



Business Continuity Plan

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Version: 5.61

Note:

For amendments to the BCP, please use the BCP Document Change Request Form, accessible via the BC & EPRR portal.

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1. Document Control

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Document Approval

Document Author(s)	DHU EPRR Team
Responsible Director	Director Responsible for Business Continuity & Accountable Emergency Officer – Stephen Bateman
Ratified by *	V5.61 06.02.2025 DHU BC Director & AEO Approved

Change History *

* refer to [BCP P112 Document Control and Version History - F3064](#)

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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 1 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

2. Contents

1.	Document Control -----	1
2.	Contents -----	2
3.	Background -----	7
4.	Scope -----	7
5.	Purpose -----	7
6.	References & further information-----	8
7.	Equality impact risk assessment (EIRA)-----	9
8.	BCP Implementation and Escalation -----	10
8.1	Access to On Call Support -----	11
8.2	On Call Response Escalation -----	12
8.3	Overview of Implementation of BCP -----	13
8.4	External Incident Escalation Process-----	15
8.5	Assessment of severity of issue/situation-----	16
8.6	Recovery Objectives-----	17
8.7	Welfare, safety and Notifications-----	18
APPENDICES – ACTION & ESCALATION PLANS, INFORMATION - INDEX-----		19
A	Business Continuity Management Team (BCMT)-----	20
B	DHU Services Overview -----	25
C	DHU Site Information – Index-----	29
C	DHU Site Information – 111 Call Centres, UEC Main Bases & HQ -----	30
C1	DHU – Peripheral Sites – Derbyshire (incl Staffordshire)-----	41
C2	DHU – Peripheral Sites – Leicestershire -----	52
C3	DHU – Peripheral Sites – Northamptonshire-----	60
C4	DHU – Peripheral Sites – Bassetlaw-----	64
D	Failure/Action Plans & Response to Community Incidents – INDEX-----	66
D1	Response to Community Incidents and Emergencies -----	67
D1a	DHU Incident Response Line – incoming -----	68
D1b	DHU Internal Actions – Sitreps, medications -----	68
D1c	External Major Incidents & Civil Emergencies (DHSC information) -----	71
D1d	OPEL Framework (Operational Pressures Escalation Levels) -----	75

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 2 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D2	Evacuation, Relocation, Shelter & Lockdown-----	76
D2a	Evacuation -----	76
D2b	Relocation & Return -----	84
D2c	Shelter and lockdown -----	92
D3	Power Failures (including generator information) -----	96
D4	Water Failures -----	98
D5	Vehicle Failure-----	99
D6	Severe Weather-----	102
D7	Pandemic-----	106
D8	Media enquiries action plan-----	109
D9	Threats and Terrorism -----	111
D10	VIP Patients -----	114
D11	Medical Equipment (Essential)-----	117
D12	Fuel Shortage / Disruption-----	120
D13	Medications (Essential)-----	122
D14	CBRN Patient - Initial Response -----	124
D15	Site Occupation by Travellers -----	130

E IT & Telecoms Failures Reporting & Action Plans – INDEX ----- 131

E1	DHU IT & Telecoms – How to Report An IT Issue -----	133
E1a	DHU IT & Telecoms – NICE CXone incident escalation – 111 Division -----	136
E2	NHS 111 Emergency Telecoms Procedure -----	138
E3	111 - Adastra Failures – Action Cards -----	147
E3a	111 - Adastra Failures - Action Card – Shift Leads -----	147
E3b	111 - Adastra Failures – Contingency Case Flow Overview -----	152
E3c	111 - Action Card – Contingency transfer of cases – Overview-----	153
E3d	111 - Action Card – Floor Walker -----	154
E3e	111 - Action Card – Tactical On Call-----	155
E4	111 - Adastra – Post Failure Actions-----	156
E4a	111 – Adastra System & Service Restoration -----	156
E4b	111 - Adastra upload preparation -----	158
E4c	111 - Post Retrospective Case Entry Actions-----	160
E5	Adastra Planned Downtime – All Divisions -----	161
E6a	IT Failure – Overview – Urgent Care Divisions-----	162

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 3 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E6b	Adastra Failure Action Plans – Urgent Care Divisions-----	163
E6c	Adastra – Post Failure Actions – Urgent Care Divisions-----	175
E6d	Adastra Failures – Entering Cases Retrospectively – Urgent Care Divisions ---	177
E6e	Adastra Failures – Logging Cases on SystmOne – Urgent Care Northants -----	178
E7	SystmOne Failure – ALL Urgent Care Divisions – Finding live cases-----	179
E7a	SystmOne Failure – Action Plan – UCD Derbys-----	180
E7b	SystmOne Failure – Post Failure Action Plan – UCD Derbys-----	182
E7c	SystmOne Failure – Action Plan – UCD Leics-----	183
E7d	SystmOne Failure – Post Failure Action Plan – UCD Leics -----	186
E7e	SystmOne Failure – Action Plan – UCD Northants -----	187
E7f	SystmOne Failure – Post Failure Action Plan – UCD Northants -----	189
E8	111 - Telephony Failure – Action Plan -----	190
E9	Telecoms Failure – Action Plan – Urgent Care Divisions-----	194
E10	Directory of Services Failure – Action Plan-----	198
E11	Redbox Failure – Action Plan – Urgent Care Divisions -----	199
E12	Message Transfer (PEM & ITK) Failures – Action Plan-----	200
E13	PDS (Patient Demographic Service) Failure -----	201
E14	111 - Repeat Caller Service Failure-----	202
E15	NHS 111 Online Failure -----	203
E16	Electronic Prescribing Service (EPS) Failure -----	204
E17	111 - Appointment Booking Failures-----	206
E18	111 – Workforce Management System Failure -----	207
E19	111 – Quality Central System Failure-----	208
F	“How To” Guides – INDEX -----	209
F1	111 - DoS Services Closure -----	210
F2	DoS Services Closure (Capacity Management) - UEC-----	211
F3	111 - Unplanned Surgery Closures-----	213
F4	111 - Invoke National Contingency-----	214
F5	Adastra IUC Shared Advice Queues-----	215
F6	111 - Streaming Calls to Urgent Care Providers-----	218
F7	Service Continuity Tracker (SCT)-----	220
F8	Record a phone call – Urgent Care Divisions-----	224
F9	Purchase Order & Finance Usage-----	225

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 4 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F10	111 - Email from Adastra-----	226
F11	Conference call / Microsoft Teams / Email groups-----	229
F12	111 - Contingency Transfer of Cases by nhs.net email -----	231
F13	Section not in use-----	238
F14	111 - Transfer of cases to DHU 111 Digital Queues & Remote Clinicians -----	239
F15	111 - Digital Queues – including for Remote Clinicians-----	243
F16	111 - Long Wait for Call Back & Comfort Call Process-----	245
F17	111 - Emergency Note on Adastra -----	247
F18	Safeguarding – Contingency Referrals – All Divisions-----	248
F19	Summary Care Records (SCR) – Manual Access – All Divisions -----	249
F20	111 - Delayed Patient Care -----	251
F21	111 - Telephony – Closure of Site -----	253
F22	111 - Telephony –Technical Difficulties Message-----	254
F23	111 - Telephony – Call Recording -----	256
F24	111 - Adastra Retrospective Case Entry -----	258
G	Escalation Triggers and Action Plans - INDEX-----	264
G1	OPEL Escalation Triggers – 111 Division-----	265
G2	Escalation Action Plans – OPEL Status 2, 3 & 4 – 111 Division -----	269
G3	Escalation Triggers – Urgent Care Divisions-----	276
G4	Escalation Action Plans (Amber, Red, Black) – Urgent Care Divisions-----	282
H	Recovery-----	286
I	Forms - INDEX-----	288
I1a	Site Closed Notice – Public Entrance - F3062 -----	289
I1b	Site Closed Notice – Staff Entrance - F3066-----	290
I1c	Area Closed – Do Not Enter Notice F3072 -----	291
I2	Not in Use -----	292
I3a	Manual Consultation Form – 111 Division – F3068 - handwritten-----	293
I3b	Manual Consultation Form – 111 Division – F3069 - digital-----	295
I4	Manual Consultation Form – All Urgent Care Divisions – F3493 -----	297
I5	Manual Consultation Transmission Log – Incoming F3059-----	299
I6	111 Manual Consultation Transmission Log – Outgoing F3063 -----	300
I7	Contingency Appointment Form – Urgent Care Divisions – F4095 -----	301
I8	111 Contingency Hourly Cases Tracker – 111 Division – F4663 -----	302

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 5 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

I9	111 Errors Log – 111 Division – F4664-----	303
J	Section Not In Use-----	305
K	CONTACTS DIRECTORY – Also on TeamNet F3065-----	306

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 6 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

3. Background

This Business Continuity Plan (BCP) has been prepared to meet situations where normal sensible preventive measures and security procedures have failed. It is DHU's policy that such measures and precautions, both at a personal and a business level, should be as adequate and effective as reasonably practicable. The preparation of this BCP does not guarantee recovery from an incident; rather it serves as a route map to the restoration of key business activities.

4. Scope

This Business Continuity Plan (BCP) forms part of DHU's Business Management System (BMS).

This procedure applies to all personnel responsible for the maintenance of the Business Continuity Plan P112.

The scope is defined in the BMS Manual M001 section 3.

Interested parties are defined in F3019 Interested Parties.

The scale of incident that the Business Continuity Plan will address is defined in paragraph 8.5 (definitions of serious and minor disruptions) and appendices G escalation triggers and D & E action plans.

5. Purpose

The primary aim shall be to put in place a rapid, co-ordinated response to any incident or event that threatens or disrupts business continuity. The key feature of the Plan is the high-level team approach, bringing skills, knowledge and resources to bear quickly upon the situation, in order to allow informed judgments to be made and vital decisions to be taken, so that problems may be addressed quickly.

The purpose of the BCP includes:

- To provide the necessary direction for setting up a Business Continuity Management Team (BCMT), when required, with the authority and resources to organise an immediate and effective response to any incident, of any duration, which potentially could impact upon DHU's services.
- To support DHU's business objectives and ensure continued delivery of essential services during a business interruption.
- To protect the DHU's critical infrastructure and assets, necessary to sustain business continuity.
- To establish business-wide guidelines for the identification, analysis and treatment of potential business interruption risks to DHU's services and operations.
- To continuously promote business-wide business continuity and recovery processes, best practice, training and awareness for employees.
- To identify key contacts during an emergency and to ensure that all interested parties are kept informed during a business interruption.
- To minimise damage to DHU's assets, business or reputation.
- To safeguard personnel and the public.
- To ensure the speediest possible return of processes and facilities to permit business recovery.

This may require the co-ordination of arrangements with internal departments and liaison with external bodies (fire, ambulance, police, etc.)

Equipment & medication covered by the plan

IT and Telephony equipment, essential medications, essential medical equipment

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 7 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

6. References & further information

Other relevant DHU documents:

BMS Manual:

M001 Section 6

Procedures:

P110 Communication
P111 Business Continuity and EPRR Procedure
P2232 DHU Business Continuity and EP RR Support and On Call Structure
P2253 Records Management
P2066 Information Security and Acceptable Use
P2063 Information Governance Procedure
[P2100 Fire Safety Procedures](#)
[P2099 Health & Safety Procedure](#)
P2104 Threats and Terrorism
P2133 Protocols for Novel Coronavirus (WN-CoV) Management
P2088 Remote Home Working
P2068 Data Protection and Confidentiality
P2050 DHU Social Media
P2083 Risk Management
P2051 Media and PR Policy
P2027 Incident Reporting & Investigation Procedure

Forms:

BCP forms are at Appendix I

[F3026 Business Continuity Policy](#)
F3505 Checklist for flexible home working
F2059 Dress code and uniform procedure
[F4827 No 2 Roundhouse Evacuation Plan](#)
[F4827b Orbis Evacuation Plan](#)
[F4827d Birch House Evacuation Plan](#)
[F4827e The Quad Evacuation Plan](#)
[F4828 Ashgate Evacuation Plan](#)
F4248 [Information Sharing Flowchart](#)
F3700-82 [111 Call Handling Operating Manual](#)

Applicable Clinical Quality Commission domain:

CQC essential standard: Quality and Management

CQC specific outcome: 21 Records

16 Assessing and Monitoring the quality service provision

External References:

NHS England - Emergency Preparedness, Resilience and Response (**EPRR**) Plan

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 8 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

7. Equality impact risk assessment (EIRA)

Equality Impact Risk Assessment (EIRA)

To be completed by the document author and attached to the document when submitted for consideration and approval.

		Yes/No	Comments
1.	Does the procedure/guidance affect one group more/less favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the procedure/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the procedure/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	No	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 9 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8. BCP Implementation and Escalation

Assumptions

In the event of an incident the members of the Business Continuity Management Team (BCMT), the Support Team Representatives and On-Call Managers will remain available whilst the situation lasts and will give of their time, as is needed, throughout the duration of the incident.

In the event of a business interruption staff may need to operate at minimum levels to provide a basic level of service to our patients and may need to be flexible in terms of working hours, location and role.

During a BC incident staff are required to continue to work to normal DHU and their own professional standards including, but not limited to, confidentiality and information governance, consideration of colleagues, clinical practice, communication, maintaining data security.

Services should, whenever possible, inform patients of delays to services.

Roles, Responsibilities and Authorities

The key roles and responsibilities are defined in the [Business Continuity and EPRR Procedure P111](#)

A description of the On Call Structure and roles and responsibilities is provided in [Business Continuity and EPRR Support and On Call Structure P2232](#)

Documents are accessible via the DHU Intranet

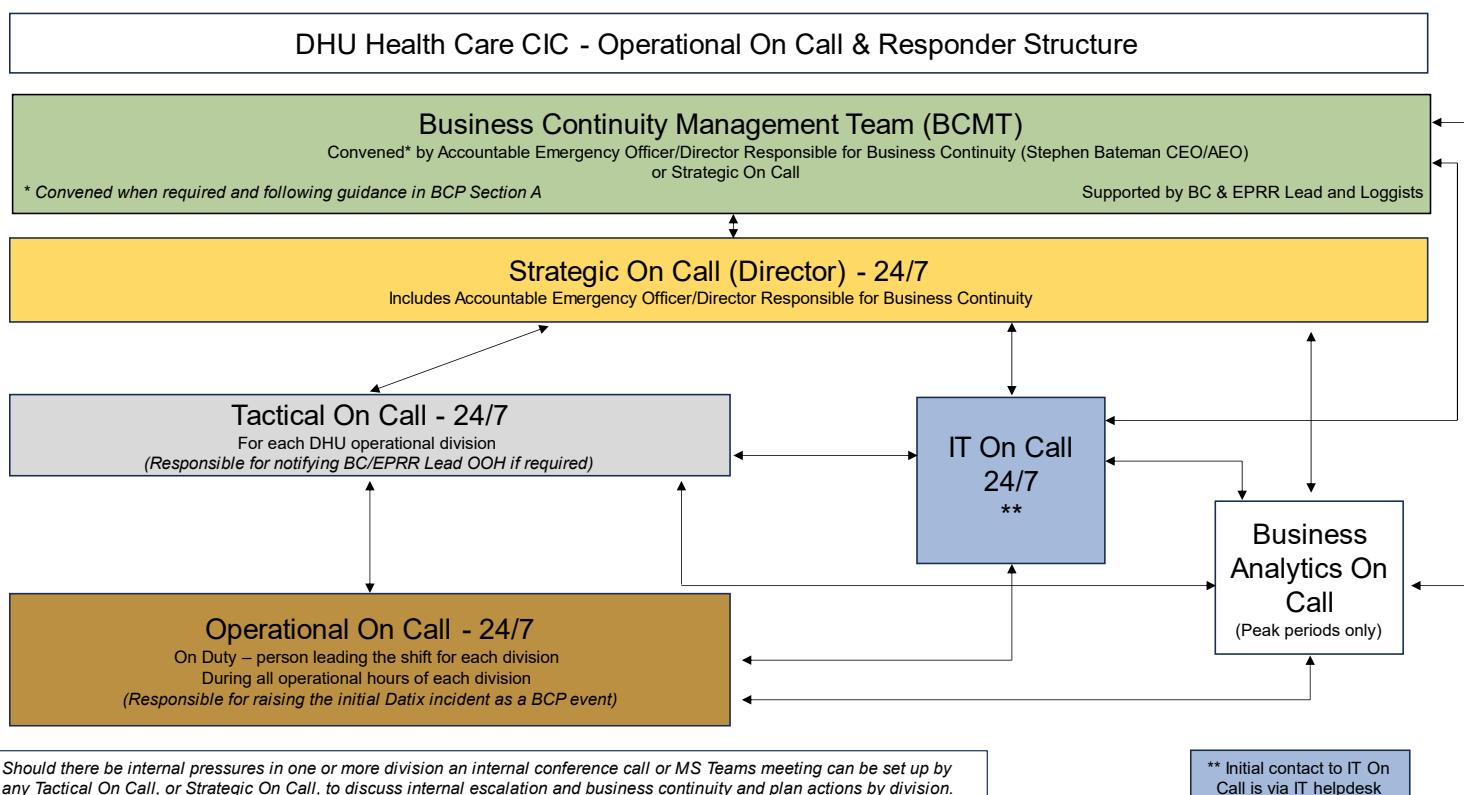
[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 10 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.1 Access to On Call Support

DHU's Business Continuity & EPRR Support and On Call Structure provides support for Business Continuity Events and is documented in [Business Continuity & EPRR Support and On Call Structure - P2232](#).

The diagram below shows the Operational On Call & Responder Structure (extract from P2232)



[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 11 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.2 On Call Response Escalation

The implementation of the Business Continuity Plan – at section 8.3 and in Action/Escalation Plans (appendices within this plan) refers to contacting Tactical On Call and Strategic On Call.

If a Tactical On Call colleague does not answer a phone call, a message should be left and a text message sent. A minimum of 3 further attempts should be made within 30 minutes to ring the Tactical On Call. If the On Call colleague does not respond within 30 minutes, contact should be made with Strategic On Call.

If a Strategic On Call colleague does not answer a phone call, a message should be left and a text message sent. A minimum of 3 further attempts should be made within 30 minutes to ring Strategic On Call. If the On Call colleague does not respond within 30 minutes contact should be made with the Director Responsible for Business Continuity (Chief Executive Officer, Stephen Bateman) or any Strategic On Call.

The timeframes above may be shortened in the event of a serious disruption, and it is considered essential to obtain support immediately.

[Click here to return to CONTENTS PAGE](#)

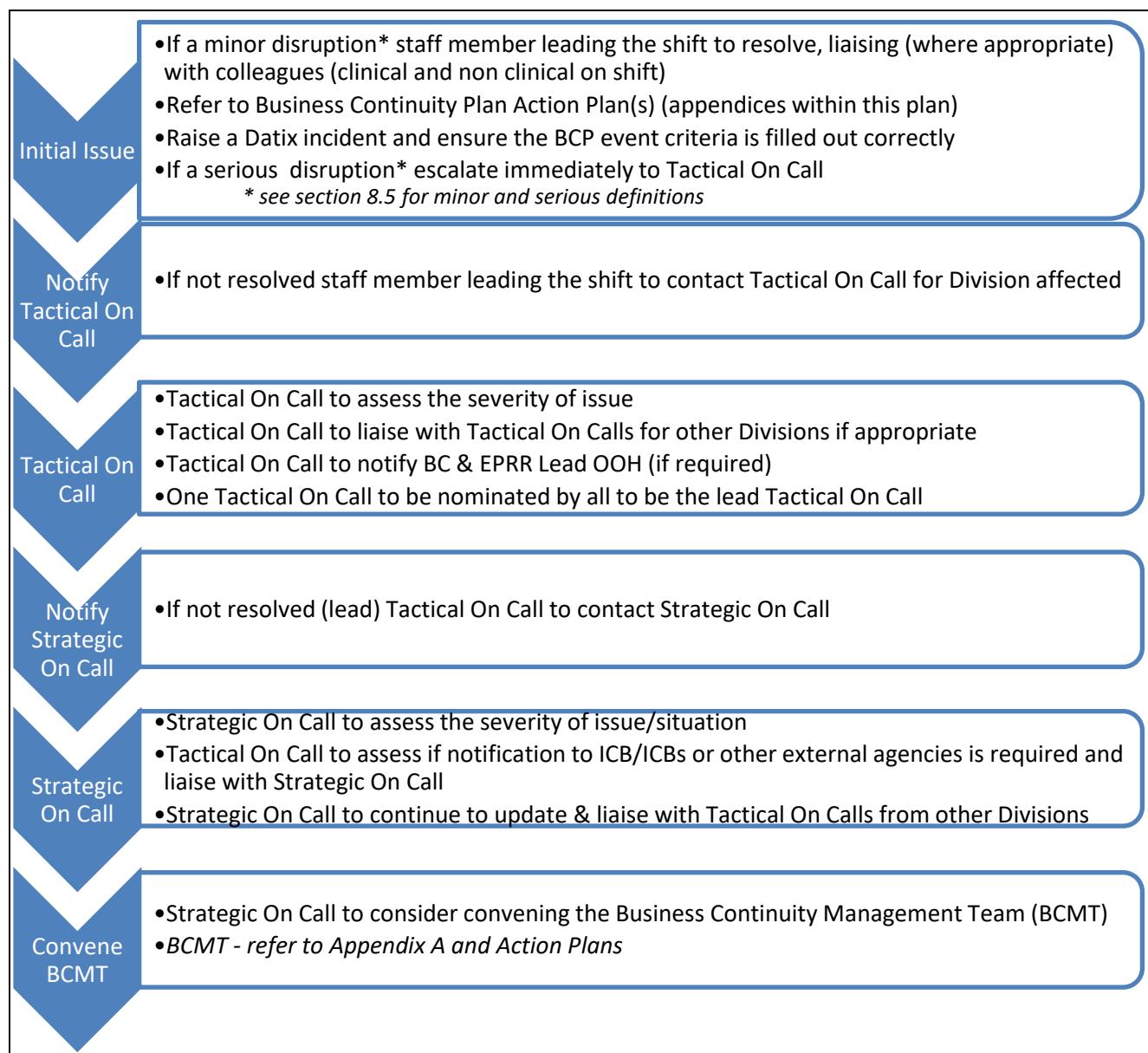
DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 12 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.3 Overview of Implementation of BCP

The following diagram shows the overview of the process for implementing the Business Continuity Plan.

Detailed Action Plans for specific scenarios are to be followed at all stages of implementation – refer to appendices.

Escalation trigger points ([G1](#) and [G3](#)) and escalation plans ([G2](#) and [G4](#)) should be followed in conjunction with action plans to assist decisions of when to escalate to next stage.



A Datix form must be completed during / after the event has been resolved, ticking the business continuity event box where appropriate (follow guidance on Datix screen) & logs uploaded.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 13 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 14 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.4 External Incident Escalation Process

Applicable to all DHU Divisions. Please note these are interim escalation arrangements until DHU's lead commissioning arrangements are finalised by NHSE.

Tactical On Call should follow these actions and request the support of Strategic On Call if required:

- 1) For critical, major, or business continuity incidents, DHU tactical on-call must alert the affected ICB and NHSE Midlands First on-call within 15 minutes of incident declaration.
 - Localised incidents are to be reported to the relevant ICB affected;
 - Incidents affecting the whole of the Midlands are to be reported to Derby/Derbyshire ICB (the interim lead commissioner ICB);
 - NHSE Midlands First on-call contact: 07623 515942.

