14. Undertake timely assessment and support the management of patients with acute changes in physiological or neurological status, escalating to resident doctors, Consultant on Call or emergency response teams as required.
15. Demonstrate advanced clinical consultation and examination skills appropriate to role and scope of practice to support timely assessment, prioritisation and escalation of care.

THERAPEUTIC INTERVENTION

16. Deliver therapeutic interventions within scope of practice, competence and Trust policy, including medication administration and support of agreed treatment plans in collaboration with resident medical staff.
17. Provide immediate life-saving interventions as required (BLS/ILS/ALS where trained), including defibrillation and oxygen therapy.
18. Provide compassionate support to patients and families, including during distress and bereavement.

TECHNICAL SKILLS TO SUPPORT THERAPEUTIC INTERVENTION

19. Undertake key technical procedures within scope and competence (e.g., intravenous cannulation and urethral catheterisation) and monitor for complications.

CARE CO-ORDINATION AND OPERATIONAL COMMAND (Condensed)

20. Receive, record, and prioritise requests for care via Nervecentre and SPA phone escalation routes.
21. Prioritise and allocate interventions to appropriate clinicians in line with acuity and risk.
22. Verify an expected death in line with Trust policy and professional standards.

CLINICAL GOVERNANCE AND LEADERSHIP

25. Provide operational leadership, delegate appropriately and support dynamic redeployment to maintain a safe environment of care.
26. Apply protocols and escalation processes to manage and escalate clinical risk.
27. Contribute to multidisciplinary team effectiveness, debriefing and continuous learning/quality improvement.
28. Support the continuing professional development of self and others.

PROFESSIONAL, LEGAL AND ETHICAL DIMENSIONS

29. Act within scope of competence and professional accountability, upholding the quality, equality, diversity, rights and responsibilities of individuals.

MANDATORY AND ROLE-SPECIFIC TRAINING

30. Advanced Life Support (ALS)
31. Verification of expected death
32. ABG sampling
33. Cannulation and venepuncture
34. Catheterisation
35. ECG recording and basic recognition

ASPIRATIONAL/ DEVELOPMENTAL

- Enhanced Care Practitioner capability
- Advanced leadership training
- Clinical debrief training
- Non-medical prescribing
- Advanced diagnostics and decision-making skills

Appendix B

Competency Framework for a Hospital Out of Hours Practitioner HOOHP

(Aligned to NHS England Workforce, Training & Education, NMC, NICE, Resuscitation Council UK and GIRFT)

Introduction

This competency framework defines the minimum capabilities required for Hospital Out of Hours Practitioners (HOOHPs) delivering senior clinical leadership, operational command and control, and coordination of Out of Hours care within acute inpatient and emergency admission areas. The framework is aligned to NHS England Workforce, Training & Education urgent and emergency care and Advanced Clinical Practice (ACP) frameworks, the NMC Code and Standards of Proficiency for Registered Nurses, NICE guidance on recognition and response to acute illness in adults, Resuscitation Council UK standards, and NHS England's Getting It Right First Time (GIRFT) programme to support patient flow and system effectiveness.
This framework has been adapted locally for Kings Mill Hospital to reflect the Hospital Out of Hours service model, including the use of Nervecentre, SPA phone escalation routes, and the command-and-control leadership function.

1. Clinical Assessment & Recognition of Deterioration
Mapped to**:** NICE CG50/NG51; NHSE UEC frameworks; NMC Standards

- Perform rapid, structured assessment of acutely unwell patients.
- Interpret observations and NEWS to identify deterioration and trigger timely escalation.
- Identify red flags and initiate immediate interventions within scope of practice.
- Formulate and document initial management and investigation plans in collaboration with resident medical staff.

2. Emergency and Technical Skills
Mapped to**:** Resuscitation Council UK; NHSE ACP framework

- Maintain in-date BLS/ILS/ALS as appropriate to role.
- Perform and interpret ECGs to a role-appropriate level.
- Provide basic airway management and oxygen therapy.
- Undertake venepuncture, cannulation, and ABG sampling where competent and within scope.
- Support safe medicines management in line with Trust policy and prescribing frameworks.

3. Clinical Decision-Making, Safety & Flow
Mapped to**:** NHSE UEC & Flow frameworks; NICE NG51; GIRFT

- Apply dynamic risk assessment in high-acuity, low-staffing environments.
- Support appropriate use of SDEC and same-day pathways to reduce avoidable admissions.
- Escalate deteriorating patients in line with NEWS and Trust escalation policy.
- Deliver safe, structured handover using recognised tools (e.g., SBAR).
- Support criteria-led discharge and safe discharge planning Out of Hours.
- Align clinical decisions with GIRFT principles to optimise flow and reduce delay.