- 2) Complete a SBAR report for Business Continuity/Critical incidents and send via the ICB SCC email inbox. Complete a METHANE report in the event of a Major Incident.
 - If an incident is localised, send the SBAR/METHANE to the relevant ICB affected;
 - If multiple ICBs are affected, one SBAR/METHANE must be sent to all 12 SCC inboxes;
 - All SCC inboxes: <ddicb.ddsc@nhs.net>; <Bcicb.spoc@nhs.net>; <nhsbsolicb.emergencyplanning@nhs.net>; <Cwicb.spoc@nhs.net>; <Hw.icsoc@nhs.net>; <Llricb-lr.imt@nhs.net>; <Northantsicb.spoc@nhs.net>; <Nnicb-nn.nottinghamshiresystemcontrolcentre@nhs.net>; <Stw.scc@nhs.net>; <SSOTSCC@staffsstoke.icb.nhs.uk>; <Licb.spoc@nhs.net>; <eprr.blmk@nhs.net>

Business Continuity and Critical Incidents

- Alert ICB and First on call* within 15 mins
- SBAR within 1 hour
- SBAR daily by 1300**
- Upon standdown alert ICB and First on call and issue Final SBAR

Major incidents

- Alert ICB and first on call* within 15 mins
- METHANE within one hour
- Submit Situation Report in accordance with timescales established for incident (will vary through incident)
- Standdown, alert ICB and First on call, issue final situation report

*ICB can be tasked with alerting NHSE First on call

**reporting schedule may be adapted to the incident

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 15 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.5 Assessment of severity of issue/situation

From the outset, consider an initial recovery timetables, stabilise the situation and make plans for restoration of normal service.

Minor Disruption Any issue apart from those listed below under serious disruption shall be considered to be minor and may be managed by the staff member leading the shift with reference to Action Plans and Escalation Plans for specific scenarios.

Serious Disruption Defined as a very serious event or situation that has affected, or that could affect, major areas of DHU operations, including essential/critical services, and that is likely to have a detrimental impact upon patient care.

N.B: the following criteria are for guidance only.

Examples include, but are not limited to:

- effect of a pandemic
- disruption affecting patients and/or staff or with the potential so to do
- high levels of staff absenteeism (above-normal levels for the time of the year, e.g. pandemic).
- actual harm, injury or loss of life, or the risk thereof.
- large-scale structural failure, damage to essential equipment, loss of DHU premises
- involvement of the emergency services
- denial of access to key premises
- disruption of IT/telecommunications that is likely to last for more than 4 hours.
- disruption impacting upon the reputation and/or the financial position of DHU
- extensive media interest that could affect service delivery
- major utility failure
- loss of a key supplier, e.g. ADASTRA, for a significant period
- a catastrophic incident (MAJAX) or an event (terrorism/chemical incident) or situation ('flu/industrial action) that results in service disruption, with wide repercussions
- severe weather, resulting in any of the above circumstances, or with the potential so to do
- industrial action

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 16 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

8.6 Recovery Objectives

The following recovery objectives have been defined for DHU's Business Critical Activities (extract from P111 Business Continuity & EPRR Procedure)

Business Critical Activity	BIA No	Maximum Tolerable Period of Disruption	Recovery Time Objective <i>note 1 & 2</i>	Minimum Business Continuity Objective from start of period of disruption <i>note 1 & 2</i>
Urgent Care Divisions Face to Face Consultations at Primary Care Centres, Urgent Care Centres, Walk In Centres and Bases (except LUCC)	BIA-001	6 hours	2 hours	50% in 2 hours, 100% in 6 hours
Urgent Care Divisions Home Visiting in <i>Out of Hours & In-Hours Periods</i>	BIA-002	6 hours	2 hours	50% in 2 hours, 100% in 6 hours
Urgent Care Divisions Telephone Advice	BIA-003	2 hours	15 mins	50% in 30 mins 100% in 2 hours
Urgent Care Divisions Face to Face Consultations at Loughborough Urgent Care Centre (LUCC)	BIA-004	2 hours	1 hour	50% in 1 hour 100% in 2 hours
Urgent Care Divisions Community Nursing / Night Nursing	BIA-005	6 hours	2 hours	50% in 2 hours 100% in 6 hours
NHS 111 Service <i>note 3</i>	BIA-006	24 hours	6 hours	50% in 6 hours 100% in 24 hours

note 1 – Minimum Business Continuity Objective (MBCO) – the percentage refers to the provision of service, e.g. MBCO of 50% in 1 hour = a return to 50% of normal service within 1 hour

note 2 – MBCO = return to business as usual (BAU) working

note 3 - If DHU is unable to provide a NHS 111 service National Contingency, at a relevant percentage, may be mobilised and calls are routed to other NHS 111 providers.

The recovery objectives assume that National Contingency is NOT mobilised

[Click here to return to CONTENTS PAGE](#)

8.7 Welfare, safety and Notifications

Identification of vulnerable patients – An incident, whether internal to the business or affecting the local area, has the potential to impact patients who may be deemed as vulnerable. There is a requirement on locations to make an assessment of vulnerable patients and consider relevant actions to mitigate the risk to them. How the vulnerability is defined will vary depending on the incident and should be a dynamic decision considering the impacts of the incident and how it will affect those considered vulnerable. Once patients are identified specific actions need to be considered to support, in conjunction with partners, those affected by an incident.

Injuries and fatalities – In the event of a business interruption which gives rise to injuries, local first aiders will attend to the individuals concerned. Where external medical help is required this will be addressed by the Tactical On Call, Strategic On Call or BCMT (if convened).

Where next of kin/nominated emergency contact needs to be contacted this is the responsibility of the Strategic On Call or BCMT Leader. No other member of staff shall contact a colleagues' next of kin/nominated emergency contact.

Safety, Staff Welfare and Counselling – The first priority to be considered in all business interruptions is the safety and welfare of DHU staff.

Local evacuation procedures are in place to ensure that during an incident all staff are accounted for. Whenever a business interruption occurs the Tactical On Call, Strategic On Call, BCMT will be responsible for guiding staff, and the company, through the immediate incident and for ensuring that business activities are recovered within the maximum acceptable outage time and consider shift working, rest periods and refreshments, with the minimum disruption and cost.

During a business interruption the welfare of all staff will be given the highest priority by the Tactical On Call, Strategic On Call or the BCMT.

Following a business interruption which has the potential to cause trauma to staff, Strategic On Call or BCMT Leader will be responsible for liaising with DHU Human Resources Department to arrange counselling if required.

Notifications to Patients, Stakeholders and Staff

In the event of an incident, DHU must ensure that any patients, stakeholders and staff are notified of any service changes. Consideration needs to be given to the effects upon the wider health system and ensuring that all relevant organisations and groups are notified of the effects. Refer to Action Plans and BCMT [Appendix A](#).

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 18 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

APPENDICES – ACTION & ESCALATION PLANS, INFORMATION - INDEX

Appendices show colour coded headers :

 For use by ALL Divisions

 For use by 111 Division

 For use by Urgent Care Divisions

A [Business Continuity Management Team \(BCMT\)](#)

B [DHU Services Overview](#)

C [Site Information Table](#)

D [Failure Plans & Response to Community Incidents](#)

E [IT & Telecoms Failures - Reporting and Action Plans](#)

F ["How To" Guides](#)

G [Escalation – Trigger Points, Alert Levels and Action Plans](#)

H [Recovery](#)

I [Forms](#)

J [J Section Not In Use](#)

K [CONTACTS DIRECTORY – Also as a stand-alone file on GP TeamNet F3065](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 19 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

A Business Continuity Management Team (BCMT)

Role of the BCMT

The role of the BCMT shall be to formulate and implement the overall response to disruption of business continuity in line with the Business Continuity Plan, specific actions agreed by the BCMT and with external stakeholders as appropriate.

Business Continuity Management Team (BCMT) will be convened by :

- Strategic On Call, or
- Director responsible for Business Continuity/ Accountable Emergency Officer, or
- Chief Executive Officer DHU Health Care,

when it is considered necessary, based on an assessment of the severity of the issue and discussion with Tactical On Call(s), Directors, colleagues (as appropriate) with reference to escalation action plans. The BCMT may be convened to co-ordinate DHU's support of a major or critical incident within the community.

In addition to guidance in DHU's escalation plans the BCMT should be convened in the following circumstances:

- If Orbis Building, Ashgate, The Quad, Anstey Frith, Roundhouse or Birch House is unavailable for one or more than one of the following:
 - for corporate office-based staff for one working day (unplanned)
 - for operational staff for more than 24 hours
- more than one death (of either staff or patients) occurs ON A DHU SITE within a 24 hour period
- DHU is subjected to a Cyber event
- DHU is notified by commissioners, NHSE, Health Informatics or a software supplier of a large scale cyber event with the potential to affect DHU
- All DHU operational divisions are in OPEL 4 status
- DHU is the subject of intensive media interest

The DHU Business Continuity Management Team consists of members selected from the following, attendees determined as appropriate, by the Convening Director, for dealing with the issue:

- Chief Executive Officer
- Director responsible for Business Continuity & Accountable Emergency Officer
- Managing Director DHU 111
- Managing Director Urgent & Emergency Care
- Medical Director
- Clinical Directors of 111 and Urgent & Emergency Care
- Director of Finance
- Director of Nursing & Quality
- Director of Strategy & Transformation
- Director of People & O.D.
- Head of IT & Telecoms
- Deputy Director of Communications
- Other senior managers as deemed appropriate by the Director responsible for Business Continuity or the Chief Executive Officer
- DHU Logists (or a Tactical On Call / Senior Health Advisor to act as a logist)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 20 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Authority and purpose of the Business Continuity Management Team

- a) When instructed to do so by the convening Director the nominated members of the BCMT shall convene at the designated Control Centre or shall make themselves available for participation in a conference call/Microsoft (MS) Teams meeting . [Appendix F11](#) – setting up a conference call/MS Teams meeting
- b) Once the BCMT has been convened, full executive authority shall be vested in it, along with authority to act in the best interests of DHU and of the public in preventing or minimising the impact of any disruptive event upon the organisation and upon the public.
- c) The BCMT will be led by the C.E.O. or the Director responsible for business continuity / Accountable Emergency Officer
- d) The BCMT shall bear primary responsibility for command, control, communications and co-ordination of DHU's response.
- e) This will require :
 1. both internal communications, i.e. within DHU, and
 2. external communication, i.e. with other agencies as appropriate
- f) All DHU staff shall be required to co-operate with and assist the BCMT, in order to ensure that the response to the disruption is co-ordinated and effective.
- g) During a prolonged event the BCMT Lead will consider when the event transitions from the initial stage to an evolving stage.
 - o Initial stage – Command and control
 - o Evolving and continuing stage - a forum for communications/developments in which:
 - BCMT ensures that actions are followed up and completed
 - BCMT will be beneficial for periodic (daily – weekly) status updates and developments within areas (both geographic and business)
 - BCMT will be able to consider changes in guidance (where applicable)
- h) Once the BCMT is convened all members shall ensure that they can be contacted at all times by telephone (landline or mobile 'phone) until it is agreed by the BCMT Lead that 24/7 contact is not required.
- i) Communications with the media shall be conducted in line with DHU's BCP Media Guidance ([Appendix D8](#))
- j) The BCMT shall stand down when the response has been completed or the severity level reduced to allow the issue to be managed by the Strategic/Tactical On Calls.

Control Centre

The BCMT shall assemble at a Control Centre or a virtual meeting room determined by the Director Responsible for Business Continuity (Managing Director DHU 111), Chief Executive Officer or Strategic On Call. The location will depend on which DHU site(s) are affected and the circumstances of the business continuity event. Control Centres are located:

- o Rose Room, Orbis Building, Derby
- o Spire Room, The Quad, Chesterfield
- o Meeting room, Anstey Frith, Leicester
- o Willow Room, Birch House, Oldbury

Unaffected Departments

In the event of disruption of business continuity the BCMT shall keep unaffected Departments informed and updated. Unless otherwise instructed by the BCMT, unaffected Departments shall continue with normal work patterns.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 21 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Log of Actions

A log of all actions taken and a record of meetings will be kept by a trained DHU Logist or a Senior Health Advisor or Tactical on Call.

Logists are trained to work alongside the Incident Manager (trained in using a Logist) to ensure contemporaneous notes are taken in an Incident Log Book and that a detailed record is kept of events. At the end of an incident the log book should be scanned to create an electronic copy to be filed with the Datix report.

An example of a log book is shown below. Any person acting as a logist may refer to DHU's Logist Checklist on the intranet, available here [Log Book - Tips & Techniques](#)

The BCMT Lead may ask the Logist to create electronic minutes and a record of action of the meetings instead of using a log book. These minutes should be added to the Datix report at the end of an incident.

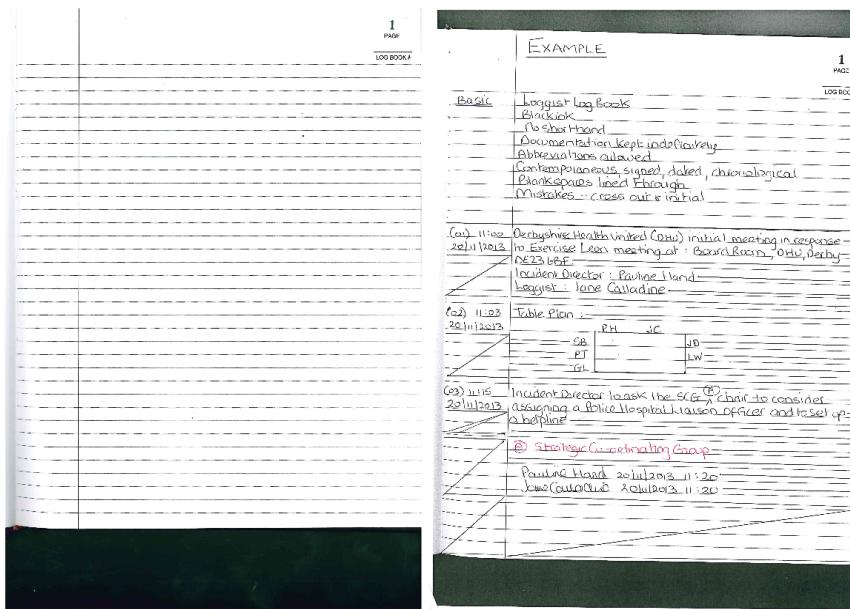
If a decision is taken to act outside of the guidance within DHU's BCP P112 – details and reasons of the decision together with decision makers involved must be recorded.

Trained Logists for DHU are:

- Julie Stone, Senior P.A.
- Helen Whittaker-Gelsthorpe, P.A.
- Joanne Horton, P.A.
- Kay Large, P.A.
- Teresa Baxter, P.A.
- Annabelle Martin, P.A.

Incident Log Books are located at:

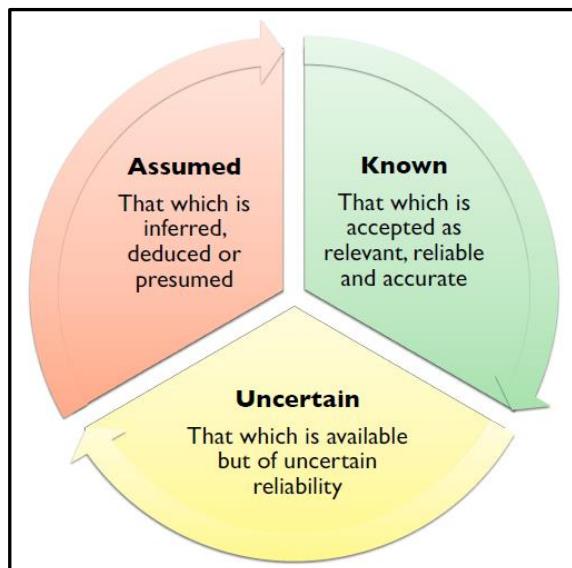
- Derby, Orbis Building (Rose Room)
- Chesterfield, The Quad (UEC Corporate Office)
- Leicester, Anstey Frith (main office, in Incident Bag)
- **Oldbury location is TBC**



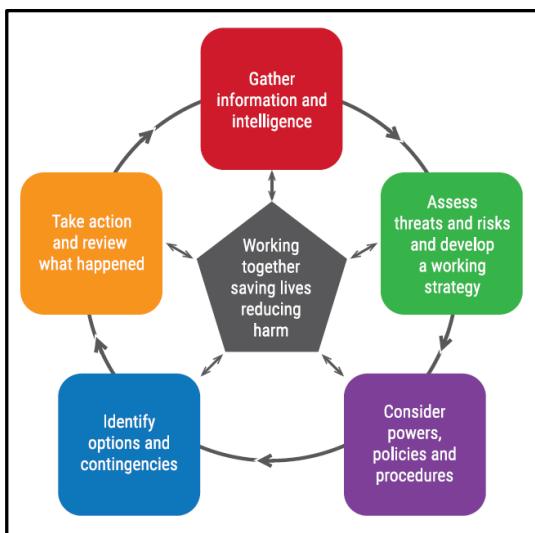
DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 22 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

BCMT Action Checklist & Guidance - Consider the actions below (not all be appropriate to every incident)	
1	Refer to the Business Continuity Plan and action plans
2	Request a logist to attend (alternatively a Senior Health Advisor or Tactical On Call could be utilised)
3	Start an incident log / record of the meeting
4	Liaise with emergency services
5	Assessing the situation – refer to Situational Awareness model - below
6	Decision making – refer to Joint Decision Making model - below
7	Determine tasks
8	Assign tasks
9	Liaise with Tactical On Calls / Persons Leading the shifts at other DHU sites
10	Send a member of the BCMT or a Tactical On Call to affected site to act as liaison between BCMT and site
11	Which other organisations may be affected by incident and contact as appropriate
12	Notify commissioner(s) – depending on services/areas affected
13	Review status of tasks
14	Consider time sensitive tasks
15	Review risks to patients and establish if assistance is required from other organisations
16	Contact insurers – refer to Contacts Directory – Appendix K
17	Contact legal advice service – Chief Executive or Finance Director will determine the most appropriate supplier
18	Staff welfare, rest periods, shift working, refreshments
19	Assess the likely duration of incident – if long duration consider a rota of appropriate representatives
20	Continue to review situation

Situational Awareness Model



Joint Decision Making



[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 24 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

B DHU Services Overview

DHU Services (Contracts)	Operating Hours	Provided from:	Division
NHS 111 Midlands	24/7	Orbis The Quad Anstey Frith Birch House	111
NHS 111 Milton Keynes	24/7	Orbis The Quad Anstey Frith Birch House	111
Support to NHS 111 North East & South East London (LAS)	24/7	Orbis The Quad Anstey Frith Birch House	111

Derbyshire – Urgent Care (OOH)	1800hrs – 0830hrs Mon-Thurs Fri 1800- Mon 0830	Orbis Ashgate DUCC Multiple peripheral sites	UEC Derbys
Derbyshire – Community Nursing (OOH)	1800 – 0800hrs 7/7	Orbis Ashgate Buxton Matlock	UEC Derbys
Bassetlaw – Urgent Care (OOH)	24/7	Bassetlaw General Hospital Orbis Ashgate	UEC Derbys
Rotherham – Urgent Care (OOH) GP overnight cover	0000 – 0800hrs Wed-Sun	At base provided by Rotherham NHSFT	UEC Derbys
Derbyshire Royal Derby Hospital Co-Located Urgent Treatment Centre	24/7	Royal Derby Hospital	UEC Derbys
Derbyshire Chesterfield Royal Hospital Co-Located Urgent Treatment Centre	0800 – 2300hrs 7/7	Chesterfield Royal Hospital	UEC Derbys
Derbyshire – Erewash Acute Home Visiting	1000-1830hrs Mon-Fri	Ilkeston Long Eaton	UEC Derbys
Derbyshire – Erewash Enhanced Access Hubs	Mon-Fri 1830 – 2030hrs Saturdays Ilkeston 09:00-17:00 Long Eaton 09:00-17:00	Ilkeston Long Eaton	UEC Derbys

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 25 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU Services (Contracts)	Operating Hours	Provided from:	Division
East Staffordshire AVS (provided by UCD Derbyshire)	0900-1800hrs Mon-Fri	East Staffordshire	UEC Derbys
Derbyshire – Phlebotomy	<u>Mon</u> Adults 10.00-13.00 Children 13.00-19.00 <u>Tues</u> Adults 10.30-13.00 & 15:00-19:00 Children 08:00-13:00 <u>Wed</u> Adults 15.00-19:00 <u>Thurs & Friday</u> Adults 15.30-19.00 <u>Sat & Sun</u> Adults 08:00-12:30	DUCC	UEC Derbys
Derbyshire – Derby City Acute Visiting Service	Mon – Fri 1030hrs – 1830hrs	At base provided by Derby City PCN	UEC Derbys
Derbyshire – Clinical Navigation Hub	24/7	Orbis Ashgate	UEC Derbys
Derbyshire – Winter Hubs	Mon – Fri 0900hrs – 1800hrs	DUCC Ashgate	UEC Derbys
Derbyshire – South Hardwick Enhanced Access Hub	Mon - Fri 1830hrs -2000hrs Saturday 0900hrs -1700hrs	Ashgate Clay Cross Hospital	UEC Derbys
Derbyshire – Derby City South Enhanced Access Hub	Saturday 0900hrs – 1700hrs	DUCC	UEC Derbys
Derbyshire – North East Derbyshire Enhanced Access Hub	Saturday 0900hrs – 1700hrs	Ashgate	UEC Derbys
Derbyshire – North Hardwick & Bolsover Enhanced Access Hub	Fri 1830hrs – 2000hrs Saturday 0900hrs – 1700hrs	Castle Street Medical Centre Bolsover	UEC Derbys
Derbyshire – High Peak Enhanced Access Hub	Fri 1830hrs – 2000hrs Saturday 0900 – 1700hrs	Buxton PCC Buxton PCC/NHP WIC	UEC Derbys

Hot Clinic – ELR			UEC Leics
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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 26 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU Services (Contracts)	Operating Hours	Provided from:	Division
LLR – Clinical Navigation Hub (CNH)	M-F 24 hours with DoS restrictions S-S 24 hours	Anstey Frith	UEC Leics
LLR – Children and Young People's Mental Health Triage and Navigation Service	M-F 08:00-18:00	Anstey Frith	UEC Leics
LLR – Home Visiting In & Out of Hours	In Hours 08:00-18:00 OOH 18:00-08:00	Anstey Frith	UEC Leics
Loughborough Urgent Treatment Centre	24/7	LUTC	UEC Leics
LLR – West Leics Urgent Care	M-F 19:00-22:00 S-S 08:00 20:00	Hinkley Hospital Coalville Community Hospital	UEC Leics
Merlyn Vaz Urgent Treatment Centre	24/7	Merlyn Vaz	UEC Leics
Milton Keynes – Clinical Advice (provided by UCD Leics)	M-F 18:30-08:00 S-S 24 hours	Anstey Frith	UEC Leics
Night Nursing	21:30-07:00 7 days	Anstey Frith	UEC Leics
Oadby Urgent Treatment Centre	08:00-21:00 7/7	Oadby	UEC Leics
GP practices: <i>Note : Business Continuity arrangements for GP practices are provided separately to this plan</i>	Mon-Fri 08:00-18:30	GP Practices	UEC Leics

Northants – OOH HQ	08:00-20:00 Mon-Friday	Danetre Hospital	UEC Northants
Northampton General Hospital OOH	18:15-08:00 Mon-Thurs 18:15-08:00 Friday-Monday	Northampton General Hospital	UEC Northants
Kettering General Hospital OOH	18:15-08:00 Mon-Thurs 18:15-08:00 Friday-Monday	Kettering General Hospital	UEC Northants
Daventry OOH	20:00-00:00 Mon-Friday 08:00-00:00	Danetre Community Hospital	UEC Northants

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 27 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU Services (Contracts)	Operating Hours	Provided from:	Division
	Sat, Sun & BHs 13:00-00:00 PLT Days		
Wellingborough OOH	10:00 – 15:00 Sat, Sun & BHs 13:00-18:30 PLT Days	Isebrook Community Hospital	UEC Northants

[Click here to return to CONTENTS PAGE](#)

C DHU Site Information – Index[C DHU Site Information – 111 Call Centres, UEC Main Bases & HQ](#)[C1 DHU – Peripheral Sites – Derbyshire \(incl Staffordshire\)](#)[C2 DHU – Peripheral Sites – Leicestershire](#)[C3 DHU – Peripheral Sites – Northamptonshire](#)[C4 DHU – Peripheral Sites - Bassetlaw](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 29 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**C DHU Site Information – 111 Call Centres, UEC Main Bases & HQ**

MAIN SITES	Derbyshire	Derbyshire
Site name	Ashgate Manor	Roundhouse
Site address	Ashgate Rd, Chesterfield, Derbys S40 4AA	No 2 Roundhouse Road, Pride Park Derby DE24 8JE
Phone Nos	UC Reception 07471 707393	0300 1000 404
Services / functions	Corporate Services Urgent Care Derbys Clinical Base & Community Nursing Base (Nth Derbys)	Corporate HQ Corporate Services Urgent Care Derbys Management Team
Flood Alerts Available	No	No
DHU vehicles (no)	9	N/A
Fuel card – location	In vehicles	N/A
Operating Hours	24 hours	Mon-Fri 07:00 – 19:00
Clinical Rooms (No)	6	N/A
Landlord / Property Managed by & Tel No	WT GUNSONS Thomas Bett/Lauren Dodd 0161 833 9797 or 07800 912632	DHU Healthcare

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 30 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Utility & site problems	<p>Heating – Controller in the cleaner's cupboard – Matt Fellows has copy of the key</p> <p>Heating Fault – WT GUNSONS (above)</p> <p>Plumbing – Toilet Blocks etc – Dyno</p> <p>To book a job please follow the below instructions:</p> <p>Please contact their 24/7 booking team on 0333 2029876</p> <p>Contact email: keyaccounts@britishgas.co.uk</p> <p>They will require: The full site address Site contact details The urgency of the job Details of the fault and a PO number (If the engineer is booked out of hours please inform a member of the Estates team to raise this a PO for you on the next working day)</p> <p>Ashgate Electric Issues: Primary Contact: Will Mills Peak Evolution Electrical Manager 07398466830 will.mills@peakevolution.co.uk</p> <p>Electrics Secondary Contact: Dave Hayward Hayward Electrical Services & Property Ltd Office - 01332 781122 Mobile - 07973 841618</p> <p>Car Park Gritting (Snow) – DCHS Estates Monday to Friday 08-16 01629 817917 OOH via DHCFT Switchboard 01332 623700</p> <p>External Doors – WT GUNSONS (above) <i>To manually close doors:</i></p> <ul style="list-style-type: none"> ○ <i>keys at DHU reception, purple tag</i> ○ <i>Inside building, at right of door, key switch with 4 functions.</i> 	<p>DHU Estates team dhuestates@dhuhealthcare.nhs.uk</p> <p>Plumbing – Toilet Blocks etc – Dyno</p> <p>To book a job please follow the below instructions:</p> <p>Please contact their 24/7 booking team on 0333 2029876</p> <p>Contact email: keyaccounts@britishgas.co.uk</p> <p>They will require: The full site address Site contact details The urgency of the job Details of the fault and a PO number (If the engineer is booked out of hours please inform a member of the Estates team to raise this a PO for you on the next working day)</p> <p>Car Park Gritting: Nurture Gritting Operations UK Gritting Division T: 01344 234027 Out Of Hours: 07837 194713 E: jobcontrol@nurturegritting.co.uk</p>
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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 31 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES	Derbyshire	Derbyshire
	<i>Insert key, turn to off, wait 4 seconds, close door</i>	
Site name	Ashgate Manor	Roundhouse
Cleaning Services	Internal Site Services and/or LP Property Services ring/text 7 days 07:30-19:00 Lindsay Philips (Director) 07770 789852	Provided by LP Property Services Contact DHU Estates
Power loss – OOH	As utility problems above	DHU Estates team
Generator hours	48 hours – all DHU areas D3 Power Failures (including generator information) Note: generator does not power heating – powered by gas	No generator
Generator fuel/support	WBPS 0115 944 4422	N/A
Air Conditioning	Clymac Limited Cloudway Court Belton Road Loughborough LE11 1LW T: 01509 232651 DDI: 01509 635537 F: 01509 232665 http://www.clymac.co.uk	DSC – Direct Cooling Systems T: 0115 9722777 DD: 0115 7733584 M: 07881 816094 A: 2 Stanhope Street, Long Eaton, Nottingham, NG10 4QN Email: stevejordan@dcsee.co.uk www.directcoolingsystems.co.uk
Lift support	Pickerings Lifts 0113 387 8555 or emergency button/auto dialler in the lift Lift keys for manual evacuation – key cabinet, clinical reception & shift mgr	Midland Lift Services 01530 230555
Barrier Codes	NA	NA
Access Codes	LIFTS – for code ask receptionist	n/a
Public Access AED	NA	Located on the external wall to the left of the main entrance. Code for access is C159X and is accessible 24/7
Additional Access Info	Fob Access to lower Ground & top floor for DHU Staff Provided by APS, 0115 946 1510 OOH 0844 3352004	
Security Provided by	NA	UKSS 01332 369668
Alarm Contact	Keepsafe Security 01773 603453 / 01773 605002	Your Choice Fire and Security +44 (0) 1977 277 242
DHU Keys	Behind Reception	UKSS 01332 369668
Car Keys	Drivers Room	N/A
Spare Keys	In Safe	N/A
Key Safe location	Behind Reception	N/A
Site IT Support	DHU IT & Telecoms	DHU IT & Telecoms



MAIN SITES	Derbyshire	Derbyshire
Site Telephony Support	DHU IT & Telecoms	DHU IT & Telecoms
Copier / Printer Support	DHU IT & Telecoms	DHU IT & Telecoms
Toner for Printer	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant. For 111 printers the toners are kept with the machines	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 33 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES	Derbyshire	Derbyshire
Site name	Orbis Building	The Quad
Site address	Riverside Road, Pride Park, Derby, DE24 8HY	The Quad, Off Dock Walk, Chesterfield, S49 1HQ
Phone Nos	111 OSL 0300 1000 414	N/A – No Reception
Services / functions	DHU 111 Call Centre and Management offices, Urgent Care Derbyshire	NHS111, Urgent Care Derbyshire (not clinical), Corporate Services
Flood Alerts available	YES Sign up for flood warnings – GOV.UK (www.gov.uk)	No
DHU vehicles (no)	0	N/A
Fuel card – location	In vehicles	N/A
Operating Hours	24 hours	24 hours
Clinical Rooms (No)	None	None
Property Managed by & Tel No	In Hours – via DHU Estates Ticket system, or LSPIM Management Co. Hardip Mann T: 01332 613727 OOH Helpdesk@virtualFM.co.uk 24/7 Emergencies & OOH 01414 653 397	FI Facilities Management – 08442 933800 - pmq@fi-rem.com
Utility & site problems	Building, heating, electricity, plumbing problems LSPIM Management Co. Hardip Mann T: 01332 613727 In Hours – via DHU Estates Ticket system, or OOH Helpdesk@virtualFM.co.uk 24/7 Emergencies & OOH 01414 653 397 If heating requires changing, please speak to security. Plumbing – Toilet blocks etc – Dyno To book a job please follow the below instructions: Please contact their 24/7 booking team on 0333 2029876 Contact email: keyaccounts@britishgas.co.uk They will require: •The full site address •Site contact details •The urgency of the job	Heating and plumbing: FI Facilities Management – 08442 933800 - pmq@fi-rem.com Electrical issues: Primary Contact: Will Mills Peak Evolution Electrical 07398466830 will.mills@peakevolution.co.uk Secondary contact: Dave Hayward Hayward Electrical Services & Property Office - 01332 781122 Mobile – 07973841618 Car park/gritting: FI Facilities Management – 08442 933800 - pmq@fi-rem.com

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 34 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES	Derbyshire	Derbyshire
Site name	Orbis Building	The Quad
	<ul style="list-style-type: none"> • Details of the fault and a PO number (If the engineer is booked out of hours, please inform a member of the Estates team to raise this a PO for you on the next working day) <p>Car Park Gritting /Snow – Landlord responsibility for activating</p> <p>Electric Issues:</p> <p>Primary Contact: Dave Hayward Hayward Electrical Services & Property Ltd Office - 01332 781122 Mobile - 07973 841618</p> <p>Secondary Contact: Will Mills Peak Evolution Electrical Manager 07398466830 will.mills@peakevolution.co.uk</p>	
Cleaning Services	Internal Site Services and/or LP Property Care ring/text 7 days 07:30-19:00 Lindsay Philips (Director) 07770 789852	Internal Site Services and/or LP Property Care ring/text 7 days 07:30-19:00 Lindsay Philips (Director) 07770 789852
Power loss – OOH	The site will not experience power loss as the UPS backups (x2) covers all of the advice centre and the training rooms. The UPS will take the strain of any initial power outage at which point the generators will be activated.	FI Facilities Management – 08442 933800 - pmq@fi-rem.com
Generator hours	Approx 120 hours (covers whole Orbis site) includes car park barrier	All DHU areas, 48 hours
Generator fuel/support	LSPIM – as above	FI Facilities Management – 08442 933800 - pmq@fi-rem.com
Air Conditioning / Heating	The building management system (BMS) is the responsibility of the Landlord and it is the BMS that heats and cools the main advice centre space Note: generator powers the heating	FI Facilities Management – 08442 933800 - pmq@fi-rem.com
Lift support	Midland Lift Services 01530 230555 There is a key to the disabled lift at the southern end to wind it up or down. The lift key is available from Reception.	FI Facilities Management – 08442 933800 - pmq@fi-rem.com

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 35 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES	Derbyshire	Derbyshire
Site name	Orbis Building	The Quad
Barrier Codes	Smart card access Generator covers car park barrier	9713
Access Codes	Smart card access	9713 (Staff entrance)
Additional Access Info	Fob Access to all areas	N/A
Security Provided by	SPS Security 7pm – 7am 7 days a week 01482 300121 - 24hr Control Room	N/A
Alarm Contact	LSPIM – as above	FI Facilities Management – 08442 933800 - pmq@fi-rem.com
DHU Keys	Reception Key Box	Estates or Ops
Car Keys	South End (Drivers room)	N/A
Spare Keys	Estates	N/A
Key Safe location	Reception	TBC
Site IT Support	DHU IT & Telecoms	DHU IT & Telecoms
Site Telephony Support	DHU IT & Telecoms	DHU IT & Telecoms
Copier / Printer Support	DHU IT & Telecoms	DHU IT & Telecoms
Toner for Printer	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant. Stored with the devices in 111 Advice Centre	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant. For 111 printers the toners are kept with the machines

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 36 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES		West Midlands
Site name	Birch House	
Site address	Joseph Street, Oldbury, B69 2AQ	
Phone Nos	Via 111 OSL who will refer to rota 0300 1000 414 – option 3	
Services / functions	DHU 111 Call Centre	
Flood Alerts available	YES Sign up for flood warnings – GOV.UK (www.gov.uk)	
DHU vehicles (no)	0	
Fuel card – location	n/a	
Operating Hours	24 /7	
Clinical Rooms (No)	None	
Property Managed by & Tel No	Real Estate Investors (REI) Ian Clark (Landlord) 0121 265 6406 Landlord Agent - Rob Goodall (CBGA Robson) E: rgoodall@cbgarobson.com T: 0121 236 3326 M: 07826 912 625	
Utility & site problems	<p>Site Problems (major): In Hours – report to DHU Estates first</p> <p>Plumbing – Toilet Blocks etc – Dyno To book a job please follow the below instructions: Please contact their 24/7 booking team on 0333 2029876 Contact email: keyaccounts@britishgas.co.uk They will require: <ul style="list-style-type: none"> • The full site address • Site contact details • The urgency of the job • Details of the fault and a PO number (If the engineer is booked out of hours, please inform a member of the Estates team to raise this a PO for you on the next working day) <p>Electrics (incl OOH) Interlink Electrical brian@interlinkelectrical.co.uk Mob: 07795557704</p> <p>Car Park Gritting- Arranged by CBGA 0121 2363326 (provided by Mitie) Gritting based on local weather forecast</p> </p>	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 37 of 331
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MAIN SITES		West Midlands
Site name		Birch House
Snow clearance mobilised on request (chargeable to Estates) Mitie helpdesk 0345 869 7949 or winter@mitie.com		
Cleaning Services	07958 142473 – Lynne (Lyndsay Phillips Cleaners)	
Power loss – OOH	National Grid - Emergency contact number 105	
Generator hours	Approx 48 hours (covers whole DHU site) includes car park barrier	
Generator fuel/support	WBPS 24/7 contact: 0115 9444422	
Air Conditioning / Heating	Air Conditioning & Heating React Building Services Ltd (OOH) 0333 1231247	
Lift support	VMS - Vertical Movement Services 0121 753 5035 (incl OOH) Call button in lift rings VMS 24hr control room	
Barrier Codes	Smart card access	
Access Codes	Smart card access	
Additional Access Info	Rear fire exit keys in reception cupboard	
Security Provided by	SPS Security 01482 300121 - 24hr Control Room who will escalate	
Alarm Contact	Fire Alarm Interlink Electrical OOH – 0795557704 brian@interlinkelectrical.co.uk To silence press <i>SILENCE</i> & then reset (no code required)	
DHU Keys	Key cupboard in reception & key safe	
Car Keys	N/A	
Spare Keys	N/A	
Key Safe location	In reception Keys to: locker master key, riser cupboard for all floors to access electric boards and heating controls & all other essential site keys Code held by Strategic & 111 Tactical On Calls & OSLs	
Site IT Support	DHU IT & Telecoms	
Site Telephony Support	DHU IT & Telecoms	
Copier / Printer Support	DHU IT & Telecoms	
Toner for Printer	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant.	

[Click here to return to](#) [CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 38 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

MAIN SITES & HQ		Leicestershire	Northamptonshire
Site name		Anstey Frith House & Cottage	Danetre Hospital
Site address		County Hall Leicester Road, Glenfield Leicester LE3 8RL	London Rd Daventry Northants NN11 4DY
Services / functions		Urgent Care Division Management base Clinical Navigation Hub (tel. advice) DHU 111 (Midlands) Call Centre	OOH Admin & Management base
Flood Alerts available		No	No
DHU vehicles (no)		10	1
Fuel card – location		In vehicle	In vehicle
Operating Hours		24 hours	Mon – Friday 08:00 20:00
Clinical Rooms (No)		None	None for HQ (site Operational site info)
Landlord / Property Managed by & Tel No		Leicester County Council (LCC) 24/7 helpdesk 0116 305 5000 Duty Manager contactable via Security – 0116 305 5000	NHFT switchboard 01604 682682 managed by Robertson Maintenance Clifford Giles C.giles@robertson.co.uk mobile: 07823 668140 office: 01327 70888
Utility & site, power loss & generator, A/C, problems		All issues report to 24/7 helpdesk 0116 305 5000 Car Park Gritting /Snow – LCC	Robertson Maintenance Clifford Giles C.giles@robertson.co.uk mobile: 07823 668140 office: 01327 70888 job log number: 01463663156
Cleaning Services		LCC	NHFT
Generator hours		Continuous – whole site – fuel top up managed by LCC	Minimum 4 months
Generator fuel/support		LCC	Robertson Helpdesk 0141 739 0516
UPS		Yes / No	No UPS provision
Lift support		Leicester County Council 24/7 helpdesk 0116 305 5000	N/A
Barrier Codes		Smart Card Access	N\A
Access Codes		Smart Card Access	Access fobs
Additional Access Info		Intercom at door for staff without card	Door code to HQ office
Security Provided by		Leicester County Council 0116 305 5000	Security maintenance issues contact Robertson Helpdesk 0141 739 0516
Alarm Contact		Alarm not set as building in use 24/7	Robertson Helpdesk 0141 739 0516
DHU Keys		Reception Key Box	In Key safe – Ops office
Car Keys		Reception Key Box	Key cabinet – Ops office
Spare Keys		N/A – smartcard access	Danetre Ops Office
Key Safe location		Store Room	Key safe in Ops office

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 39 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



MAIN SITES & HQ	Leicestershire	Northamptonshire
Site name	Anstey Frith House & Cottage	Danetre Hospital
Site IT Support	Hardware = DHU IT & Telecoms Users = DHU IT & Telecoms Network = DHU IT & Telecoms	Hardware = DHU IT & Telecoms Users = DHU IT & Telecoms Network (for internet access) NHFT
Site Telephony Support	DHU IT & Telecoms	DHU mobiles
Copier/Printer Support	DHU IT & Telecoms	DHU IT & Telecoms
Toner for Printer	Toner cartridges are on automatic delivery and are delivered to the machine for which they are relevant	Filing cabinet in HQ office

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 40 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

C1 DHU – Peripheral Sites – Derbyshire (incl Staffordshire)**Derbyshire Peripheral Sites – Abbreviations**

Community Health Partnership – CHP

Chesterfield Royal Hospital NHS Foundation Trust – CRH

Derbyshire Community Healthcare Services NHS Foundation Trust - DCHS

Urgent Care Centre – UCC

University Hospitals of Derby & Burton NHS Foundation Trust – UHDB

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 41 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ashbourne UCC – St Oswalds	Bolsover	Buxton Cottage Hospital PCC
Site address	St Oswalds Hospital, Clifton Rd, Ashbourne, DE6 1DR	Castle St Medical Centre, Castle St, Bolsover, S44 6PP	Buxton Hospital, London Rd, Buxton, SK17 9NJ
Site phone nos – not for public use	DHU Reception 07471 707150 01332 230041	07471 707586	DHU Reception 01298 212246 07501 587733
Services / functions	OOH Clinical Service, booked appt & walk in patients	OOH Clinical Service, booked appt & walk in patients	OOH Clinical Service, booked appt
Flood Alerts available	No	No	No
DHU vehicles	NA	NA	2
Fuel card – location	NA	NA	In vehicles
Operating Hours	Sat/Sun/BH's 08.00 – 16.00	Sat & BH's 09.00 – 17.00	Mon – Fri 18.00 – 00.00 Sat/Sun/BH's 08.00 – 00.00
Clinical Rooms	2	1	2
Locality Manager Contact Tel No (for relocation to this site)	In Hours – Gerrard English 07769 652904 OOH DCHS On-Call Manager Via – 01332 623700	In Hours – Susan Barton 07778 000359 OOH DCHS On-Call Manager Via- 01332 623700	In Hours – Susan Barton 07778 000359 OOH DCHS On-Call Manager Via- 01332 623700
Landlord / Property Managed by	CHP / Soft FM Helpdesk	DCHS NHSFT	DCHS NHSFT
Utility, site, power, lift problems	Soft FM Helpdesk 0161 868 9512	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700
Generator yes/no	Yes	No	Yes
Barrier Codes	NA	NA	NA
Access Codes	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet
Additional Access Info	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 42 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ashbourne UCC – St Oswalds	Bolsover	Buxton Cottage Hospital PCC
Security Provided by	0161 868 9512	NA	NA
Alarm Contact	0161 868 9512	DCHS Estates	DCHS Estates
DHU Keys	On-Site	On-Site	On-Site
Car Keys	NA	NA	
Spare Keys	UCD Office Orbis	Safe Ashgate	Safe Ashgate
Key Safe location	Reception Foyer	Reception Back Office	DHU Store Room
Key Safe Code	UCD Co-Ordinator	UCD Co-Ordinator	UCD Co-Ordinator
Site IT Support	GEM CSU	NECSU	GEM CSU
Site Telephony Support	GEM CSU	NECSU	GEM CSU
Copier / Printer Support	GEM CSU	NECSU	GEM CSU
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 43 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Chesterfield Royal Hospital Urgent Treatment Centre	Clay Cross Community Hospital PCC	Derby Urgent Treatment Centre (DUTC)
Site address	Calow, Chesterfield, S44 5BL	Clay Cross Hospital, Market St, Clay Cross, S45 9NZ	Entrance C, Osmaston Road, Derby, DE1 2GD
Site phone nos – not for public use	DHU Reception 01246 516667	Switchboard 01246 252900 DHU – MITEL phones 07501 635127	Switchboard 01332 224700 DHU – MITEL phones 07471 706965 (Red Hub)
Services / functions	Co-located UTC and ED front door streaming service	OOH Clinical Service, booked appt	Co-located Urgent Treatment Centre and OOH Clinical Service, booked appt & walk in patients
Flood Alerts available	No	No	No
DHU vehicles	NA	NA	3
Fuel card – location	NA	NA	In vehicles
Operating Hours	Mon – Sun 08.00 – 23.00	Sat/Sun/BH's 08.00 – 17.00	Mon – Fri 18.00 – 08.00 Sat/Sun/BH's 24hrs
Clinical Rooms	3	2	6
Locality Manager Contact Tel No (for relocation to this site)	Head of Ops or Site Matron 01246 277271 Bleep 803	In Hours – Susan Barton 07778 000359 OOH DCHS On-Call Manager Via – 01332 623700	One Medical DUCC Manager – Tessa O'malley 01332 224700
Landlord / Property Managed by	CRH	DCHS NHSFT	DCHS NHSFT
Utility, site, power, lift problems	CRH Estates via Switchboard – 01246 277271	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700
Generator yes/no	Yes	Yes	t.b.a.
Barrier Codes	NA	NA	NA
Access Codes	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 44 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Chesterfield Royal Hospital Urgent Treatment Centre	Clay Cross Community Hospital PCC	Derby Urgent Treatment Centre (DUTC)
Additional Access Info	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet
Security Provided by	CRH Security Services 01246 513634	NA	DHU
Alarm Contact	CRH Estates/Site Matron	DCHS Estates	DCHS Estates
DHU Keys	On-Site	On-Site	On-Site
Car Keys	NA	NA	
Spare Keys	Safe Ashgate	Safe Ashgate	UCD Office Orbis
Key Safe location	ED Reception	DHU Clinicians Room (054)	DHU Pharmacy
Key Safe Code	UCD Co-Ordinator	UCD Co-Ordinator	UCD Co-Ordinator
Site IT Support	CRH IT	GEM CSU	GEM CSU
Site Telephony Support	CRH IT	GEM CSU	GEM CSU (MITEL – DHU)
Copier / Printer Support	CRH IT	GEM CSU	GEM CSU
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 45 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ilkeston Community Hospital PCC	Long Eaton PCC	North High Peak Urgent Care Centre (NHPUCC)
Site address	Ilkeston Community Hospital, Heanor Rd, Ilkeston, DE7 8LN	Long Eaton Health Centre, Midland St, Long Eaton, NG10 1RY	North High Peak UCC, New Mills Clinic, Hyde Bank Rd, New Mills, SK22 4BP
Site phone nos – not for public use	DHU Reception 0115 855 4188 DHU – MITEL phones	DHU Reception 0115 855 4001 07471 707577	Switchboard 01663 747087 07471 707581
Services / functions	OOH Clinical Service, booked appt	OOH Clinical Service, booked appt	OOH Clinical Service, booked appt & walk in patients
Flood Alerts available	No	YES Sign up for flood warnings – GOV.UK (www.gov.uk)	No
DHU vehicles	1	NA	NA
Fuel card – location	In vehicles	NA	NA
Operating Hours	Monday – Sunday 20.00 – 08.00	Sat & BHs 09.00 – 14:00	Mon – Fri 18.00 – 22.30 Sat/Sun/BH's 09.00 – 22.30
Clinical Rooms	2	2	2
Locality Manager Contact Tel No (for relocation to this site)	In Hours – Gerrard English 07769 652904 OOH DCHS On-Call Manager Via – 01332 623700	In Hours – Gerrard English 07769 652904 OOH DCHS On-Call Manager Via – 01332 623700	In Hours – Susan Barton 07778 000359 OOH DCHS On-Call Manager Via – 01332 623700
Landlord / Property Managed by	DCHS	CHP / Soft FM Helpdesk	DCHS
Utility, site, power, lift problems	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700	Soft FM Helpdesk 0161 868 9512	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700
Generator Yes/No	Yes	No	No
Barrier Codes	NA	NA	NA
Access Codes	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 46 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ilkeston Community Hospital PCC	Long Eaton PCC	North High Peak Urgent Care Centre (NHPUCC)
Additional Access Info	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet
Security Provided by	NA	NA	NA
Alarm Contact	DCHS Estates	0161 868 9512	DCHS Estates
DHU Keys	On-Site	On-Site	On-Site
Car Keys	NA	NA	NA
Spare Keys	UCD Orbis	UCD Orbis	Safe Ashgate
Key Safe location	Behind Reception	Clean Utility	Behind Reception
Key Safe Code	UCD Co-Ordinator	UCD Co-Ordinator	UCD Co-Ordinator
Site IT Support	GEM CSU	GEM CSU	GEM CSU
Site Telephony Support	GEM CSU (MITEL – DHU)	GEM CSU	GEM CSU
Copier / Printer Support	GEM CSU	GEM CSU	GEM CSU
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 47 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ripley Hospital PCC	Royal Derby Hospital Streaming	Swadlincote UCC
Site address	Ripley Hospital, Sandham Lane, Ripley, DE5 3HE	RDH Urgent Treatment Centre Blue Urgent Care Royal Derby Hospital DE22 3NE	Swadlincote Health Centre, Civic Way, Swadlincote, DE11 0AE
Site phone nos – not for public use	DHU – MITEL phones	DHU Reception 01332 787068 and 01332 787795	DHU Reception 01283 818003 07501 644220
Services / functions	OOH Clinical Service, booked appt	ED Front Door Streaming Service & GP Co-Location	OOH Clinical Service, booked appt & walk in patients
Flood Alerts available	No	No	No
DHU vehicles	NA	NA	NA
Fuel card – location	NA	NA	NA
Operating Hours	Sat/Sun/BH's 09.00 – 19.30	Mon – Sun 08.00 – 23.00	Mon – Fri 18.00 – 22.30 Sat/Sun/BH's 09.00 – 22.30
Clinical Rooms	2	3	3
Locality Manager Contact Tel No (for relocation to this site)	In Hours – Gerrard English 07769 652904 OOH DCHS On-Call Manager Via – 01332 623700	ED Nurse In Charge 07799 337674	In Hours – Gerrard English 07769 652904 OOH DCHS On-Call Manager Via – 01332 623700
Landlord / Property Managed by	DCHS	UHDB	CHP / Soft FM Helpdesk
Utility, site, power, lift problems	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700	RDH Estates Via Switchboard – 01332 340131	Soft FM Helpdesk 0161 868 9512 01786458852 FES for doors & security
Generator Yes/No	Yes	Yes	No
Barrier Codes	NA	NA	NA
Access Codes	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet
Additional Access Info	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet	UCD Co-Ordinator & GP Teamnet