4. Therapeutic Intervention
Mapped to**:** NHSE ACP framework; NMC Code

- Deliver therapeutic interventions within the scope of practice and Trust governance arrangements.
- Administer medicines and contribute to treatment planning where authorised.

- Provide life-saving interventions (BLS/ILS/ALS where trained) and defibrillation support.
- Provide compassionate psychological support to patients and families, including during bereavement.

5. Technical Skills to Support Therapeutic Intervention
Mapped to**:** NHSE ACP framework

- Perform key technical procedures within scope and competence (e.g. cannulation, catheterisation) and monitor for complications.

6. Care Co-ordination and Operational Command
Mapped to**:** NHSE UEC frameworks; GIRFT

- Coordinate Out of Hours care using **Nervecentre** and SPA phone escalation routes.
- Prioritise and allocate tasks dynamically based on acuity and risk.
- Coordinate transfers and resource readiness to support timely care.
- Support discharge processes and patient flow.
- *Competencies within this domain align to NHS England's **GIRFT** principles, supporting early senior input, appropriate use of SDEC pathways, reduction of avoidable admissions, and optimisation of patient flow Out of Hours.*

7. Clinical Governance & Quality Improvement
Mapped to**:** PSIRF; NMC Code; NHSE quality frameworks

- Maintain high standards of care through adherence to Trust policy and escalation processes.
- Report incidents, participate in debrief and contribute to learning and improvement.
- Identify, manage and escalate clinical and operational risk.
- Contribute to governance forums and quality improvement activity.

8. Professional, Legal & Ethical Practice
Mapped to**:** NMC Code

- Practise within scope of competence and professional accountability.
- Uphold equality, diversity, rights and responsibilities of patients and staff.
- Maintain accurate, contemporaneous documentation.

9. Leadership, Coordination & Command (OOH-Specific)
Mapped to**:** NHSE UEC workforce models; GIRFT

- Provide visible senior clinical leadership across front door and ward areas.
- Coordinate and redeploy Out of Hours clinical resource in response to acuity and risk.
- Escalate operational and patient safety risk to Consultant on Call and Bronze/Silver/Gold.
- Operational leadership and command-and-control competencies align to NHS England's GIRFT principles for system flow, supporting early senior decision-making, timely escalation of delays, management of medical bed waiters, optimisation of SDEC pathways, and reduction of operational risk associated with crowding and prolonged waits Out of Hours.

Assurance and Assessment
Competence will be assured through:

- Mandatory training (ALS/ILS, safeguarding, medicines management)
- Structured local induction and supervised practice
- Portfolio-based sign-off mapped to this framework
- Ongoing review via HOOH Governance Group and escalation to UEC Divisional CGG, COEC and CIEAR where safety risk is identified

Mandatory & Role-Specific Training (Minimum Expectation)

- **Advanced Life Support (ALS)**
- Advanced clinical assessment and consultation skills
- Verification of expected death
- ABG sampling
- Cannulation and venepuncture

Aspirational / Developmental (Service-Dependent):

- Enhanced Care Practitioner capability
- Advanced leadership and clinical debrief training
- Non-medical prescribing (where applicable and Trust-approved)
- Advanced diagnostics and decision-making skills

Appendix C

HOSPITAL OUT OF HOURS (HOOH) GOVERNANCE AND MEETING STRUCTURE

Purpose
For clarity, the Hospital Out of Hours (HOOH) service is supported by three distinct but connected meeting forums, each with a defined purpose, scope and governance role. Together, these meetings provide structured assurance, oversight, escalation and learning to support safe and effective Out of Hours service delivery.

1. Hospital Out of Hours Clinical Governance Meeting (Monthly)
Purpose:
Provides formal assurance regarding clinical quality and patient safety within the HOOH service.
Focus:

- Patient safety incidents (Datix), complaints and themes
- Learning from incidents and near misses
- Compliance with clinical policies and escalation standards
- Audit findings (e.g., Nervecentre compliance, RED escalation, handover attendance)
- Clinical risk register review and mitigation actions
- Learning from CIEAR/COEC where relevant to Out of Hours care

Governance Role:

- Acts as the primary forum for clinical governance and quality assurance for the HOOH service
- Agreed risks, themes and actions are escalated to UEC Divisional Clinical Governance Group and, where appropriate, Clinical Outcomes & Effective Care (COEC) and Clinical Escalation and Response Group (CIEAR)
- Provides evidence of assurance to Trust-level quality and safety forums as required

2. Hospital Out of Hours Operational Meeting (Monthly)
Purpose:
Provides operational oversight and assurance for the HOOH service.
Focus:

- Staffing levels, rota sustainability and workforce risks
- Demand and capacity Out of Hours
- Patient flow, medical bed waiters and escalation pressures
- Service improvement actions
- Review of actions arising from the Reflective RANT
- Business continuity and system issues impacting Out of Hours delivery