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 48 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Ripley Hospital PCC	Royal Derby Hospital Streaming	Swadlincote UCC
Security Provided by	NA	RDH Security via Switchboard	NA For Doors & Security 01786458852 FES Key to emergency door is in key safe
Alarm Contact	DCHS Estates	RDH Security via Switchboard	DCHS Estates
DHU Keys	On-Site	On-Site	On-Site
Car Keys	NA	NA	NA
Spare Keys	Safe Ashgate	UCD Orbis	UCD Orbis
Key Safe location	DHU Drug Room	DHU Store Room (Clean Utility)	Safe Behind Reception
Key Safe Code	UCD Co-Ordinator	UCD Co-Ordinator	UCD Co-Ordinator
Site IT Support	GEM CSU	RDH IT	GEM CSU
Site Telephony Support	GEM CSU (MITEL – DHU)	RDH IT	GEM CSU
Copier / Printer Support	GEM CSU	RDH IT	GEM CSU
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

Site name	Whitworth Hospital PCC	East Staffordshire
Site address	Whitworth Hospital, 330 Bakewell Rd, Matlock, DE4 2JD	Support Staffordshire Voluntary Services Centre Union St, Burton on Trent DE14 1AA
Site phone nos – not for public use	Switchboard 01629 580211 DHU Room 01629 593025	
Services / functions	OOH Clinical Service, booked appt	AVS
Flood Alerts available	No	Yes Sign up for flood warnings – GOV.UK (www.gov.uk)
DHU vehicles	NA	
Fuel card – location	NA	
Operating Hours	Sat/Sun/BH's 12.00 – 16.00	
Clinical Rooms	1	
Locality Manager Tel No (for relocation)	In Hours – Susan Barton 07778 000359 OOH DCHS On-Call Manager Via – 01332 623700	Sally Groves Support Staffs 0300 777 1207
Landlord / Property Managed by	DCHS	
Utility, site, power, lift problems	DCHS Estates In Hours – 01629 817917 OOH via 01332 623700	
Generator Yes/No	Yes	No
Barrier Codes	NA	
Access Codes	UCD Co-Ordinator & GP Teamnet	
Additional Access Info	UCD Co-Ordinator & GP Teamnet	
Security Provided by	NA	
Alarm Contact	DCHS Estates	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 50 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Whitworth Hospital PCC	East Staffordshire
DHU Keys	On-Site	
Car Keys	NA	
Spare Keys	Safe Ashgate	
Key Safe location	In MIU	
Key Safe Code	UCD Co-Ordinator	
Site IT Support	GEM CSU	
Site Telephony Support	GEM CSU (MITEL – DHU)	
Copier / Printer Support	GEM CSU	
Toner for Printer OOH		

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 51 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

C2 DHU – Peripheral Sites – Leicestershire

Site name	Coalville Community Hospital	Enderby	Hinkley & Bosworth Community Hospital
Site address	Coalville Community Hospital Broom Leys Rd, Coalville LE67 4DE	Enderby Leisure Centre Enderby, LE19 4LX	Hinckley and Bosworth Community Hospital Ashby Rd, Hinckley LE10 3DA
Site phone nos – not for public use	TBC	0116 2863130	01455 441145
Services / functions	WL EMIS WEB Practices	All LLR Patients	All LLR Patients
Flood Alerts available	No	No	No
DHU vehicles (number)	N/A	N/A	
Operating Hours	M-F 18:30-21:30 Sat 9:00-18:00 Sun 10:00-16:00	M-F 18.30 – 21.00 Sat / Sun 09.00 – 19.00	M-F 19:00-22:00 Sat 9:00-18:00 Sun 10:00-16:00
Clinical Rooms (No)	279 / 277 / 273	Room 1	CURRENTLY CLOSED
Locality Manager Tel No (relocation to this site)	Porter on 07960 856330	Duty Manager on site 07833090755	
Landlord / Property Managed by & Tel No	UHL Estates 24/7 – 0116 204 7888	Duty Manager on site 07833090755	UHL Estates 24/7 – 0116 204 7888
Utility, site, power, lift problems	UHL Estates 24/7 – 0116 204 7888	Duty Manager on site 07833090755	UHL Estates 24/7 – 0116 204 7888
Generator Yes/No	Yes	No	Yes
Access Codes	N/A	N/A	Info with Supervisor at Anstey Frith Hs
Additional Access Info	Porter on call 07960 856330	N/A	N/A
Security Provided by	N/A	N/A	Guardian Services Number in reception folder
Alarm Contact	0116 204 7888	N/A	0116 204 7888

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 52 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU Keys	Key Safe Store Cupboard	Behind main reception	Cupboard Clinic Room
Car Keys	N/A	N/A	In clinic room
Spare Keys	Anstey Frith	Anstey Frith	Anstey Frith
Key Safe location	Store Cupboard	Behind main reception	Clinic Room
Key Safe Code	with Supervisor at Anstey Frith		with Supervisor at Anstey Frith
Site IT Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Site Telephony Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms	LHIS
Copier / Printer Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms	LHIS
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 53 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Loughborough Urgent Treatment Centre (LUTC)	Lutterworth Fielding Palmer Hospital
Site address	Loughborough Hospital Hospital Way, Loughborough LE11 5JY	Lutterworth Fielding Palmer Hospital Gilmorton Rd, Lutterworth, LE17 4DZ
Site phone nos – not for public use	01509 568800	01455 552515
Services / functions	All LLR Patients	ELR registered Patients Only
Flood Alerts available	No	No
DHU vehicles (number)		N/A
Operating Hours	Walk In 24/7	Sat / Sun 09:00-19:00
Clinical Rooms (No)	All	Room 2
Locality Manager Tel No (for relocation)	01509 568800	
Landlord / Property Managed by & Tel No	UHL Estates 24/7 – 0116 204 7888	NHS Property Services 01902 575050
Utility, site, power, lift problems	UHL Estates 24/7 – 0116 204 7888	NHS Property Services 01902 575050 0808 1962045
Generator Yes/No	Yes	t.b.a.
Access Codes	N/A	Keypad on outside door
Additional Access Info	N/A	N/A
Security Provided by	N/A	N/A
Alarm Contact	0116 204 7888	0116 204 7888
DHU Keys	Key Safe Reception	Key Safe Reception Room
Car Keys	Behind reception	N/A

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 54 of 331
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C

This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.

Site name	Loughborough Urgent Treatment Centre (LUTC)	Lutterworth Fielding Palmer Hospital
Spare Keys	Anstey Frith	Anstey Frith
Key Safe location	Behind reception	Reception Room
Key Safe Code	N/A	
Site IT Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Site Telephony Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Copier / Printer Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Toner for Printer OOH		

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 55 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Market Harborough (St Lukes Hospital)	Melton	Merlyn Vaz Healthcare Hub
Site address	St Luke's Treatment Centre Market Harborough, LE16 7BN	Melton Hospital Melton Mowbray, LE13 1SJ	Merlyn Vaz Health centre Leicester LE5 3GH
Site phone nos – not for public use	01858 438178	0166 4800143	0116 242 9450
Services / functions	ELR registered Patients Only	All LLR Patients	All LLR patients
Flood Alerts available	No	No	No
DHU vehicles (number)	N/A	N/A	N/A
Operating Hours	M-F 17:00-21:00 Sat / Sun 09:00-19:00	M-F 17:00-21:00 Sat / Sun 09:00-19:00	Mon-Sun 08.00 – 20.00
Clinical Rooms (No)	Room 7 & 8	Room 1 & 2	Room D1 & D2
Locality Manager Tel No (for relocation)		NHS Property Services 01902 575050	
Landlord / Property Managed by & Tel No	NHS Property Services 01902 575050	NHS Property Services 01902 575050	CHP
Utility, site, power, lift problems	NHS Property Services 01902 575050 0808 1962045	NHS Property Services 01902 575050 0808 1962045	CHP
Generator Yes/No	Yes	Yes	No
Access Codes	Entrance Fob	Keypad on entrance to site	Security open site
Additional Access Info		N/A	Mite security open up
Security Provided by	Guardian 0800 085 3015	N/A	Guardian Security 0116 204 7888
Alarm Contact	0800 085 3015	N/A	N/A
DHU Keys	Key safe	Key safe	Key safe
Car Keys	N/A	N/A	N/A
Spare Keys	Anstey Frith	Anstey Frith	Anstey Frith

Site name	Market Harborough (St Lukes Hospital)	Melton	Merlyn Vaz Healthcare Hub
Key Safe location	Behind main reception	grey box – room behind reception	Behind reception
Key Safe Code		needs fob	
Site IT Support	LHIS	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Site Telephony Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Copier / Printer Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Toner for Printer OOH			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 57 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Site name	Oadby	Oakham Rutland Memorial Hospital
Site address	Oadby Urgent Care Centre 18 The Parade, Oadby, LE2 5BJ	Rutland Memorial Hospital 9 Cold Overton Rd, Oakham LE15 6NT
Site phone nos – not for public use	0116 2950080	01572 772033
Services / functions	ELR registered Patients Only	ELR registered Patients Only
Flood Alerts available	No	No
DHU vehicles (number)	N/A	
Operating Hours	Mon-Sun 08.00 – 20.00	M-F 17:00-21:00 Sat / Sun 09:00-19:00
Clinical Rooms (No)	Consultation room 1 & Rooms 1-5	Room 1 & 2
Locality Manager Tel No (for relocation)		
Landlord / Property Managed by & Tel No(s)	NHS Property Services 01902 575050	NHS Property Services 01902 575050
Utility, site, power, lift problems	NHS Property Services 01902 575050 0808 1962045	NHS Property Services 01902 575050 0808 1962045
Generator Yes/No	t.b.a.	Yes
Access Codes		
Additional Access Info	N/A	N/A
Security Provided by	NHS Property Services 0800 085 3015	N/A
Alarm Contact	0800 085 3015	0116 204 7888
DHU Keys	Keys in safe	Reception room 101
Car Keys	N/A	In room 101

Site name	Oadby	Oakham Rutland Memorial Hospital
Spare Keys	Anstey Frith	Anstey Frith
Key Safe location	Behind Reception	Room 101
Key Safe Code		
Site IT Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Site Telephony Support	Hardware = LHIS Users = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Copier / Printer Support	Printers = LHIS Photocopier = DHU IT & Telecoms	Hardware = LHIS Users = DHU IT & Telecoms
Toner for Printer OOH		

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 59 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

C3 DHU – Peripheral Sites – Northamptonshire

PERIPHERAL SITES	Northamptonshire	Northamptonshire
Site name	Danetre Hospital	Isebrook Hospital
Site address	London Rd Daventry Northants NN11 4DY	Castle Hill Irthlingborough Rd, Wellingborough NN8 1LP
Site phone nos – not for public use	01327 708832	01933 235800
Services / functions	OOH (HQ info refer to Appendix C)	OOH
Flood Alerts available	No	No
DHU vehicles (number)	1 x RV73	N/A
Fuel card – location	In Car	N/A
Operating Hours	Mon – Fri 19:45-23:59	Sat & Sun 10:00 – 15:00
	Sat & Sun 08:00 – 23:59	
Clinical Rooms (No)	4 + pharmacy	2
Locality Manager	Contact DC 07939 238 980 for	Contact DC 07939 238 980 for
Tel No (for relocation)	Tactical on call	Tactical on call
Landlord / Property Managed by & Tel No(s)	NHFT switchboard 01604 682682 Robertson Maintenance Clifford Giles C.giles@robertson.co.uk mobile: 07823 668140 office: 01327 70888 job log number: 01463663156	NHFT switchboard 01604 682682 NHS Property Services Facilities Services Manager, Steven Brown 07938 522153 Email: steven.brown@property.nhs.uk OOH – NHSPS Helpdesk 0808 196 2042
Utility, site, power loss, A/C, alarm, problems	Robertson Helpdesk 0141 739 0516 01463 663 156 rfm@robertson.co.uk	In Hours Steven Brown, Facilities Manager, 07938 522153 Email: steven.brown@property.nhs.uk OOH – NHSPS Helpdesk 0808 196 2042

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 60 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

PERIPHERAL SITES		Northamptonshire	Northamptonshire
Site name		Danetre Hospital	Isebrook Hospital
Generator hours – at full		Minimum 4 months	Minimum 17 hours before refuelling
Generator support & fuel	Robertson Helpdesk 0141 739 0516	Dale Power Solutions Office Hours – 01723 502069 OOH – Dale power Solutions 0333 3550999	
UPS	No UPS provision	Yes	
Barrier Codes	N/A	N/A	
Access Codes	Fob entry	Door lock – info with Shift Lead	
Additional Access Info	Door keys in key safe	Door lock – info with Shift Lead	
Security Provided by	Security maintenance issues contact Robertson Helpdesk 0141 739 0516	NHSPS Helpdesk 0808 196 2042	
DHU Keys	In Key safe	In box in reception	
Car Keys	Key cabinet	N/A	
Spare Keys	Spare keys held at Danetre	Spare keys held at Danetre	
Key Safe location	Outside clinic room 3	N/A	
Key Safe Code	info with Tactical On Call	N/A	
Site IT Support Team	NHFT	NHFT	
Site Telephony Support Team	NHFT	NHFT	
Copier / Printer Support	NHFT	NHFT	
Toner for Printer OOH	If no spares on site, contact Tactical On Call to obtain spare from Danetre HQ office	If no spares on site, contact Tactical On Call to obtain spare from Danetre HQ office	

[Click here to return to CONTENTS PAGE](#)

PERIPHERAL SITES		Northamptonshire	Northamptonshire
Site name		Kettering General Hospital	Northampton General Hospital
Site address		Fracture Clinic Rothwell Rd, Kettering NN16 8UZ	Fracture Clinic Cliftonville, Northampton NN1 5BD
Site phone nos – not for public use		01536 492224	01604 544124
Services / functions		OOH	OOH
Flood Alerts available	No		No
DHU vehicles (number)	2 x RV70 – RV71		2 x RV74 – RV72
Fuel card – location	In Car		In Car
Operating Hours	Mon – Fri 18:30 – 08:00 Sat & Sun 24hr		Mon – Fri 18:30 – 08:00 Sat & Sun 24hr
Clinical Rooms (No)	8		7
Locality Manager	Contact DC 07939238980 for Tactical on call		Contact DC 07939238980 for Tactical on call
Tel No (for relocation)			
Landlord / Property Managed by & Tel No(s)	Kettering General Hospital Kettering General Hospital, Estates & Facilities Richard Plumb 01536 493434 / 07730 284 040 richard.plumb1@nhs.net		Northampton General Hospital paul.braddock@ngh.nhs.uk
Utility, site, power loss, A/C, alarm, problems	Estates – contact via main switchboard 01536 492000 24/7		Estates – contact via main switchboard 01604 634700 or Ext 4000 internally
Generator hours – at full	Indefinitely, subject to re-fuelling by Estates		58 hours before refuelling
Generator fuel / support	Estates – contact via main switchboard 01536 492000 24/7		Estates – contact via main switchboard 01604 634700 or Ext 4000 internally
UPS	No UPS provision in MOPD area.		No UPS provision
Lift support	N/A		N/A
Barrier Codes	N/A		N/A

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 62 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

PERIPHERAL SITES	Northamptonshire	Northamptonshire
Site name	Kettering General Hospital	Northampton General Hospital
Access Codes	Swipe card entry	Swipe card entry
Additional Access Info	N/A	N/A
Security Provided by	KGH – 01536 491587 bleep numbers 528 & 530 or internal 1587	NGH – via switchboard 01604 634700
Alarm Contact	N/A	N/A
DHU Keys	In Key safe	In Key safe
Car Keys	Key Safe	Key Safe
Spare Keys	Spare keys held at Danetre	Spare keys held at Danetre
Key Safe location	In comms room	In main reception
Key Safe Code	Contact DC	Contact DC
Site IT Support Team	KGH IT	NGH IT
Site Telephony Support Team	KGH IT	NGH IT
Copier / Printer Support	KGH IT	NGH IT
Toner for Printer OOH	If no spares on site, contact Tactical On Call to obtain spare from Danetre HQ office	If no spares on site, contact Tactical On Call to obtain spare from Danetre HQ office

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 63 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

C4 DHU – Peripheral Sites – Bassetlaw

PERIPHERAL SITES	Bassetlaw
Site name	Bassetlaw District Hospital
Site address	Bassetlaw District Hospital Kilton Hill, Worksop, S81 0BD
Site phone nos – not for public use	Reception – 01909 572585 Mobile – 07817 331572
Fax No	01909 571589
Services / functions	OOH
Flood Alerts available	N/A
DHU vehicles (number)	1 vehicle – YO18 KTE 07707 169802
Fuel card – location	In vehicle
Operating Hours	24/7
Clinical Rooms (No)	2 clinical rooms & 2 triage rooms
Locality Manager Tel No (for relocation)	
Landlord / Property Managed by & Tel No(s)	Doncaster and Bassetlaw District Hospitals 01909 500990 (main switchboard)
Utility, site, power loss, A/C, alarm, problems	Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990
Generator hours – at full	Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 64 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

PERIPHERAL SITES		Bassetlaw
Site name		Bassetlaw District Hospital
Generator fuel / support		Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours
UPS		Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours
Lift support		Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours
Barrier Codes		N/A
Access Codes		Information available on site
Additional Access Info		
Security Provided by		SABA (contracted by Doncaster and Bassetlaw Teaching Hospitals) Urgent response dial: 2222
Alarm Contact		Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours
DHU Keys		On-site
Car Keys		Reception cabinet off the main reception office
Spare Keys		Safe in store room
Key Safe location		As above
Key Safe Code		Information available on site
Site IT Support Team		Littlefish 0300 1000 415 NHCT: 01159 555350 Doncaster & Bassetlaw Estates – contact via main switchboard 01909 500990 24 hours
Site Telephony Support Team		Doncaster & Bassetlaw main switchboard 01909 500990 24 hours
Copier / Printer Support		NHCT: 01159 555350
Toner for Printer OOH		NHCT: 01159 555350

[Click here to return to CONTENTS PAGE](#)

 DHU Healthcare	Procedure P112 – Business Continuity Plan <u>Appendix D</u> <u>Failure/Action Plans</u> <u>& Response to Community Incidents</u> <u>INDEX</u>
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D Failure/Action Plans & Response to Community Incidents – INDEX

D1	Response to Community Incidents and Emergencies	All Divisions
D1a	DHU Incident Response Line – incoming	All Divisions
D1b	DHU Internal Actions – Sitreps, medications	All Divisions
D1c	External Major Incidents & Civil Emergencies (DHSC information)	All Divisions
D1d	OPEL Framework (Operational Pressures Escalation Levels)	All Divisions
D2	Evacuation & Relocation	All Divisions
D3	Power Failures (including generator information)	All Divisions
D4	Water Failures	All Divisions
D5	Vehicle Failure (including accidents)	UEC Division
D6	Severe Weather	All Divisions
D7	Pandemic	All Divisions
D8	Media Enquiries	All Divisions
D9	Threats and Terrorism	All Divisions
D10	VIP Patients	UEC Division
D11	Medical Equipment (essential)	UEC Division
D12	Fuel Shortage / Disruption	All Divisions
D13	Medications (Essential)	UEC Division
D14	Initial Response to CBRN Patient	All Divisions
D15	Site Occupation by Travellers	All Divisions

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 66 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D1 Response to Community Incidents and Emergencies

DHU's Role

In the event of an external critical or major incident, DHU may be required to provide support to NHS Services and/or the wider community. As stipulated in NHS Contracts, DHU is expected to respond. Whilst DHU is in the category of 'Others NHS-funded organisations' DHU works towards alignment with the responsibilities of a NHS category 2 responder (refer to section D1B below for Dept of Health & Social Care (DHSC) information).

In addition, if other areas/organisations are in Opel Status 2-4 commissioners of that service(s) may contact DHU and request an appropriate response – Tactical On Call / Strategic On Call will liaise with the commissioner (see section C below for Opel Status definitions)

DHU's response to these scenarios may impact on the delivery of DHU's service which, in turn, may require implementation of DHU's business continuity plan or additional clinicians on shift to replace those assisting elsewhere.

DHU Tactical On Calls and Strategic On Calls could be requested to provide additional clinical support remotely or onsite to support emergency services where there is an incident involving mass casualties or fatalities. This support could include the clinical assessment and treatment of casualties and verification of death. DHU vehicles may be required to transport clinical resources or to provide supplies from our stores. DHU centres for walk in patients may receive walking wounded patients or act as a casualty clearing point. Patients would be identified and logged on onto S1 or Adastra as normal. Whilst it is unlikely that DHU will receive a patient who cannot be identified, the patient would be logged on Adastra as unknown unknown with a date of birth of 010190.

DHU's NHS 111 service is able to support a major incident, with arrangements via NHS Digital, to direct calls from patients within an affected geographic area to 111 Health Advisors who have been provided with specific information relevant to assessing patients who may have been affected by the incident. This support would be approved by Strategic On Call and cascaded via the Tactical On Call for DHU 111.

DHU may also need to assess medications – refer to section D1b

Response to the above scenarios would be led by DHU's On Call teams or the BCMT - sections D1c and D1d are included in this appendix for reference

This Appendix contains :

- D1a DHU Incident Response Line – incoming
- D1b DHU Internal Actions – Sitreps, medications
- D1c DHSC Information – External Major Incidents and Civil Emergencies
- D1d Operational Pressures Escalation Levels (OPEL) Framework

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 67 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D1a DHU Incident Response Line – incoming

1. Receiving a call

External agencies should contact the DHU Business Continuity Incident response number 0300 1000 414, option 3, which is answered 24 hours by the DHU 111 Operational Shift lead.

The staff member receiving the call will note the name, designation and telephone number of the caller, and the time of the call.

The caller will be advised that the DHU Tactical On Call Manager for the relevant Division will be contacted immediately and that they will telephone the caller directly to determine and agree necessary action.

Tactical On Call will escalate to DHU Strategic On Call, immediately following the phone call to the external organisation, to determine an appropriate course of action, if required.

2. Recording of Action

The staff member leading the shift for the relevant DHU Division will record the times of all calls, details of matters that have been discussed and of any action that has been taken. This information should be logged on Datix.

(If the Business Continuity Management Team (BCMT) is assembled then all subsequent actions will be recorded following the BCMT process).

[Click here to return to CONTENTS PAGE](#)

D1b DHU Internal Actions – Sitreps, medications

Communication structure during a major incident – METHANE Report

DHU Tactical On Calls and Strategic On Calls should be familiar with the METHANE information gathering template, below, which would be used in a wider community major incident (see section B below for further information). DHU On Calls may be required to give/receive information in this format.

- Major incident declared?
- Exact location
- Type of incident
- Hazards present or suspected
- Access – routes that are safe to use
- Number, type, severity of casualties
- Emergency services present and those require

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 68 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

SITREPS

DHU On Calls maybe requested to submit SitReps and attend Strategic Coordination Group or other system meetings. Tactical On Calls are responsible for assuring the quality of the content of Sitreps, for signing off and submitting templates within the required timeframes.

Templates are generally issued at the time of an incident, however, the following blank templates are available, if required, on DHU's Business Continuity Portal – click on links below

[Blank DRAFT NHS Incident Situation Report](#)

[Blank IIMARCH template 20220106](#)

[Blank METHANE template 20220106](#)

[Blank SBAR template 2023](#)

Accessing Medicines in an Emergency

In emergency situations such as fires and flooding etc. residents and members of the public may be evacuated at short or no notice to a place of safety or a local authority rest centre.

Wherever possible the emergency services will attempt to ensure that people being evacuated bring with them any essential items including any regular medication they may require. However it is not always possible to achieve this for a number of reasons including the urgency of the evacuation.

DHU may need to assist the Local Authority and emergency services in obtaining assistance with procuring required medications for persons being sheltered who may not have access to their own medication.

Critical Medications

A GP or Senior Prescribing Clinician will need to clinically assess if an urgent prescription is required. This assessment can be undertaken virtually or on scene depending on the circumstances of the incident.

Many medications prescribed to patients are safe to be taken the next day and would not require an urgent out of hours prescription however the clinician will make this decision during the clinical assessment.

Options

Assessment of the patient or access to the patient's records via GP systems, Pharmacy records or Summary Care records will possibly be required.

A range of options for obtaining a solution are available and some of these will depend on the time of day and local availability. The following are considered to be the range of solutions available within the local communities:

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 69 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Response to Community Incidents & Emergencies

Option	Day / Time	Facilities available	Actions
1	Mon – Fri 08:30-18:00	<ul style="list-style-type: none"> Patients own GP surgery available to assist and issue prescription Community Pharmacies open and able to process a prescription 	Own GP to be contacted for prescription to be processed by Community Pharmacy
2	Mon – Sun Evenings and weekends	<ul style="list-style-type: none"> Patients own GP closed Extended hours pharmacies open DHU GP Urgent Care (Out of Hours) services accessible Urgent Treatment Centres available 08:00-20:00 	DHU Urgent Care Service Clinician assesses patient or accesses notes and issues urgent prescription if required. The prescription can be sent electronically to a local pharmacy
3	Outside above times e.g. Overnight	<ul style="list-style-type: none"> Patients own GP closed and Community Pharmacies closed. Urgent Care Services and UCC able to assist and issue prescription. Hospital Pharmacies able to process urgent prescriptions via on call pharmacy arrangements. Cross borders patients e.g. those away from home 	DHU Urgent Care Service Clinician assesses patient or accesses notes and issues prescription. By arrangement, on call Pharmacist at hospital contacted to dispense prescription
4	In or out of Hours widespread incident requiring co-ordination	<p>For widespread incidents e.g. Flooding affecting whole communities</p> <p>Co-ordination will be required by NHS on call teams to involve GPs, Community Pharmacies and Hospital pharmacies dependent on scale of issue.</p>	NHS England on call to co-ordinate availability of resources with all providers.

- Contact to access details for Pharmacy provision will be via NHS England on call
- Liaison will be required with Emergency Services on scene and Local Authority representatives at Rest Centres etc.
- All options will be considered but priority will be given to resolve the issue using the patient's normal GP and Pharmacy arrangements.
- The use of Hospital Pharmacies should be limited to urgent requests post-midnight and when all other options have been exhausted.
- Wherever possible patients who are not exempt prescription charges, should pay the prescription fee. However, arrangements are in place with NHS England for up to 5 days emergency supply of medicines.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 70 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D1c External Major Incidents & Civil Emergencies (DHSC information)

Arrangements during Major Incidents & Civil Emergencies are co-ordinated by the Emergency Planning Officers at County Councils. Under national civil contingency arrangements, there are established emergency protocols and chains of command for implementation in the event of national Major Incidents or Civil Emergencies. If local healthcare services are affected, the on-call Manager/Director for each affected ICB will contact DHU. The relevant ICBs hold the contact numbers.

Department of Health & Social Care Information**– Contingency, Major and Critical Incident**

This document should be read in the context of:

The CCA 2004 and associated Cabinet Office Guidance

The Health and Care Act 2022

The NHS Act 2006 (as amended)

The NHS Constitution

The requirements for Emergency Preparedness, Resilience and Response (EPRR) as set out in the NHS Standard Contract(s)

National Occupational Standards for Civil Contingencies

BS ISO 22301 Societal security – Business continuity management systems

NHS England EPRR guidance and supporting materials including:

- a) NHS England Core Standards for Emergency Preparedness, Resilience and Response
- b) NHS England Business Continuity Management Framework (service resilience)
- c) EPRR Framework 2022
- d) Other guidance available at <http://www.england.nhs.uk/ourwork/eprr/>

Critical Incident

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

Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 71 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Responding to Incidents

To ensure the right people are on call there is a need to have specific skills, training, competencies and experience from these individuals for any major incident or an incident that requires special arrangements to be put in place.

The Department of Health & Social Care (DHSC) have categorised two types of responders within the NHS, Category 1 and Category 2

Category 1 responders for health are:

- DHSC on behalf of Secretary of State for Health (SofS)
- NHS England
- Acute service providers
- Ambulance service providers
- UK Health Security Agency (formerly Public Health England)
- Local authorities (Inc. Directors of Public Health (DsPH))
- ICBs (Integrated Care Boards – formerly CCGs)

Category 2 responders are critical players in Emergency Preparedness, Resilience and Response (EPRR) who are expected to work closely with partners. They are required to cooperate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties – co-operating and sharing relevant information with other Category 1 and 2 responders.

Primary care, including urgent care providers, community providers, mental health service providers, specialist providers, NHS Property Services and other NHS organisations (for example NHS Blood & Transplant, NHS Supply Chain and NHS111) are not listed in the CCA 2004. However, DH and NHS England guidance expects them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided.

There are three levels of response required from within organisations, Operational, Tactical and Strategic. The operational or tactical commanders would need to gather information at the outset of any incident in order to inform more senior commanders. The information is called a METHANE report as detailed on page 1.

Operational

Operational is the level at which the management of immediate ‘hands on’ work is undertaken. Operational personnel will concentrate their effort and resources on the specific tasks within their geographical or functional area of responsibility.

Individual organisations retain command authority over their own resources and personnel but each organisation must liaise and coordinate with all other organisations involved, ensuring a coherent and integrated effort. This may require the temporary transfer of personnel or assets under the control of another organisation.

These arrangements will usually be able to deal with most events or situations but if greater planning, coordination or resources are required an additional tier of management may be necessary. The operational commander will consider whether a tactical level is required and advise accordingly.

Tactical

The purpose of the tactical level is to ensure that the actions taken by the operational level are coordinated, coherent and integrated in order to achieve maximum effectiveness, efficiency and desired outcomes.

Where formal coordination is required at tactical level then a Tactical Coordinating Group (TCG) may be convened with multi-agency partners within the area of operations. The tactical commanders will:

- Determine priorities for allocating available resources
- Plan and coordinate how and when tasks will be undertaken
- Obtain additional resources if required
- Assess significant risks and use this to inform tasking of operational commanders
- Ensure the health and safety of the public and personnel

The tactical commanders must ensure that the operational commanders have the means, direction and coordination to deliver successful outcomes.

The NHS tactical commander at the TCG will be identified and agreed by NHS England in consultation with the ICB. They will ensure that all NHS service providers are coordinated through health economy tactical coordination groups.

Where it becomes clear that resources, expertise or coordination are required beyond the capacity of the tactical level it may be necessary to invoke the strategic level of management to take overall command and set the strategic direction.

Strategic

The purpose of the strategic level is to consider the incident in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

Where an event or situation has a particularly significant impact; substantial resource implications, or lasts for an extended duration it may be necessary to convene a multiagency coordinating group at the strategic level bringing together the strategic commanders from relevant organisations. This group is known as the Strategic Coordinating Group (SCG).

The SCG does not have the collective authority to issue commands to individual responder agencies; each will retain its own command authority, defined responsibilities and will exercise control of its own operations in the normal way. The NHS strategic commander at the SCG will be identified and

agreed by NHS England in consultation with the ICB(s) and empowered to make executive decisions on behalf of the NHS. In addition the NHS ambulance service(s) will be present in their role as an emergency service.

The purpose of the SCG is to take overall responsibility for the multi-agency management of the incident and to establish the policy and strategic framework within which lower tier command and coordinating groups will work. The SCG will:

- Determine and promulgate a clear strategic aim and objectives and review them regularly
- Establish a policy framework for the overall management of the event or situation
- Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly
- Formulate and implement media-handling and public communication plans
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process

For incidents across multiple SCG areas then NHS England regional and national teams, as appropriate, will undertake command, control and coordination of the NHS and will be responsible for appropriate representation to regional and central coordination structures and groups.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 74 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D1d OPEL Framework (Operational Pressures Escalation Levels)

Extract from NHS England Operational Pressures Escalation Levels Framework V2 – 21.12.2018

Operational Pressures Escalation Levels	
OPEL 1	Four-hour performance is being delivered. The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL 2	Four-hour performance is at risk. The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E and NHS I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	Four-hour performance is being significantly compromised. The local health and social care system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I including the Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the Trust CEO, the CCG AO, and System leadership (CCG/STP/ICS Director). This should also be agreed with the Regional Director, or their nominated Deputy. The National UEC Operations team will be immediately informed by the Regional UEC Operational Leads through internal reporting mechanisms.
OPEL 4	Four-hour performance is not being delivered and patients are being cared for in overcrowded and congested department(s). Pressure in the local health and social care system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB meeting should be considered. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. The Regional UEC Operations Leads will have an ongoing dialogue with the National UEC Ops Room providing assurance of whole system action and progress towards recovery. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 75 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D2 Evacuation, Relocation, Shelter & Lockdown

Applicable to all DHU Divisions

D2a Evacuation

If you are considering evacuation of a building/part of a building used by DHU please refer to the evacuation table of actions. – next page

Please note:

If either The Quad or Orbis Building is unavailable the other site will remain operational for the services listed below and services to Anstey Frith will still be online:

- HSCN (N3)
- Internet
- Adastra
- SystmOne
- Intranet
- Mitel telephony

Adastra and SystmOne are hosted offsite in the supplier's datacentres, with full replica resilience across multiple disparate sites.

Therefore both systems will still be available no matter what happens to DHU locations.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 76 of 331
C	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Link to DHU's [Fire Safety Procedure P2100](#)

a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
1	Person responsible for leading evacuation	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Fire Warden	senior person on site <i>with</i> Receptionist	senior person on site <i>with</i> DHU Clinician	Receptionist with senior clinician
2	Person responsible to wear hi-vis vest	111 shift lead	Fire Warden or Supervisor		Fire Warden	Senior person on site <i>with</i> Receptionist	DC/Receptionist	Receptionist/ HA/Driver with senior clinician
3	Collect fire/evacuation grab bag & mobile phone	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead			DC/Receptionist	Receptionist/ HA/Driver with senior clinician
4	Check in bag for PEEPs (Personal Emergency Evacuation Plans) & provide assistance where required	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Fire Warden		DC/Receptionist	Receptionist/ HA/Driver with senior clinician
5	Collect Resus bag (if applicable)	111 clinical lead	Fire Warden or Supervisor			Senior person on site <i>with</i> Receptionist	DC/Receptionist	Receptionist/ HA/Driver with senior clinician

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 77 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
6	Follow relevant procedure if applicable (in grab bag), i.e. Fire, Threats	111 shift lead Orbis, F4827b Birch, F4827d The Quad F4827e	U.C. – Senior person on site <i>At 17/10/2022 procedure not available</i>	U.C. Shift Lead F4828			DC/Receptionist	Receptionist/ HA/Driver with senior clinician
7	Follow relevant procedure for building (where no grab bag) if applicable, i.e. Fire, Threats				Fire Warden F4827	DHU Clinician	DC/Receptionist	Receptionist/ HA/Driver with senior clinician
8	Pick up fire register		U.C. – Senior person on site	HCA/Receptionist			DC/Receptionist	Receptionist/ HA/Driver with senior clinician
9	Pick up visitor sign in book (reception/entrance)	111 shift lead	U.C. – Senior person on site	HCA/Receptionist		Senior person on site	DC/Receptionist	Receptionist/ HA/Driver with senior clinician
10	Ensure patients/visitors on site are safely evacuated – consider the needs of all including those who face health inequalities	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Fire Warden	DHU Clinician	DC/Receptionist	Receptionist/ HA/Driver with senior clinician

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 78 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
11	Ensure safety of staff during evacuation	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Nominated Officer for Fire	senior person on site with DHU Clinician	DC/Receptionist	Receptionist/ HA/Driver with senior clinician
12	Telephone advice calls – terminate call (follow service process for your Division)	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff
13	Phones – change Agent Status to Unavailable – if safe to do so	All 111 staff	All 111 staff					All Staff
14	Lock workstation (not for fire or bomb threats)	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff
15	Notify other DHU sites – provide return contact number	111 shift lead	111 shift lead	Urgent Care Co-ordinator	Nominated Officer for Fire or delegate	Derbys – U.C. Co-ordinator Leics – Supervisor at Anstey Frith	DC/Receptionist	Receptionist/ HA/Driver with senior clinician
16	Handover responsibility of service provision (Adastra & SystmOne) to other site, if appropriate	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead			DC/Receptionist	Receptionist/ HA/Driver with senior clinician

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 79 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derby & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
17	Check building has been evacuated (done by fire warden if on site) & all persons accounted for	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Fire Warden		DC/Receptionist	Receptionist/ HA/Driver with senior clinician
18	Ensure welfare and safety of staff when outside at evacuation point	111 clinical lead	Fire Warden or Supervisor & senior person on site	Senior Urgent Care Clinician	Nominated Officer for Fire	Senior person on site with Receptionist	DC/Receptionist with DHU Clinician	Receptionist/ HA/Driver with senior clinician
19	Work with emergency services – on arrival	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead	Nominated Officer for Fire	senior person on site with DHU Clinician	DC/Receptionist with DHU clinician	Receptionist/ HA/Driver with senior clinician
20	Notify Tactical On Call – provide return contact number	111 shift lead	U.C. – Senior person on site	U.C. Shift Lead			DC/Receptionist with DHU clinician	Receptionist/ HA/Driver with senior clinician
21	Notify external agencies e.g. Ambulance Services – provide contact number	111 shift lead	U.C. – Senior person on site	U.C. Co-Ordinator / Shift Lead			Tactical On Call	Tactical On Call
22	All staff log off Adastra, SystmOne & Phones (NOT for fire, bomb threats etc)	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff
23	Follow OPEL escalation action plan G2/G4)	All Staff	All Staff	All Staff		All Staff	All Staff	All Staff



a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derby & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
24	Consider closure of affected site through NICE CX platform F21 111 Telephony – Closure of Site	111 Tactical On -Call	111 Tactical On -Call					
25	Consider invoking National Contingency Consider ceasing LAS support	111 Tactical On -Call	111 Tactical On -Call					
26	If site unavailable for more than 30 mins each service to consider relocation of service – see table below	Tactical On-Call Refer to B1 below	Tactical On-Call Refer to B1 below	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call
27	If site unavailable for more than 30 mins each service to consider relocation of patients already on site – see table below			Tactical On-Call		Tactical On-Call	Tactical On-Call	Tactical Call
28	If site unavailable for more than 30 mins each service to consider closing DoS services	Tactical On-Call F1 DoS Services Closure – 111 Division	Tactical On-Call F1 DoS Services Closure – 111 Division	Tactical On-Call decision To Action see Appendix F2		Tactical On-Call decision To Action see Appendix F2	Tactical On-Call decision To Action see Appendix F2	Tactical On-Call decision To Action see Appendix F2
29	If site unavailable for more than 30 mins consider blocking SystmOne & Adastra appointments			Tactical On-Call		Tactical On-Call	Tactical On-Call	Tactical On-Call
30	Notify IT/IT On Call if required	Tactical On-Call	Tactical On-Call	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 81 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



a	Evacuation – Actions to Consider Person responsible	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derby & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
31	Request support from Site Services if required	Tactical On-Call	Tactical On-Call	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call
32	Tactical on Call to consider a conference call of relevant Tactical On Calls/Strategic On Call/IT On Call - Appendix F2	Tactical On-Call	Tactical On-Call	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call
33	Establish lead Tactical on Call if appropriate to liaise with relevant parties (e.g. Police, IT)	Tactical On-Call	Tactical On-Call	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call
34	Lead Tactical on Call to notify Strategic on Call, if site is unavailable for more than 30 mins	Tactical On-Call	Tactical On-Call	Tactical On-Call	Senior Person on Site	Tactical On-Call	Tactical On-Call	Tactical On-Call
35	If site is unavailable for more than 30 mins escalate to ICB	Strategic On-Call	Strategic On-Call	Strategic On-Call	Senior Person on Site	Strategic On-Call	Strategic On-Call	Strategic On-Call
36	Most senior clinician on site to review condition of patients on site and plan for onward referral/relocation/transportation in liaison with the clinical lead. Consider the needs of all patients including those who face health inequalities			Urgent Care Shift Lead <i>with</i> Clinical Lead		senior person on site <i>with</i> DHU Clinician	senior person on site <i>with</i> DHU Clinician	Senior person on site <i>with</i> DHU Clinician
37	No person to re-enter evacuated building until authorised by emergency services (if appropriate)	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff	All Staff

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 82 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



a	Evacuation – Actions to Consider Person responsible	<ul style="list-style-type: none">• Orbis• Birch House• The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derby & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C Division
38	If return to the building is authorised, check lanyards of returning staff (to prevent unauthorised persons entering)	111 shift lead	Fire Warden or Supervisor	Urgent Care Shift Lead	Fire Warden	senior person on site <i>with</i> Receptionist	DC/Receptionist	senior person on site <i>with</i> Receptionist

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 83 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**D2b Relocation & Return**

If you need to relocate to another site please refer to the relocation table below in conjunction with the relocation site section for the appropriate DHU Division

See section B3 (below) for relocation of staff to working from home

b	Relocation – Actions to consider	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C. Division
1	Request IT to remotely log out staff on phones & Adastra/SystmOne at affected site	111 shift lead	Urgent Care – Senior person on site	U.C. Shift Lead	Senior Person on Site	Urgent Care Shift Lead	Tactical On Call	UC Co-ordinator/Clinical Lead
2	Follow OPEL Escalation Plan (G2/G4)	All Staff	All Staff	All Staff	Senior Person on Site	All Staff	All Staff	All Staff
3	Request support from Resource /Rota Team when available to help co-ordinate Nominate staff to help co-ordinate	111 shift lead	Urgent Care – Senior person on site	U.C. Shift Lead		Urgent Care Shift Lead	Tactical On Call	UC Coordinator
4	Contact staff due on shift at affected site – divert to alternative site via SMS text	111 shift lead	Urgent Care – Senior person on site	U.C. Shift Lead	Senior Person on Site	Urgent Care Shift Lead	Tactical On Call / DC	UC Coordinator
5	Contact patients booked at evacuated site & divert them relocation site			U.C. Shift Lead		Urgent Care Shift Lead	Tactical On Call / DC	UC Coordinator
6	Staff due in next hour – designate individuals to phone staff to divert	111 shift lead	Urgent Care – Senior person on site	U.C. Shift Lead	Senior Person on Site	Urgent Care Shift Lead	Tactical On Call / DC	TBD

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 84 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



b	Relocation – Actions to consider	• Orbis • Birch House • The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Roundhouse, Derby	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division	Peripheral Sites – Bassetlaw U. C. Division
7	Consider support of DHU drivers/vehicles or taxis to transport staff Ensure return journey of staff is considered	111 shift lead	Urgent Care – Senior person on site	U. C. Shift Lead	Senior Person on Site	Urgent Care Shift Lead	Tactical On Call	TBD
8	Consider additional support to answer rota line to receive calls from staff	111 shift lead	Urgent Care – Senior person on site	U. C. Shift Lead		Urgent Care Shift Lead	Tactical On Call	TBD
9	Consider sign to inform patients of closure – on door of affected site – use I1a Site Closed Notice – Public Entrance – F3062			U. C. Shift Lead		Urgent Care Shift Lead	Tactical On Call	TBD
10	Consider sign for staff at staff only sites/areas – use I1b Site Closed Notice – Staff Entrance – F3066 – write phone number on sign	111 - 0300 1000 414 Option 3	111 – 0300 1000 414 Option 3 U.C. Staff – add phone number at time	0300 1000 414 Option 1	Senior Person on Site	Derbys 0300 1000 414 Option 1 Leics – add phone no at time	DC 07732 683102 / 01604 544124	TBD
11	Consider leaving person at affected site for liaison purposes – if safe to do so	111 shift lead	Urgent Care – Senior person on site	Urgent Care Shift Lead	Senior Person on Site	U. C. Shift Lead	Tactical On Call	TBD
12	Tactical On Call to consider reducing National Contingency & re-instating support to LAS when service is stabilised	Tactical On Call	111 only – Tactical On Call					

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 85 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

B1 Relocation Site Information – 111 Division
Guidance for Tactical On Calls when considering relocation.

Consider:

Impact to clinical safety or front end performance

Prevention of staff carrying out their normal duties

Does relocation improve overall efficiency of DHU 111 operations

Expected loss of a site (partial or full) - < 2 hours - relocation is not recommended

Expected loss of a site (partial or full) - > 2 hours – relocation to be considered

Aim for minimal national contingency support where possible (in order for relocation to be completed)

Note - Any planned maintenance which causes loss of a site is to be managed under BAU operations.

If a DHU 111 site is no longer able to function effectively and the decision to move staff has been made, use the table and guidance below to decide where staff are to relocate to.

111 Site Capacity & Relocation Guidance

Site	Call Centre	Training Room	Other	Total
Derby - Orbis	298	58	0	356
Chesterfield – The Quad	148	39	8	195
Leicester – Anstey Frith	10	0	0	10
Oldbury – Birch House	309	42	0	351
Total	765	139	8	912

Failed site(s):	The Quad	Orbis *	Anstey Frith	Birch House *	The Quad + Anstey Frith	Orbis + Anstey Frith *	The Quad + Orbis	The Quad + Orbis + Anstey Frith
Relocate staff to:	Orbis	The Quad & Birch House	Orbis	Orbis & The Quad	Orbis	The Quad	Birch House	Birch House

* Not applicable for short duration outages (under 24 hours)

Please review the workforce management tool to ascertain maximum number of staff due on site with the addition of the staff being relocated. Consideration will need to be given to the above table on the maximum number of workstations available to accommodate staff.