Governance Role:

- Single-service operational forum for the HOOH service (not a multidisciplinary governance meeting)
- Provides assurance to the UEC Divisional Leadership Team regarding operational risk and resilience
- Escalates operational risks and resource issues through divisional and on-call command structures (Bronze/Silver/Gold) where required

3. Weekly Reflective RANT (Feedback and Escalation Forum)
Purpose:
Provides a structured, regular forum for real-time feedback, reflection and escalation of Out of Hours pressures and system issues.
Focus:

- Operational pressures experienced Out of Hours
- Demand patterns and system constraints
- Workforce pressures and rota fragility
- Process issues impacting safety, flow and staff experience
- Immediate risks requiring senior awareness

Governance Role:

- Provides senior visibility to the Head of Service and HOOH Matron
- Informs operational and strategic decision-making
- Does not replace operational ownership, line management accountability or formal governance processes
- Actions and themes are fed into the HOOH Operational Meeting and, where patient safety is impacted, into HOOH Clinical Governance

Flow of Assurance into Divisional and Trust Governance

- Themes, risks and actions arising from HOOH Clinical Governance and HOOH Operational Meetings are escalated through:
    - UEC Divisional Clinical Governance Group
    - Service line governance
    - Divisional Leadership Team
    - Trust assurance routes (including COEC and CIEAR where appropriate)
- The Reflective RANT provides regular insight into Out of Hours demand, pressure, and system fragility, supporting early senior awareness and proactive risk management.
- Together, these three forums provide a structured, consistent flow of assurance, escalation and learning into Divisional and Trust-level governance arrangements.

APPENDIX D – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Bjorn Mannathukkaren		**Date of EIA completion: 23.06.2026**
Department: Hospital Out of Hours		**Division: Urgent and Emergency Care**
Name of service/policy/procedure being reviewed or created: Hospital Out of Hours Policy		
Name of person responsible for service/policy/procedure: Cheryl Fagan		
Brief summary of policy, procedure or service being assessed: Hospital Out of Hours Policy		
Please state who this policy will affect: Patients or Service Users, Staff		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	Trust HR Policy, Recruitment & Selection Policy
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	
Marriage and Civil Partnership	No	

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	

What consultation with protected characteristic groups including patient groups have you carried out?

- Consultation has taken place
- This policy replaces the Hospital at Night Operational Policy and it now includes information regarding Task Manager and Nervecentre. It clarifies tasks, activities and the knowledge and clinical skills required by appointed staff to these posts. All appointments are subject to the Trusts HR Policy, Recruitment & Selection Policy and these have been subjected to EQUI in respect of persons within the protected characteristic groups.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No

On the basis of the information so far, do you believe that the policy will have a positive or negative adverse impact on equality?

			Negative			
			Nil			

If you identified positive impact, please outline the details here:

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**
Race and Ethnicity	Equality monitoring data, local population demographics, patient/service-user feedback, and access to interpreting services indicate the policy is accessible to people from all ethnic backgrounds. No evidence of disproportionate adverse impact has been identified.	None
Gender	The policy applies equally regardless of sex. Service data, workforce data, complaints, and incident reports have not identified any differential impact on men or women.	None

Age	The policy is applied consistently across age groups except children. Service utilisation data and equality monitoring information show no evidence of age-related disadvantage.	None
Religion	The policy respects individuals' religious beliefs and practices. No evidence has been identified that implementation would adversely affect people of any faith or belief system. Feedback mechanisms	None
Disability	The policy supports compliance with reasonable adjustment requirements. Accessible information formats, communication support, and individualised care planning help reduce barriers for disabled people. Service-user feedback and equality legislation support this approach.	None
Sexuality	The policy applies equally to all individuals regardless of sexual orientation. There is no evidence from complaints, incidents, or monitoring data suggesting adverse impact on lesbian, gay, bisexual, or heterosexual individuals.	None
Pregnancy and Maternity	The policy allows for appropriate adjustments and consideration of the needs of pregnant individuals and those on maternity leave. No evidence suggests discriminatory impact.	None
Gender Reassignment	The policy promotes dignity, respect, confidentiality, and equitable treatment. No evidence indicates a negative impact on transgender individuals.	None
Marriage and Civil Partnership	The policy does not differentiate based on marital or civil partnership status. No adverse impact has been identified through available evidence.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	Consideration has been given to potential barriers associated with deprivation, including access to services, transport, communication, and digital exclusion. Where applicable, support mechanisms are available to reduce inequalities.	None

EIA Form Stage Two:

oncerns

Signature: Bjorn Mannathukkaren

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 25.06.2026

APPENDIX E – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	

Appendix F – Hospital Out of Hours (HOOH) Single Point of Access SPA Phone