Consideration should be given to:

- relocate all appropriate staff to home working
- sufficient clinical support at sites
- likely duration of the relocation

- travelling time required to reach another site
- staff access to transport
- during a long relocation setting up transport for groups of staff from their normal site
- increasing remote clinical staffing
- it may not be possible to relocate all staff & therefore national contingency is to be considered
- consider methods of communication, i.e. email, phone, SMS

	Procedure P112 – Business Continuity Plan <u>Appendix D2</u> <u>Evacuation, Relocation, Shelter & Lockdown</u>
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B2 Relocation Site Information – Urgent Care Divisions

URGENT CARE DIVISIONS – Relocation Sites							
Derbyshire		Leicestershire		Northamptonshire		Bassetlaw	
Evacuating from	Relocate to	Evacuating from	Relocate to	Evacuating from	Relocate to	Evacuating from	Relocate to
Ashbourne UCC – St Oswalds	Derby Urgent Care Centre or Whitworth Hospital	Coalville Community Hospital	LUTC	Danetre Hospital – HQ	Office Hours – remote working from home or Anstey Frith OOH period – Northampton (NGH)	Bassetlaw District Hospital	Bassetlaw District General Hospital through negotiation. Otherwise, consider Retford PCC or other primary care location. Bassetlaw A/E - 01909 572048 SPA – 01777 274422
Ashgate Manor	CRH, Clay Cross Hospital or Whitworth Hospital	Enderby	Oadby				
Bolsover	Ashgate Manor or Clay Cross Hospital	Anstey Frith	Orbis, Derby				
Buxton Cottage Hospital PCC	NHPUCC	Hinkley & Bosworth Community Hospital	Coalville Community Hospital	Danetre Hospital – OOH site	OOH – Northampton NGH		
Chesterfield Royal Hospital Streaming	RDH Streaming	Loughborough Urgent Treatment Centre (LUTC)	t.b.a.	Isebrook Hospital, Wellingborough	OOH - Kettering KGH In Hours – PLT (Monthly): KGH, home working or Anstey Frith as overflow		
Clay Cross Community Hospital PCC	Bolsover Hospital, Ashgate Manor or Whitworth Hospital	Lutterworth Fielding Palmer Hospital	no alternative	Kettering General Hospital (KGH)	Split NGH & Danetre		
Derby Urgent Treatment Centre (DUTC)	Royal Derby Hospital, Ilkeston Hospital or Ripley Hospital	Market Harborough (St Lukes Hospital)	Oadby	Northampton General Hospital (NGH)	Split KGH & Danetre		
Ilkeston Community Hospital PCC	Ripley Hospital or Derby Urgent Care Centre	Melton	Oadby				
Orbis Building	Derby Urgent Care Centre	Merlyn Vaz Healthcare Hub	Oadby				
Long Eaton PCC	Ilkeston Hospital or	Oadby	no alternative				

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 88 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

URGENT CARE DIVISIONS – Relocation Sites

Sites listed below should be considered if relocation is required – **CHECK OPENING TIMES BEFORE RELOCATING**

Derbyshire		Leicestershire		Northamptonshire		Bassetlaw	
	Derby Urgent Treatment Centre						
North High Peak Urgent Care Centre (NHPUCC)	Buxton Hospital	Oakham Rutland Memorial Hospital	no alternative				
Ripley Hospital PCC	Derby Urgent Treatment Centre, Ilkeston Hospital or Clay Cross Hospital						
Roundhouse	Orbis, work from home						
Royal Derby Hospital Streaming	CRH Streaming						
Swadlincote UCC	Derby Urgent Care Centre						
Whitworth Hospital PCC	Clay Cross Hospital or Ashgate Manor						

B3 Relocation of staff to working from home

The following should be referred to when considering relocation of staff to working from home:

P2088 – Remote & Hybrid Home Working Procedure – [Click here for link to P2088](#)

F3505 – Checklist for flexible home working – [Click here for link to F3505](#)

F2059 - Dress code and uniform procedure

P2068 – Data Protection, Consent and Confidentiality Procedure – [Click here for link to P2068](#)

To enable operational staff (clinical and non-clinical) to utilise workstation space normally used by Corporate and Divisional non-operational staff, some non-operational staff may be requested to work from home.

Staff may also be asked to work from home if their normal workplace is unavailable.

The majority of Corporate and Divisional non-operational staff are issued with DHU laptops/tablets and, where required, telephony kit, and have been approved by their Divisions to work from home. Divisions hold lists of which staff can work from home. Divisions are responsible for ensuring that the above procedures are followed.

The BCMT/Strategic On Calls/Tactical On Calls will need to liaise with Divisions to arrange for non-operational staff to be asked to work from home. The arrangements should be reviewed periodically.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 90 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

B4 Planning to return to affect site

Consider the following actions

	Plan return to affected site	All Sites
1	Severity of issue will determine actions required	Strategic On Call
2	For a major issue the BCMT or DHU Executive Team would consider the options, implications and plan return or permanent move to alternative site	Strategic On Call
3	Plan return to affected site whilst considering options available	Strategic On Call
4	Decision to be made to return to affected site with agreed time by Tactical On Call/Strategic On Call/BCMT	Tactical/Strategic On Call/BCMT
5	Refer to Recovery section – Appendix H	All staff
6	On return to site use evacuation checklist to reverse the actions, .e.g. notify other organisations of return to site	Tactical On Call
	Update Datix	Tactical On Call

[Click here to return to CONTENTS PAGE](#)

	Procedure P112 – Business Continuity Plan <u>Appendix D2</u> <u>Evacuation, Relocation, Shelter & Lockdown</u>
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D2c Shelter and lockdown

In the event of a major incident, external to the building, it may be safer for staff and patients to take refuge or cover in the current location. This is known as sheltering.

Lockdown – the process of controlling access to or exit from a location. This may be required for:

- Missing patient
- An incidence of violence within the building
- Advice from emergency services to lockdown

Lockdown may be required alongside sheltering.

While sheltering or in lockdown, staff should be preparing for an evacuation [D2a Evacuation](#)

The decision to shelter or lockdown and subsequent actions will be informed by taking into account:

- Nature of incident (including any known infrastructure risks)
- Overall risk to patients, the public and staff
- Nature and diversity of patients cared for on site
- Staffing available
- Command and control arrangements required
- Risks associated with the location(s) of certain types of patients
- Substances kept on site and the cordon arrangements for this
- Advice from emergency services

Remember the Government advice for marauding terrorist attack - Run. Hide. Tell - see box at end of this section for all actions

Responsibilities	Roundhouse, Derby	Orbis Building, Oldbury, The Quad	Anstey Frith, Leicester	Ashgate Manor, Chesterfield	Peripheral Sites Derbys & Leics U. C. Divisions	Peripheral Sites & Daventry HQ Northants U. C. Division
Person responsible for alerting Tactical On Call and leading of on-site actions	Senior person on site	111 shift lead	UC - Senior person on site	U.C. Shift Lead	Senior person on site with Receptionist	DC at NGH, Clinician at other sites
Responsible for overall leading of sheltering – may be offsite	Strategic on Call, liaising with Tactical on Call	Strategic on Call, liaising with Tactical on Call	Strategic on Call, liaising with Tactical on Call	Strategic on Call, liaising with Tactical on Call	Strategic on Call, liaising with Tactical on Call	Strategic on Call, liaising with Tactical on Call

Sheltering and lockdown – Actions to Consider

C1 Person leading actions on site

1	Ring emergency services	
2	Ring Tactical on Call to discuss option to shelter or lockdown - provide contact details	
	If decision of Tactical On Call is to enact sheltering and/or lockdown :	
3	Ensure site contingency mobile is on their person available for contact and on SILENT (where applicable)	
4	Continue to liaise with the emergency services and follow instructions	
5	Collect fire/evacuation grab bag in preparation for evacuation, including printed BCP (where applicable)	
6	Collect first aid kit and have clinical staff member administer first aid if required	
7	Collect phone chargers & ask staff to take mobile phones with them.	
8	<p><i>Information - No DHU sites have designated shelter/lockdown locations.</i> <i>The table below shows suggested locations which should be considered in conjunction with the guidance below.</i></p> <p>Liaise with Tactical On Call (and emergency services if available) to decide on most appropriate location, conducting a dynamic risk assessment & taking into account the nature of the threat and the guidance below:</p> <p>Furthest away from area of danger:</p> <ul style="list-style-type: none"> ○ Protected by physical barriers from area of danger, e.g. walls, fire doors ○ Protected by access controls ○ Has clear exit points / keep in mind the nearest exit point ○ Suitable size for number of people 	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61
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	<ul style="list-style-type: none"> ○ Access to phone signal ○ Safe access to toilets, refreshments and seating ○ Out of sight if there is potential danger through windows & to prevent injury from flying glass (close blinds) 	
9	Direct staff/patients to the area decided - consider the needs of all including those who face health inequalities	
10	Ensure the building's integrity – close doors and windows as needed. Consider if doors can be locked (marauding terrorist) Refer to site information tables for location of keys /contacts –DHU Site Information	
11	In NHS buildings (all DHU peripheral sites) contact reception/property manager/estates/other users to inform them of the situation and of your location Refer to site information tables for contacts DHU Site Information	
12	Allocate a clinician, if present at site, to support with urgent health concerns monitor patients for deterioration and take action as required (via phone if no clinician no site)	
13	Count staff and patients in shelter area – attempt to establish if anyone is missing (without endangering yourself)	
14	Consider appropriate role allocation. Staff should not be asked to undertake a role they are not comfortable performing or trained to undertake, nor should they be expected to put themselves at risk or in danger of injury.	
15	Assess patient needs, including mobility, care and comfort. Determine the resources required to support patients. Consider the needs of all including those who face health inequalities	
16	Consider the resources needed to maintain patient comfort and safety, for example seating, medical equipment, medications.	
17	Maintain paper-based patient records where no electronic access is possible.	
18	Allocate and brief named staff ready to respond to the needs of those who may find changes in environment and increase sensory disturbance/ overload challenging.	
19	Establish (with clinician) if any patients or staff require urgent transfer to acute hospital & discussion with Tactical on Call.	
20	Consider refreshments	
21	Remind staff of DHU's social media policy and not to post pictures/comment/opinion on social media.	
22	Ensure contact mobile phone remains charged	
23	Frequently review situation continue to liaise with Tactical On Call and be prepared to evacuate the site – refer to D2a Evacuation	

C2 Tactical On Call – Actions to consider (may not be on site)	
1	Receive phone call from site, liaise with Strategic On Call to decide if shelter or lockdown is required & if so the location
2	Declare OPEL 4 escalation status (refer to escalation action plan) refer to Escalation Plans 111 Division Escalation Plans Urgent Care Divisions
3	Ensure directory of services is closed for site affected
4	If a 111 site is affected, invoke national contingency to appropriate %
5	Allocate a person (not at the affected site) to contact patients booked into the affected site and arrange appointment at alternative site - see site relocation tables D2b Relocation & Return
6	Request resource planning teams or allocate a person to IMMEDIATELY text staff due on shift to warn them not to attend site. message [WARNING – do not attend xxx site – serious incident – await further instructions]
7	Set up conference calls with person at site, if safe, Strategic On Call, other DHU resources as required – enlist help of colleagues
8	Follow relocation tables to establish which site may require additional staffing – refer to D2b Relocation & Return
9	Both Tactical & Strategic On Call to consider attending site if appropriate & safe or an alternative site nearby, to liaise with authorities
10	Consider increasing homeworking hours to manage remaining patient workload Contact staff due to attend the affected site and advise them of their plan.
11	Create list of staff present at affected site – consider contacting emergency contacts of staff – request Strategic On Call to in call in HR for support
12	Create list of patients at affected site – in case follow up is required
13	Be prepared to pass information of patients and staff to authorities (refer Info Sharing Flowchart)
14	Be prepared to complete a Sitrep/SBAR, if requested by the ICB/NHS England
15	If no clinician is at the affected site, identify a clinician to be on standby to support, via phone, with urgent health concerns
16	Review evacuation checklist in preparation for evacuation
17	Review relocation checklist for any relevant actions
18	Continue to liaise with person leading the shelter/lockdown at site

C3 Strategic On Call Actions (may not be on site)	
1	Continue to liaise with Tactical On Call and discuss what support is required
2	Both Tactical & Strategic On Call to consider attending site if appropriate & safe or an alternative site nearby, to liaise with authorities
3	Call in DHU's Head of Comms
4	Inform ICB and establish communication channels to enable assistance / liaison from external agencies (if a 111 service all ICBs should be informed however main liaison is via Derbyshire ICB)
5	Consider if BCMT should be convened
6	Strategic to ensure (through ICB) that DHU is included in the tactical systems calls

C4 Communications Team Actions	
1	Liaise with Strategic On Call and discuss what support is required
2	Refer to Media Action Plan D8 Media action plan
3	Consider: preparing Strategic On Call statements; informing, supporting, updating staff, comms to wider community; informing staff of road closures; updating staff re the aftermath/recovery
4	Prepare media trained Directors for media briefings

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 93 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix D2</u> <u>Evacuation, Relocation, Shelter & Lockdown</u>
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5	Monitor social media for misinformation	
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Sheltering & Lockdown – Locations to be considered

The table below shows suggested locations which should be considered in conjunction with the guidance at C1, action 8, above

Derbyshire		Leicestershire		Northamptonshire & West Midlands	
Ashbourne UCC – St Oswalds	Office behind reception (door locks) Clinical rooms	Anstey Frith	Upstairs	Danetre Hospital	Out of hours office (lockable from inside, key fob access required to get to door – also has 2 exit points)
Ashgate Manor	Upstairs L.G Floor, in reception back office (locked)	Coalville Community Hospital	DHU Reception Room	Isebrook Hospital	From reception – upstairs (key fob access required) From clinical rooms – Store cupboard (lockable)
Bolsover	Behind reception which has a screen and is locked	Enderby	Dance studio next to reception area (no patient access, key coded)	Kettering General Hospital (KGH)	Room in corridor where meds cabinet is stored (key code access)
Buxton Cottage Hospital PCC	Reception office (keypad on door)	Hinkley & Bosworth Community Hospital	Room behind reception (lockable door)	Northampton General Hospital (NGH)	Kitchen area (fob controlled main door, fire escape)
Chesterfield Royal Hospital Streaming	In consulting room in streaming area, there are 3 rooms together that can be locked	Loughborough Urgent Care Centre (LUCC)	Behind reception in the conference room (no patient access, key coded)	Birch House, Oldbury	Upstairs, out of sight from windows, below windows
Clay Cross Community Hospital PCC	Remain in HCA room which is locked	Lutterworth Fielding Palmer Hospital	No secure location – 2 escape routes (urgent care door & main hospital door)		
Derby Urgent Care Centre (DUCC)	Office behind reception (door locks)	Market Harborough (St Lukes Hospital)	Secure corridor to right of reception – thru double doors (no patient access)		
Ilkeston Community Hospital PCC	Office behind reception (door locks) Clinical rooms	Melton	MIU bays – fob access only for double doors		
Long Eaton PCC	Office behind reception (door locks) Clinical rooms	Merlyn Vaz Healthcare Hub	Secure corridor to the left of reception (no patient access without swipe fob)		
North High Peak Urgent Care Centre (NHPUCC)	Office behind reception (door locks)	Oadby	Staff changing room behind reception (no patient access, key coded)		
Orbis	upstairs, internal training rooms, boardroom, welfare area	Oakham Rutland Memorial Hospital	Admin room behind reception (no patient access, key coded)		
Ripley Hospital PCC	Office behind reception (door locks)				
Roundhouse	Upstairs, out of sight from windows, below windows				
Royal Derby Hospital Streaming	Clinical rooms – room behind booking in desk as this locks				

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.				

	Procedure P112 – Business Continuity Plan <u>Appendix D2</u> <u>Evacuation, Relocation, Shelter & Lockdown</u>
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Derbyshire		Leicestershire		Northamptonshire & West Midlands	
Swadlincote UCC	Office /reception (door locks) - clinical rooms				
Whitworth Hospital PCC	In the pharmacy room at the back of the office				

C5Post Incident Actions (Tactical On Call & Line Managers)

1	In addition to actions in Recovery section	
2	Send staff home ensuring they have reached there safely (consider transport/taxis)	
3	Consider transport for patients	
4	111 sites – review ongoing requirement for national contingency	
5	Communications team to support post event communications	
6	Line managers to meet with all staff as soon as practical after the incident	
7	Change escalation level as appropriate	
8	HR / occupational health to offer post incident support to staff – if appropriate	
9	Assess if the building is damaged, may need specialist advice, and if/when services can recommence from the site	
10	If site not available, continue providing services from relocation site whilst a medium-term solution is established	
11	Review at Executive team level	

Remember the Government advice for marauding terrorist attack – Run. Hide. Tell

RUN

- Escape if you can
- Consider the safest options
- Is there a safe route? Run, if not Hide
- Can you get there without exposing yourself to greater danger?
- Insist others leave with you, but don't let their indecision slow you down.
- Leave belongings behind.
- Do not attempt to film the incident. Run.

HIDE

- If you cannot Run, Hide
- Find cover from gunfire
- If you can see the attacker, they may be able to see you. Cover from view does not mean you are safe. Bullets go through glass, brick, wood and metal. You must still hide, even if you are behind a locked door.
- Find cover from gunfire e.g. substantial brickwork/heavy reinforced walls
- Be aware of your exits
- Try not to get trapped
- Be quiet, silence your phone and turn off vibrate
- Lock/barricade yourself in
- Move away from the door

TELL

Call 999 – What do the police need to know? If you cannot speak or make a noise, listen to the instructions given to you by the call taker:

- Nature of the Incident - What is happening?
- Location - where is the incident taking place? Give an address or general location
- Suspects – Where are the suspects?
- Direction – Where did you last see the suspects?
- Descriptions – Describe the attacker, numbers, features, clothing, weapons etc.
- Further information – Casualties, type of injury, building information, entrances, exits, hostages etc.
- Stop other people entering the building if it is safe to do so

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 95 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D3 Power Failures (including generator information)

SITES WITH GENERATOR

Main sites (except for Roundhouse) have a generator which will start automatically if the mains power supply fails :

Site	Coverage	Running Time before re-fuelling	Contact for generator problems	Additional information
Ashgate Manor, Chesterfield	All areas used by DHU	48 hours	WBPS will top up as needed at service and any other time 0115 944 4422	See flowchart below
Anstey Frith, Leicester	All areas used by DHU & whole site	Managed by Leicester County Council (LCC) In Hours – Estates OOH - Security	LCC helpline 24/7 0116 305 5000	No UPS – a short gap is likely whilst the generator becomes operational
Birch House, Oldbury	All areas used by DHU & whole site	48 hours	Via DHU estates	Site is also covered by UPS supporting telephony therefore calls will not be disconnected
Danetre Hospital	Covers all areas used by DHU	4 months	Robertson Helpdesk 0141 739 0516	
Orbis Building, Derby	All areas used by DHU & whole site	120 hours	Praxis	Site is also covered by UPS therefore no power loss should be experienced
The Quad	All DHU areas	48 hours	FI Facilities Management – 08442 933800 - pmq@fi-rem.com	

Peripheral Sites – many peripheral sites have a generator, including all Northants sites - refer to Site Information Section [Peripheral Sites](#)

Action for Shift Lead at Ashgate, Anstey Frith, Birch House, Danetre, Orbis and The Quad

The generator will start automatically – no immediate action is required.

If there is a prolonged power cut consider request for re-fuelling of generator – see table above

SITES WITHOUT GENERATOR

Action by peripheral site staff

Contact the staff member leading the shift for your DHU Division to discuss an action plan.

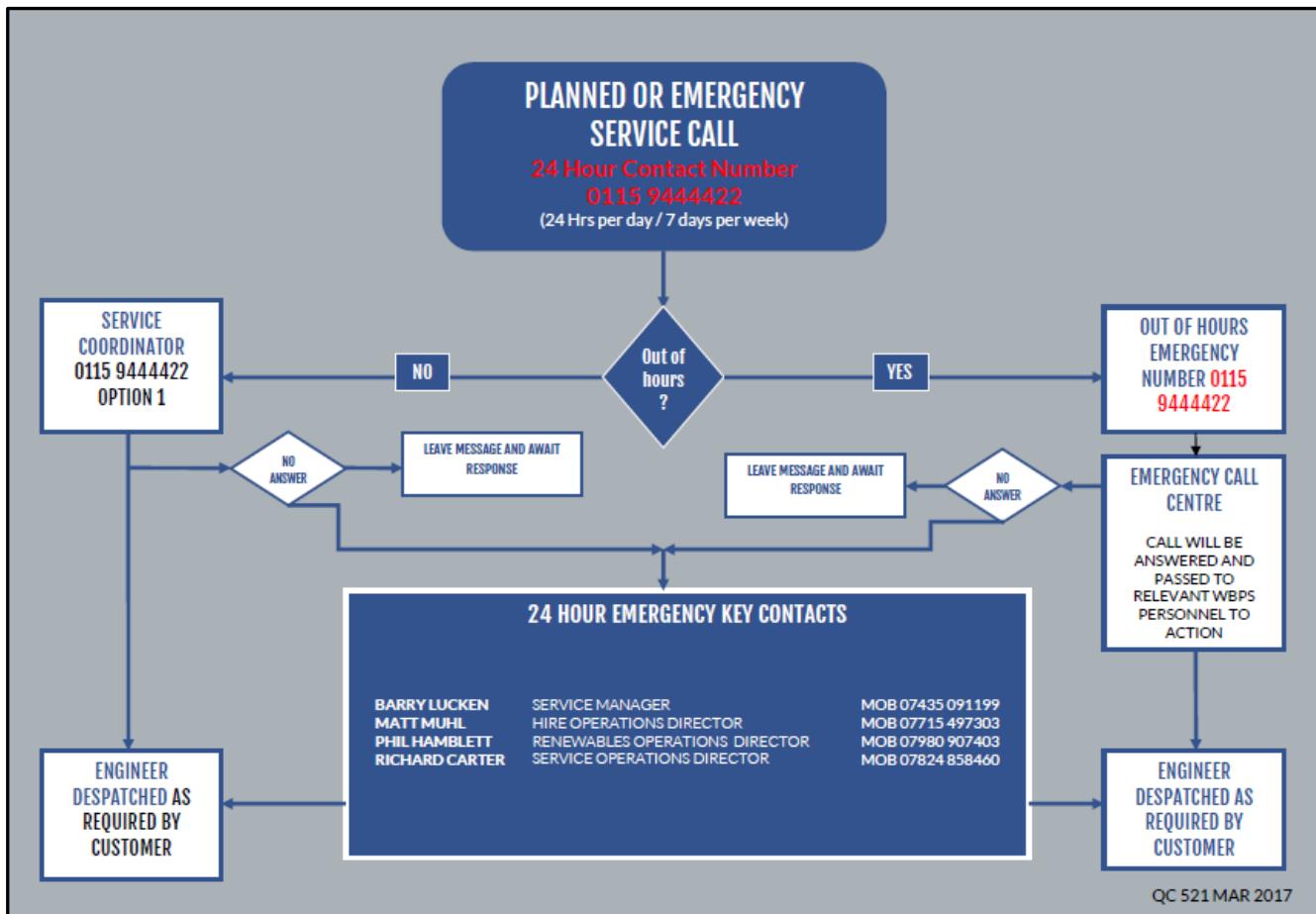
Action by staff member leading the shift for the Division

Establish how long power outage is likely to continue by contacting Electricity Supplier.

Liaise with Tactical On Call for your Division.

If the decision is to close the site follow evacuation and relocation action plans at [Appendix D2](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 96 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Ashgate Manor – Generator Support 24/7

Generator Information – confirmed as being correct by DHU Estates – May 2023
[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 97 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D4 Water Failures**Staff member leading the shift – establish the scale of the problem**

- What is it affecting?
- Is it affecting the entire site?
- Is it affecting neighbouring premises?
- Is it affecting the delivery of patient care?
- Will catering facilities be affected?
- Is there any indication of how long the disruption is likely to last?

Report the problem

Refer to Site Information Table – [Appendix C](#)

Escalate to Tactical On Call for own Division**Actions to consider**

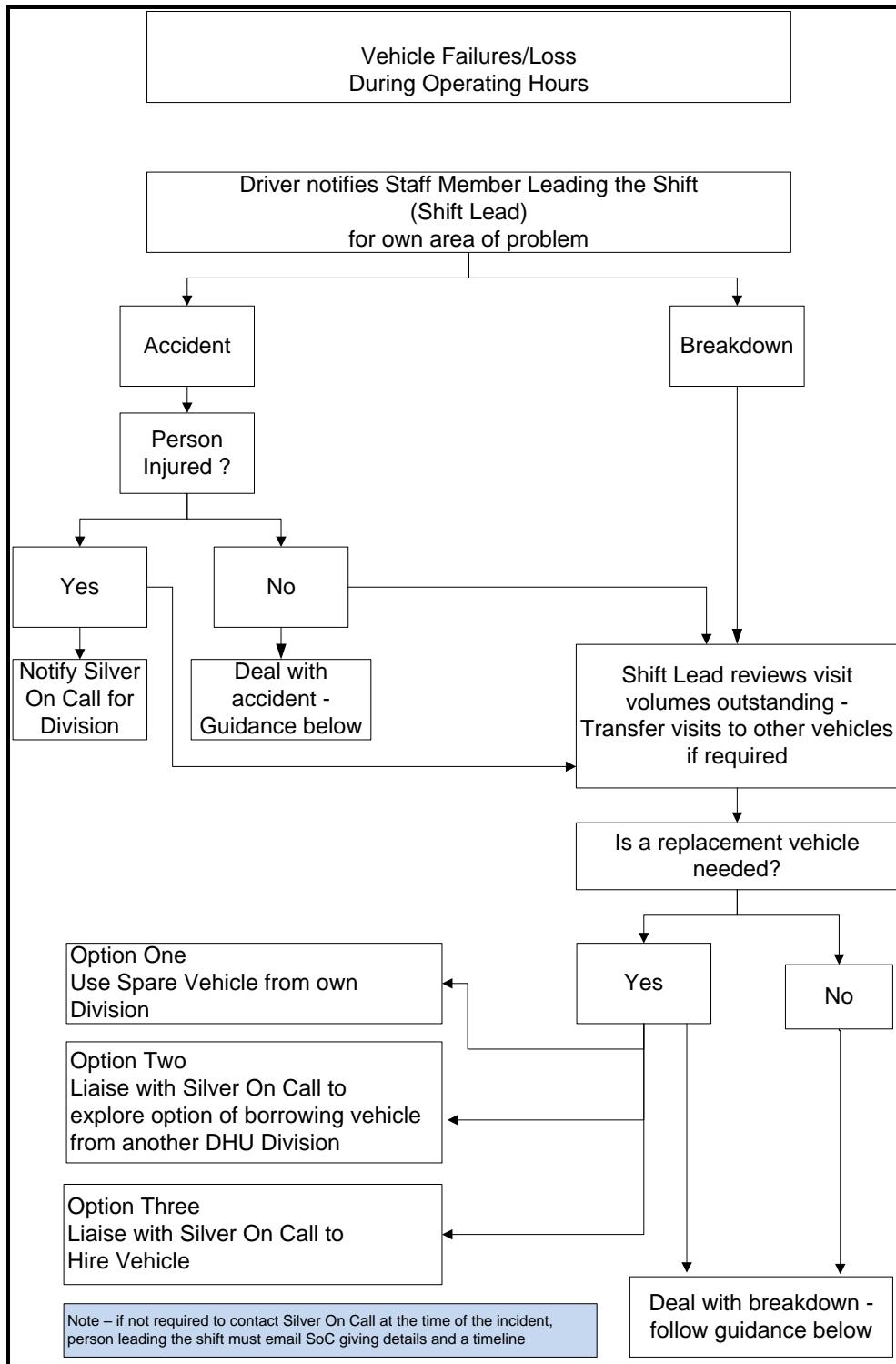
- Do not attempt to fix the problem unless explicitly instructed to do so by Management.
- Consider sourcing bottled water (vending machines, local shops, etc.)
- Try to conserve water, do not leave taps running and flush toilets less regularly.
- Keep staff around the site informed of the situation via site-wide instant message (Adastra or SystmOne) and send a runner around to reinforce the message.
- Liaise with Tactical On Call to decide if viable to continue working from site in liaison with DHU infection, prevention and control team (refer to relocation [Appendix D2](#))
- Ensure use of Clinell wipes

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 98 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D5 Vehicle Failure

Applicable only whilst vehicle is in service



Breakdown & Accidents

- Driver and clinician should move away from the vehicle to an area of safety if vehicle is in an unsafe position
- Driver to call the police if the vehicle is causing an obstruction or danger to others
- Driver should notify the Shift Lead/ Supervisor of the problem and the vehicle location
- Driver will arrange for breakdown assistance (information held within Division)
- Driver will need to remain with vehicle until breakdown assistance arrives
- Shift Lead / Supervisor to consider transport for clinician to return to base or transfer to another DHU vehicle
- Clinician may be requested to triage calls if safe to remain in the vehicle
- Shift Lead / Supervisor to keep in touch with driver and clinician and check on their welfare
- Shift Lead/Supervisor to inform the Transport Manager by email of the details of the event & log on Datix.
- The clinician should transfer controlled drugs to the other DHU vehicle – driver to inform Shift Lead/Supervisor that this has been done.
- If the vehicle is not repairable on scene and needs to be removed by recovery services, another DHU vehicle should be despatched to collect the driver and all remaining medications from the out of action vehicle.
- If drugs cannot be removed from the vehicle, for instance it is unsafe to do so, the police should be informed that drugs are in the vehicle and the Shift Lead / Supervisor should inform Tactical on Call & Clinical Lead
- Shift Lead / Supervisor – add to shift log and handover vehicle information to incoming shift

Link to detailed breakdown information [F4335](#)

See appendix K for breakdown organisations [Contacts Directory](#)

Accidents

In the event of an accident involving a DHU vehicle the Shift Lead should follow this guidance :

- **The driver MUST NOT ADMIT ANY LIABILITY**
- Establish full location and the extent of the incident
- Find out if anyone is injured
- Advise the driver to take full details of any other vehicles involved in the incident
 - Vehicle Registration Number
 - Make and Model
 - Colour
 - Insurance details if available
- Advise the driver to take full details of the drivers of any other vehicles involved
 - Full Name
 - Full Address including postal code
 - Contact Telephone Number
 - Note any injuries
- Advise the driver to take full details of any witnesses
 - Full Name
 - Full Address including postal code
 - Contact Telephone Number
- Ask the driver to make a sketch of the incident including direction of travel of all vehicles
- Ask the driver to take a photo of the accident scene
- Make a note of the weather conditions (Clear, rainy, fog, night, day etc.)



- Ask the driver to note the details of any police officer that attends
- Find out if anyone is taken to hospital and if possible the extent of any injuries
- Arrange recovery.

ADVISE THE OTHER PARTIES INVOLVED THAT WE WILL MAKE CONTACT WITH THEM TO PROVIDE DETAILS OF OUR INSURERS

When providing our details give the company registered address

DHU – for the attention of Finance Department
No 2 Roundhouse Road
Pride Park
Derby
DE24 8JE

[Click here to return to CONTENTS PAGE](#)

D6 Severe Weather

Applicable to all DHU Divisions and covers any severe weather event including:

- Exceptionally heavy snow or rainfall
- Flooding
- Heatwave
- Extreme wind

If service provision is affected refer also to Escalation Action Plans – [Appendix G2 \(111\)](#) and [Appendix G4 \(UCDs\)](#)

1. Alerts / information re. severe weather and liaison

All DHU On Call staff, other operational Senior Managers, DHU Communications team and Estates teams sign up to receive Meteorological Office notifications of Weather Alerts, via www.metoffice.gov.uk and flood warnings via [Sign up for flood warnings – GOV.UK \(www.gov.uk\)](http://Sign up for flood warnings – GOV.UK (www.gov.uk))

The weather forecast may be accessed at any time at www.metoffice.gov.uk/

DHU is alerted by UK Health Security Agency (UKHSA) and by Local Health Resilience Forums / ICBs of severe weather and will be required to activate plans in accordance with guidance.

Links to plans

[heatwave-plan-for-England 2022](#)

UKHSA [Adverse Weather and Health Plan - GOV.UK \(www.gov.uk\)](#)

Site information tables show sites for which flood alerts are available [Click here for link](#)

2. Communications

DHU's Communications team will publish information, precautions, travel alerts and guidance, internally and externally, appropriate to the weather conditions which are forecast and aligned to system guidance (for example UKHSA alert levels) to advise both DHU staff and the public, via social media and internal messages.

3. In Hours period – preparation

When severe weather is forecast managers consider the potential impact on provision of services. Staffing rotas should be reviewed in order to identify potential problems resulting from difficulty that staff may experience in travelling to their scheduled workplaces. Where feasible, the possibility of using workstations at peripheral sites may be considered. Consider scheduling of staff and clinicians who have DHU kit for working from home to work their shift from home. If replacements cannot be found for staff who are prevented by the severe weather from travelling to work and if there is no suitable public transport (buses, taxis, etc.), the option of using DHU 4-wheel drive vehicles to transport staff may be considered. This must be authorised by the Director of the relevant staff group / Strategic On Call or Chief Executive Officer.

DHU Estates Department should be contacted if mobile heaters or air conditioning units are required.

Divisions with staff using Personal Protective Equipment should refer to DHU's guidance [F3628 Use of Personal Protective Equipment in Hot Conditions](#)

4. Out of Hours period – all Divisions

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 102 of 331
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B

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When severe weather is forecast Rota Team/Urgent Care Co-ordinators/Supervisors/Clinical Leads/NHS 111 Shift Leads must review rotas in order to identify potential problems resulting from difficulty that staff may experience in travelling to their scheduled workplaces. Where feasible, the possibility of using workstations at peripheral sites may have to be considered.

Consider scheduling of staff and clinicians who have DHU kit for working from home to work their shift from home.

If replacements cannot be found for staff who are prevented by the severe weather from travelling to work and if there is no suitable public transport ('buses, taxis, etc.), the option of using DHU 4-wheel drive vehicles to transport staff may be considered. This must be authorised by the Tactical On Call in liaison with Strategic On Call.

If severe weather is affecting only part of the area covered by DHU consider requesting support from other Divisions (as per Escalation Action Plans [Appendix G2](#) (111) and [Appendix G4](#) (UCDs) and Use of Adastral Shared Queues – [Appendix F5](#)) including requesting staff in unaffected areas to attend local bases to assist.

5. Out of Hours period – Urgent Care Divisions

If the whole of a Division is affected by severe weather conditions and if normal DHU services are compromised, local clinicians may, at the discretion of the Tactical On-Call/Strategic on call, be contacted to go on standby for local patients. Authorised staff have access to relevant addresses and telephone numbers in Adastral or in the Rotamaster database. Given that travel may be extremely difficult throughout the County, all Clinicians should be aware of the potential problems and must contact the Clinical Lead or the Tactical On-Call to discuss the need for clinical contact, in order to minimise the risk to patients and staff. The Clinical Lead may work from any base.

If DHU is unable to carry out a Home Visit, the Urgent Care Co-ordinator/Supervisor/Clinical Lead must contact the Tactical On-Call to discuss options for Home Visiting.

The person leading the shift must keep abreast of travel problems by reviewing the Automobile Association's dedicated AA Roadwatch website:

<http://www.theaa.com/traffic-news/index.jsp>

The AA Roadwatch website is updated regularly, using fresh information provided by the Police, who also take information from the AA.

The person leading the shift must liaise with all other sites and keep them informed, at all times, regarding the arrangements that have been made. This will help to guarantee effectiveness and consistency in communications with patients regarding the level of service that DHU is able to maintain.

6. Derbyshire guidance

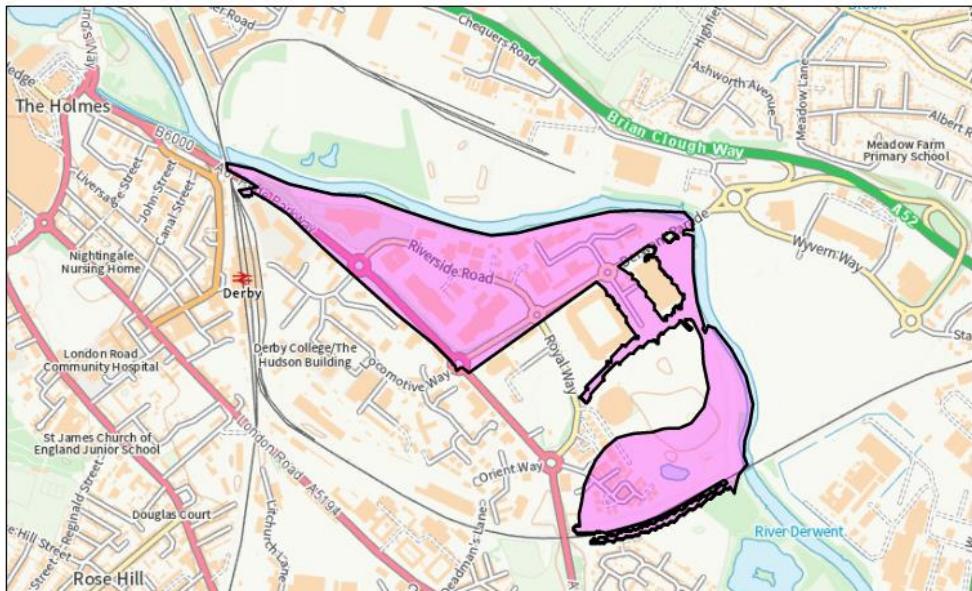
Flood alerts are available for the following DHU sites:

- Orbis Building
- Long Eaton PCC

DHU 111 & Urgent Care Derbyshire Tactical On Calls, IT On Calls & Strategic On Calls should sign up to receive flood alerts at [Sign up for flood warnings – GOV.UK \(www.gov.uk\)](#) and select Derby, warnings for River Derwent at Pride Park.

Whilst the Orbis building has not flooding in its 20 year history, the evacuation plan at appendix [D2 Evacuation & Relocation](#) should be followed if required.

River Derwent at Pride Park and Derby Railway Station



Rivers in Derbyshire that are particularly prone to flooding include the:

- River Derwent. This may affect Derby City.
- River Rother. This runs through the North-East of the county and often floods roads
- River Wye Buxton, via Bakewell, to Rowsley

This list must not be regarded as exhaustive. Flood warnings are available for numerous Derbyshire rivers at the link above.

Buxton & High Peak detailed forecast is at www.buxtonweather.co.uk

If heavy snow is forecast in the High Peak and Dales, a Driver and Doctor may be asked to be on-call in the Buxton area, to be available to carry out Home Visits between midnight and 08:30 that would normally be covered by the Chesterfield team. Consideration must also be given for a CSN & HCA to be asked to be on-call during the same time frame and discussion as to whether both Urgent Care & Community Nursing staff may need to travel together for safety reasons. The Head of Community Nursing or Community Nursing Team Leaders, UCD Rota Team and/or Urgent Care Co-ordinators will also liaise with Chesterfield/Derby staff to identify staff members who are best suited to providing cover during periods of severe weather.

If there is a serious risk that the North High Peak Urgent Care Centre may have to be closed, the Urgent Care Co-ordinator/Clinical Lead must contact Peak 4 x 4 via the Emergency Planning Division (DCCEPD) at Derbyshire County Council, using the numbers shown below:

In-hours: 01629 538364 –

Out-of-Hours:

01629 533085 (Ex-Directory – not for circulation to the public)

07074 737451 (Duty Officer 1 – not for circulation to the public)

07074 737452 (Duty Officer 2 – not for circulation to the public)

N.B.: These numbers are only to be used by DHU Management Teams and not for public use.

This service should only be used for transporting “service-critical” staff, to enable DHU to maintain a service that would otherwise have to be suspended.

7. Leicestershire guidance

Flood alerts are not available for any DHU sites in Leicestershire

No specific guidance for Leicestershire only – follow this plan

8. Northamptonshire guidance

Flood alerts are not available for any DHU sites in Northamptonshire

No specific guidance for Northamptonshire only – follow this plan

9. West Midlands

Flood alerts are not available for any DHU sites in the West Midlands

No specific guidance for Northamptonshire only – follow this plan

10. Vehicles

DHU Response Vehicles will carry snow shovels and a small bag of salt during the winter months. However, staff are also advised to take their own precautions, such as taking a flask and refreshments with them when out on the road. Drivers and Clinicians in Response Vehicles should also be reminded of the need to carry suitable protective clothing and footwear.

It is likely that the NHS111 service will be very busy at times of severe weather. It is vital that any closures to sites are done by stakeholders listed on the Directory of Services in order that appropriate advice and allocation of appointments are made to patients requiring urgent medical attention. Tactical On Call will be responsible for ensuring all DHU staff are aware of new developments affecting the service as they arise, due to inclement weather.

11. DHU Sites

When there is snow and/or ice on the ground, the option of gritting walk-ways and car parks adjoining DHU premises must be considered.

- see site information [C DHU Site Information – Main Bases & HQ](#)

DHU Estates Department should be contacted if mobile heaters or air conditioning units are required.

12. Requests from external agencies for assistance

If external agencies approach DHU for assistance, requests must be considered on a case-by-case basis.

All requests must be discussed with the Strategic On Call who will have full discretion as to how to respond to the request

DHU's philosophy is to adopt a collaborative approach in its dealings with other agencies, especially at times of crisis.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 105 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D7 Pandemic

Applicable to all DHU Divisions

In the event of a National Disease pandemic DHU's escalation actions plans should be followed ([Appendix G2](#) for 111 and [Appendix G4](#) for UCDs) in addition to guidance within this Appendix.

As part of the Local Health Resilience Partnerships in counties covered by DHU and to support the achievement of the objectives of NHS England in any pandemic preparedness and response :

DHU will work partners and the local System to identify gaps, mitigate residual risks, and develop pandemic influenza plans that are tested, appropriate and up to date.

DHU will initiate our own internal emergency preparedness command, control and communications procedures and facilities response plans that are planned, tested and in place to oversee and manage our response to a pandemic,

As the situation develops in relation to phases of the pandemic and the organisational response required, DHU will ensure that infection prevention and control measures are aligned to national guidance and the system approach. The Director of Nursing & Quality, Deputy Director of Nursing and Quality and the DHU Infection Prevention & Control Practitioner will review and maintain oversight of any national IPC guidance and recommendations ensuring that in partnership with key stakeholders risks and issues are identified and escalated with clear direction, advice provided in relation to IPC measures.

Additionally, Urgent and Emergency Care may be asked to support the local and regional system in the provision of services that are outside of those that are contracted in order to be responsive and agile to the evolving Pandemic situation for e.g home visits or specific clinics.

On identification of rising levels of illness such as flu the WHO (World Health Organisation) use a strategy of Detection, Assessment, Treatment, Escalation and Record (DATER)

Nationally

- NHS England Incident Management Teams (IMTs) will issue alerts and decide on level of response
- When levels become high (e.g. Flu) UK Health Security Agency (UKHSA) will advise antiviral prescribing for vulnerable people
- UKHSA will continue to trigger escalating levels of alert
- The local Incident Control Centre (I.C.C.) will act as a conduit for information from DH, NHS England and Regional Teams.

If pandemic alert level is activated

- UKHSA will lead the response in conjunction with NHSE.

DHU as a NHS 111 service provider would be expected to liaise with emergency planning as required

DHU RESPONSIBILITIES AND ACTIONS:

- A multidisciplinary team will comprise of, but not exclusive to, the CEO, Medical Director, Director of Nursing and Quality, DHU's Accountable Emergency Officer/Director Responsible for Business Continuity, Deputy Director of Nursing and Quality, Managing Director of Urgent and Emergency Care and Deputy Director, Managing Director of

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 106 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU NHS 111, the Infection Prevention and Control Practitioner and Head of Estates, Facilities and Health and Safety.

- A organisational multi-disciplinary approach to ensuring that the various tasks are undertaken in relation to
 - Site inspections and risk assessments based upon current relevant guidance including:
 - Site and environmental audits of clinical and non-clinical areas – led by the IPC team
 - Employee risk assessments - led by HR and Occupational health team
 - Global risk assessment for the organisation – led by Estates
 - Risk register reviews – led by risk owners
 - Clinical audits for PPE, hand hygiene completion across clinical services - led by the IPC Team
- Advice on personal protective equipment and preventative supplies to be used in a pandemic response, e.g. hand sanitiser, can be sought from Infection Prevention and Control Practitioner, but it will remains responsibility of each department to order supplies and liaise with Estates and the Deputy Managing Director of Urgent and Emergency Care
- The Infection Prevention and Control team will have the responsibility to ensure that all relevant information received from NHSE and UKHSA, is read, and any subsequent documents required created for dissemination by the DHU communications team through the organisation in a timely manner.
- Operational and clinical leaders have the responsibility to ensure that staff comply with Infection Prevention and Control and Health and Safety guidance and measures that are in place at any time in the pandemic
- All relevant Infection Prevention and Control and Health and safety processes and guidance will be updated with local and national changes that are applicable to the current pandemic. These documents will be centrally available on DHU's intranet (Teamnet) for all staff to access.
- The Head of Estates, Facilities and Health and Safety, working collaboratively with the Infection Prevention and Control team, will be the advisory contact for non-clinical areas (e.g. Orbis Building, The Quad, Round House, Anstey Frith) will be responsible for implementing changes to the environment and PPE guidance.
- The Infection Prevention and Control Practitioner, working collaboratively with the IPC lead and Health and safety team, will be the first point of contact for clinical areas for advice and guidance
- Attend internal and external pandemic response meetings, for example:
 - Weekly Pandemic /Outbreak meetings
 - Strategic - Executive Level- System Escalation Call
 - Operational - System Operation Resilience Group (SORG)
 - Tactical – Silver Operational group (SOG)

DHU actions, following instructions from NHS England in the event of a Flu pandemic

- NHS Pathways Flu module switched on (Includes reducing call answering time)
- Activate the pandemic alert level in NHS Pathways as directed by NHS Digital
- Training stops for full NHS pathways and switches to Flu Module training
- Change of the NHS 111 message including direction to the National Pandemic Flu Service (NPFS) nationally
- Taking part in situation reports (Sit Reps) as requested by the I.C.C.
- Taking part in local Antiviral Centre co-ordination, staffing and management if requested.
- Any further specific instructions to DHU issued from NHS England via the Local Health Resilience Partnership or I.C.C.

DHU actions which may be considered:

- Relocation of staff to alternative DHU sites or home working (refer to Appendix D2)
- Postpone non-essential training to allow all staff to be utilised within each Division.
- Annual leave may need to be postponed wherever possible
- Consider list of actions taken during Covid pandemic (commencing 2020) & implement where appropriate (list below)

ACTIONS FOR CONSIDERATION to IMPLEMENT IN PANDEMIC

1. Increased availability of approved Cleaning wipes (e.g Clinell) at work stations and touch points
2. Increased availability of sanitising hand gel
3. Increased number of sanitising stations
4. Implementation of mask wearing at all times when staff enter the building and move between desks
5. Implementation of handwashing upon entering buildings/bases

6. Dedicated hand washing stations
7. The use of PPE for all staff undertaking face to face patient care
8. Daily DHU communications to ensure that staff were kept informed
9. Installation of Perspex pods for every other desk so that all staff received some additional protection
10. Implementation of one way systems whilst working in buildings
11. Implementation of 2m social distancing in all bases/buildings
12. Dedicated zone for clinically vulnerable staff when they were able to return to the office
13. BAME risk assessments for relevant staff
14. Clinically vulnerable staff risk assessments
15. Covid sickness periods not subject to sickness recording on personal files
16. Implementation of keep left markings whilst walking around buildings
17. Laptops issued to many staff when lockdown commenced
18. Remote working implemented for all relevant services
19. Secured an on-going supply of Government issued PPE
20. Whole organisation Covid Risk Assessment developed to support staff
21. Red zones for clinical staff identified
22. Single use beverage sachets introduced to reduce any potential spread of infection
23. Internal DHU Track & Trace system implemented
24. Weekly meeting to discuss cases and track & trace outcomes
25. Weekly internal business continuity management team meeting
26. Microsoft Teams meetings implemented in lieu of not having face to face meetings
27. Transport guidelines issued to all drivers and mobile clinicians to facilitate limited contact and reduce the spread of Covid
28. Guidelines issued to transport staff on how to clean vehicles before and after use
29. More cleaning of all touchpoints introduced
30. More cleaning overall introduced
31. Sanitising fogging of areas where small outbreaks were identified with some regular fogging taking place in call centres
32. Guidelines issued to advice centre staff on how to clean work stations
33. Room occupancy levels reduced with signs indicating the maximum number for occupancy attached to each room/office/lift
34. LFT's made available for all staff in order to test twice weekly
35. Dedicated staff intranet Covid page to ensure that staff had access to all up to date information and guidance
36. Covid vaccinations available for all staff – free and before the general public had access
37. Any visitors/contractors to site required to complete a health declaration form declaring Covid free.
38. Removal of all crockery and cutlery to reduce the risk of spreading Covid from all sites. Staff encouraged to provide their own and be responsible for ensuring that it is washed up properly, not storing it on site.
39. All clinical staff seeing patients face to face requested to wear DHU scrubs so that they can be washed at 60 degrees
40. Staff discouraged from making drinks for colleagues to reduce the potential of spreading Covid

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 108 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D8 Media enquiries action plan

This action plan – and its supporting flow chart – is designed to ensure that DHU Healthcare has a consistent and co-ordinated approach media enquiry requests that arise from local, national, regional and specialist media.

Integrated Care Service (ICS) issues and incidents

Serious issues and incidents that may impact on a wider health and social care system's reputation are likely to be led by system communication leads – nevertheless in collaboration with DHU through the Deputy Director of Communications & Engagement or Communications Manager.

Statements and media briefings in these circumstances should be created in collaboration, with joint agreement before release – and if necessary involving the relevant NHS England team.

Serious issues and incidents that are contained within the functions of DHU will be managed by the Communication Team in conjunction with the Executives/Board of Directors. Collaboration with partners may still be required to respond to commissioned service issues.

Major Incidents

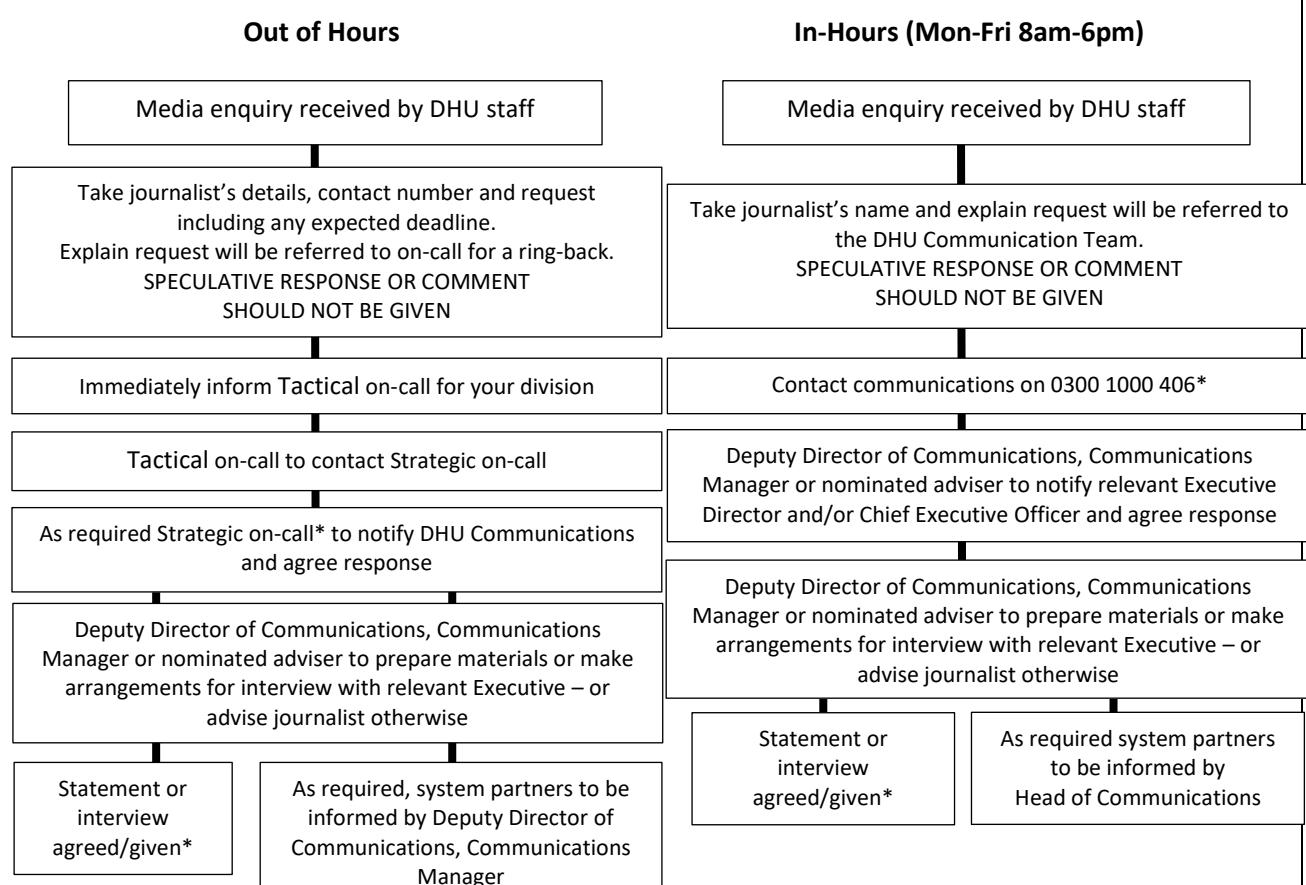
The Police has responsibility for ensuring that a co-ordinated response is made to the media through the Tactical and Strategic Command structure of Major Incidents. **The Police Press Officer** advises on media briefing arrangements and joint statements. The Police Incident Commander will issue such joint statements, which would include health advice to the public if applicable.

DHU Healthcare – media enquiry process

Refer to flowchart on following page

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 109 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

DHU Healthcare – media enquiry process



* **Statements and interviews:** to be agreed by Chief Executive Officer, relevant Executive Director or DHU spokesperson (Deputy Director of Communications/Communications Manager)

* **Media trained** (as at 17th August 2022):

Deputy Director of Communications

Communications Manager

Chief Executive

Managing Director DHU NHS 111

Managing Director Urgent and Emergency Care

Director of Finance

Director of Nursing & Quality

Medical Director

* **DHU Communications:**

Sarah Turner-Saint, Deputy Director of Communications, sarah.turner-saint@dhuhealthcare.nhs.uk 07872 456 826

Simon Towers, Communications Manager, Simon.Towers@DHUHealthCare.nhs.uk ext 22473, 07918 420 926

Jess Worthington, Communications Advisor, Jessica.worthington@dhuhealthcare.nhs.uk extension 15982

Edward Sills, Communications Advisor, Edwards.sills@dhuhealthcare@nhs.uk extension 20009

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 110 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D9 Threats and Terrorism

Terrorism Threats

Whilst it is recognised that the threat to DHU 111 (East Midlands) CIC from a terrorist attack is minimal DHU has a duty to protect staff, patients and buildings in case of such a threat

Guidance on recognising a terrorist threat can be found:

<https://www.gov.uk/government/publications/recognising-the-terrorist-threat>

DHU Procedure – P2104 – Terrorism Threat Procedure. V2.0

Call centre staff

If a threat leads to an evacuation of premises refer to [Appendix D2 Evacuation of DHU Premises](#).

All staff on calls at the affected site must inform callers there is an emergency and the premises is being evacuated (to deal with calls see Chapter 6 of the Call centre Manual found on DHU Intranet webpage – Handling Difficult calls – under ‘Terrorist Calls / Bomb Threat Procedure’ and ‘Fire Alarm Sounds during a call’)

If the threat does not lead to evacuation of the building a transcript of the call should be made by an allocated staff member immediately and attached to the written information about the call. An incident report via Datix should be made as soon as possible.

Bomb Threat

A staff member receiving a telephone call bomb threat must:

- Notify the staff member leading the shift immediately
- Allow the caller to finish the call without interruption
- Keep the caller talking as long as possible to obtain as much information as possible e.g.:
 - WHERE is it, where do we look?
 - WHEN will it go off?
 - WHAT does it look like?
 - WHY are you doing this?
 - WHO are you, where are you?

The person receiving the call should also note down:

- time of the call
 - any words the caller says are code words
 - the gender of the caller
 - any accent
 - any speech impediment
 - any background noises, e.g. traffic, children, factory sounds
 - any idea of age of the caller
-
- KEEP THE LINE OPEN, i.e. DO NOT PUT THE PHONE DOWN OR DISCONNECT THE CALL, AS THE CALL MAY BE ABLE TO BE TRACED. (Ensure others nearby do not replace the handset).

The staff member leading the shift must:

- notify the police immediately by dialling 999. Do not use mobile phones.
- Evacuate the building in a calm manner (refer to [Appendix D2](#)).
- Inform staff not to use mobile phones as this may set off a bomb
- Liaise with the Tactical On Call and provide as much detail as possible who will then inform Strategic On Call

Suspect letter or parcel

- If a package is found the person discovering the package should immediately inform the Manager or person in charge
- Leave the room if it is suspected that the package is contaminated and contact EMAS Tel. No. 0115 884 5000 and the police on 999
- Switch off any air conditioning centrally
- Manually close all fire doors and inform Estates / Site Services / Property Management / Landlord as appropriate
- Staff should note the following may give cause for concern:
 - Excessive grease marks on the package or envelope
 - An unusual smell, e.g. marzipan or machine oil
 - Visible wiring or tin foil
 - The packaging may feel unusually heavy for the package size
 - The package may have excessive wrapping
 - Has it been delivered from an unusual source other than usual courier?
- On no account should staff agree to look after a package on behalf of someone
- Be alert to staff or patient who may present with unusual symptoms of contamination
- Consider contacting ToxBase telephone no. 0131 242 1381/1383
- Consider evacuation of premises (refer to [Appendix D2](#) Evacuation of DHU Premises)

Personal Threat

- If threatened with your own life you should try to remain calm and consider your own safety
- Any demands or requests should be met
- Do not put yourself into a position that would cause yourself or others further harm
- Use your skills and training around conflict resolution if appropriate

Media Enquiries

DHU staff must not talk to the Media. See [Appendix D8](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 112 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

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This document is electronically stored in a controlled status. **Any printed copies of this document shall be treated as uncontrolled.**

D10 VIP Patients

1. Background

All patients treated within DHU Health Care sites and settings are entitled to equality of care, confidentiality and privacy.

Nevertheless, some individuals presenting to urgent and emergency care services may be at risk of being approached by the general public and/or hospital staff for reasons unrelated to their medical care. These individuals – as a result of their Very Important Person (VIP) public persona and status - include members of the Royal family, politicians (local and national) well-known religious leaders, sports figures, TV stars, singers, actors, media (and social media) personalities, recognisable NHS staff (for example those with a media profile due to their specialist expertise) and more. It may also include people who find themselves in the public eye as a result of crime, major incident or accident.

The intent of this action plan is to ensure that these individuals are protected in our care - and that their personal comfort, anonymity and patient rights are not compromised. It is not designed to provide preferential treatment that would impact other patients' clinical priorities, although an expedited approach may need to be given consideration if individual and public security and safety is at severe risk.

2. Scope

This procedure applies to:

- People considered to be VIPs including, but not limited to: members of the Royal family, politicians (local and national) well-known religious leaders, sports figures, TV stars, singers, actors, media (and social media) personalities, recognisable and well-known NHS staff and more;
- Family members, carers and close associates of VIPs;
- Patients who are in the news, or who are likely to attract media attention - for example a victim or perpetrator of a local crime or people affected by a major incident or accident;
- Category A prisoners who pose a risk to themselves or others, including patients who have been arrested or who are being held because of their immigration status

3. Plan

Where possible only DHU employees who are directly treating VIP patients, and senior managers who have a corporate responsibility, should know of their presence. All information should be provided strictly on a 'need to know' basis.

When a VIP self-presents at a DHU service the most senior member of staff should inform Tactical on Call as soon as possible. Tactical on Call will inform the Head of Communications or nominated deputy, Shift Supervisor and Strategic on Call and will agree and undertake any actions required (see Action Plan below).

If there is advanced warning of attendance, for example an appointment is booked, or the attendance is due to a public incident, staff should inform the Shift Supervisor as soon as possible, who will contact Tactical on Call. Tactical on Call will inform the Head of Communications or nominated deputy and Strategic on Call and will agree and undertake any actions required.

The care and treatment of VIP patients must not compromise that of other patients. It must be based upon clinical need. However, an expedited approach may need to be given due consideration if individual and public security and safety is at severe risk as a result of the VIP's attendance.

Actions to be considered

	Action	Responsible Person
1	Inform Tactical on Call	Most senior person on site OR Shift Supervisor (if VIP not yet on site)
2	Inform Strategic on Call	Tactical On Call
3	Agree appropriate actions from the plan as below	Tactical & Strategic On Call
4	Inform the Head of Communications, sharing the following information: <ul style="list-style-type: none"> • Who the patient and/or relative is • A brief description of the circumstances of and reason for their attendance • Where they are being cared for • The arrangements which have been put in place for their care • Whether the patient and/or relative has their own security or communications support • Who else is aware of their attendance 	Tactical On Call
5	Head of Communications to liaise with system partners, NHSE or other parties as appropriate to determine media handling plan (see below)	Head of Communications
6	Inform all staff of the need to maintain strict confidentiality. Under no circumstances may staff give out any information about the patient over the phone or to any other person not directly related to the care of the patient. Particular care should be taken to avoid inadvertently disclosing the patient's presence on the site.	Most senior person on site & Shift Supervisor (for staff not on site)
7	Meet VIP at the site entrance or, if not possible, at the earliest opportunity. Direct VIP to a consultation room. Extremely important VIPs (eg member of royalty or senior politicians) are likely to require two consultation rooms in order to accommodate the security and other staff who usually accompany the VIP	Most senior person on site
8	If there is more than one VIP (for example following a Major Incident), cohort these patients into a single area of the site where possible.	Most senior person on site
9	Where sites have available security staff, consider their most appropriate deployment	Most senior person on site
10	If the VIP has their own security arrangements, liaise with this team or the police as appropriate. It is vital that any security staff formally check the identity badges of any staff approaching the VIP patient.	Most senior person on site
11	As far as possible, plans for the patient to exit the site should be discussed well in advance, and if relevant with the security staff and Head of Communications. This will allow sufficient time for an exit route to be arranged, using a route which allows the VIP to leave discreetly. VIP patients should not be expected to walk out of the front door of the site unless unavoidable.	Tactical On Call or Head of Communications

4. Media Interest

Media interest may take any or all of the following forms:

- Condition checks via telephone, email and other channels
- Requests to interview the VIP or others
- Presence on site, including
 - Members of the media attending the site and grounds
 - Members of the media attempting to access the building and treatment area
 - Members of the media approaching members of staff – requesting message exchanges

The Head of Communications will take responsibility for liaising with the VIP and any family, carers or close associates to agree what – if any - information is to be released, how and when. This will be done in consultation with the lead clinician caring for the patient, and in agreement with Strategic On Call.

Any on site media presence must be managed by the Head of Communications, and with the agreement of key clinical and operational staff. Additional support may be required.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 116 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



D11 Medical Equipment (Essential)

For use by Urgent Care Divisions

The equipment listed below is essential for DHU Urgent Care to provide services to patients.

The action plan details how to obtain replacements and what action should be taken if no replacement can be obtained.

Non-essential equipment should be replaced during office hours and is not covered within this BCP.

If a replacement cannot be obtained via the methods listed below Tactical On Call must be informed immediately

Item	Replacement options				If no replacement available	Incidence/Notes
	Derbyshire	LLR	Northants	Bassetlaw		
Defibrillator	<p>Check site for alternative device. Contact the Coordinator / Clinical Lead to obtain the spare device at:</p> <ul style="list-style-type: none">○ Ashgate○ UCD Orbis○ another site or RV bag not in use○ another site where duplicate devices are present○ use device at co-located external provider	<p>Check site for alternative device. Contact Supervisor/Clinical Lead to support identification of replacement device.</p> <p>Consider using unused care bag.</p> <p>Next working day - Inform Stock and Equipment Manager, or a Clinical Manager of any redeployment,</p>	<p>No spare devices at DHU sites.</p> <p>Utilise:</p> <ul style="list-style-type: none">○ device from one of 5 cars○ use device at co-located external provider (ED)	<p>Check site for alternative device.</p> <p>Contact the Coordinator / Clinical Lead to obtain the spare device at:</p> <ul style="list-style-type: none">○ Ashgate○ UCD Orbis○ another site or RV bag not in use○ another site where duplicate devices are present <p>use device at co-located external provider</p>	<p>Essential to have a defibrillator.</p> <p>Numerous replacement options will enable this.</p> <p>If a patient collapses whilst a device is being sourced the clinician should commence Basic Life Support and advise ambulance control that no Defib present.</p> <p>Note * Services can operate for no longer than 2 hours without a defibrillator on site.</p>	<p>Rare. Generally reliable device.</p> <p>The warning systems will indicate a fault or low battery using an audible alarm and flashing light on the device whilst maintaining a reserve of shocks to treat patients so no patient harm is encountered</p>

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 117 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



		or if unable to source spare.				
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Item	Replacement options				If no replacement available	Incidence/Notes
	Derbyshire	LLR	Northants	Bassetlaw		

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 118 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



BP machine	Check site for alternative device.	Check site for alternative device.	Check site for alternative device: o Spare device, or o Device utilised by other clinician	Check site for alternative device. Contact the Coordinator / Clinical Lead for the spare device at: o Ashgate o UCD Orbis o another site or RV bag not in use Another site where duplicate devices are present.	Unlikely - The majority of sites have more than one device present, either as a spare or utilised by the other clinicians / HCA on that site Note - Services can operate for no longer than 12 hours without this medical equipment on site.	Occasional fault or missing piece of equipment. Little risk to patients as multiple devices present on site and no incidence of multi device failure at one site.
ECG Machine Essential at Acute UTCs only	Utilise ECG within ED	Utilise other devices on site (3 at LUTC incl Lifepack 15) & contact Stock and Equipment Manager to source replacement (next working day)	Not applicable	Utilise ECG within ED	Note - Services at Acute UTCs can operate for no longer than 12 hours without an ECG on site.	Occasional fault. The Acute UTCs would use the ED device.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 119 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D12 Fuel Shortage / Disruption

For use by all DHU Divisions when fuel supplies are disrupted

In the event of widespread national fuel disruption NHS England/Integrated Care Board may instigate submission of Situation Reports (using the standard SitRep template unless otherwise advised) to monitor and assess the impact of the disruption on health services.

DHU is expected to submit SitReps, as required, this will normally be the responsibility of the Tactical On Call for each Division (DHU may submit a combined response)

The National Emergency Plan – Fuel (NEP-F) may be invoked which establishes dedicated filling stations for use with a fuel voucher scheme or a maximum purchase scheme. DHU vehicles which are used for transporting clinicians to visit patients would be eligible for the fuel voucher scheme however any vehicle not used for this purpose would not be eligible. The voucher scheme is not in place to support commuting.

It should be noted that the NEP-F may not be invoked during all fuel disruptions and therefore DHU must have plans in place to manage supplies of fuel in DHU vehicles, or ensure the delivery of services without fuel.

Actions to consider:

It is unlikely that fuel disruption will occur during the out of hours period without prior warning, therefore the actions below should be considered by Divisional management teams during office hours. During the out of hours period decisions are the responsibility of Tactical On Call.

- Request staff to work from home (where operational requirements will allow)
- Ensure DHU attend Local Resilience Forum Groups to access fuel availability updates
- Personal resilience - encourage staff to take ownership for their own transport and to actively seek ways to conserve their own fuel & that in DHU vehicles
- Monitor supplies of fuel in DHU vehicles
- Ensure fuel supplies in DHU vehicles are topped up where possible
- Additional drivers to queue for fuel
- Request assistance from DHU Comms team to:
 - Promotion of the use of public transport
 - Details of support schemes or measures being taken (transport hub pick up, car sharing)
 - Updates of DHU plans (including suspension of any services) Use of DHU vehicles to transport groups of staff from a central public transport hub to enable staff to attend work (for example collect from a train station)
- Prioritise use of DHU vehicles to ensure that services to patients can continue and consider options for lower priority journeys (for example internal transport runs – consider use of taxis or couriers)
- Be aware of the potential effect of widespread fuel disruption on supply chains – potential delays in deliveries of supplies
- Collaborative working with NHS partners
- Temporarily relocate staff to bases nearer to their homes
- Cease non-essential business travel – for example to meetings – use MS Teams for meetings

Activation of a fuel scheme

- Establish which staff are eligible for a fuel voucher to complete their duties
- Establish a register of Car vehicle registrations and the name of staff using vehicle
- Create fuel vouchers per each vehicle with DHU Healthcare and NHS logo in place – this may require vouchers to be issued by a logoed authority – e.g. ICB
- Ensure list of those eligible is shared with any established central information point.
- Staff with access to a fuel voucher will have the following rules explained:
 - Usage rules of voucher
 - Potential penalty for mis-use
 - Need to record all fuel use during the period

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 121 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



D13 Medications (Essential)

For use by Urgent Care Divisions

The medication listed in the DHU Out of Hours Formulary (F3270) is essential for DHU Urgent Care to provide services to patients.

Risk assessment has identified two areas where the loss of medications from accidental destruction, loss or theft would be detrimental to the service provision. These relate to Controlled Drugs in the provision of End of Life Care and Resus Medications.

Pharmacist or the Pharmacy Technicians for each of the regional Urgent and Emergency Care regions can facilitate the replenishment of this stock.

Provisions can be made during both the In hours and Out of Hours periods via this mechanism.

If a replacement cannot be obtained via the methods listed below Tactical On Call must be informed immediately

Item	Replacement options				If no replacement available	Incidence/Notes
	Derbyshire	LLR	Northants	Bassetlaw		
Resuscitation Medicines	Ashgate and Orbis - residual stock is held here to replenish damaged or unusable stock.	Anstey Frith - residual stock is held here to replenish damaged or unusable stock.	Daventry Hospital - residual stock is held here to replenish damaged or unusable stock.	Ashgate and Orbis - residual stock is held here to replenish damaged or unusable stock.	In the event of the loss, theft, or accidental destruction of the resuscitation medications, the acquisition of replacement stocks can be made from sites that hold the residual stock. Note Services can operate for no longer than 2 hours without resuscitation medicines onsite.	Rare. No recent examples of catastrophic events rendering medicines defunct. Robust processes and supplies in place to cover such eventualities.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 122 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Item	Replacement options				If no replacement available	Incidence/Notes
	Derbyshire	LLR	Northants	Bassetlaw		
Controlled Drugs (CDs) for the treatment of End of Life patients	Both Ashgate and Orbis building have CD licences to supply CDs to peripheral sites. Residual stock is held here to replenish damaged or unusable stock.	Anstey Frith holds the CD licence to supply CDs and holds residual stock. Residual stock is held here to replenish damaged or unusable stock.	Daventry Hospital holds the CD licence to supply CDs and holds residual stock. Residual stock is held here to replenish damaged or unusable stock.	Both Ashgate and Orbis building have CD licences to supply CDs to peripheral sites. Residual stock is held here to replenish damaged or unusable stock.	In the event of the loss, theft, or accidental destruction of CDs used for the treatment of End of Life patients. The acquisition of replacement stocks can be made from sites that hold the CD licences that enable the supply of CDs. Note Services can operate for no longer than 2 hours without controlled drugs onsite	Rare. No recent examples of catastrophic events rendering medicines defunct. Robust processes and supplies in place to cover such eventualities.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 123 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix D14</u> <u>Initial Response to CBRN Patient</u>
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D14 CBRN Patient - Initial Response

Below is an extract from DHU's procedure P2141 Initial Response to CBRN Patient – [click here to access the full procedure](#)

DHU Healthcare provides a number of front line and support services to the NHS, P2141 outlines the procedure for the management of patients/ staff members attending a DHU site following exposure to CBRN contaminant.

The services DHU Healthcare provides vary greatly. As a result the expectation of each service in response to a CBRN/ Contaminated persons incident will also vary. To support this, the services have been risk stratified into 4 categories:

Site Categories *	
1	No access for the public
2	Public access via assessment and pre-booked appointment
3	Public access via assessment and pre-booked appointment (low volumes of walk in patients – not advertised or promoted)
4	Open to the public

Category 3 sites allow for walk in provision however the attendance of walk in patients remains very low, with the majority of the activity being as per category 2 sites. As a result these sites will not have wet decontamination kits onsite however kits will be held centrally at the locality main base and transported to the site if required.

Decontamination Kit is stored at locations listed below

County	Site	Notes	Category *	Kit on site	Location of kit / Notes
Derbys	Ashbourne UCC – St Oswalds		4	Dry + Wet	Back office
Derbys	Ashgate Manor - U.C. Ground Floor	Locality main base	2	Dry & Wet	DHU Clinical Store
Derbys	Bolsover		2	Dry	DHU store cupboard
Derbys	Buxton Cottage Hospital PCC		2	Dry	DHU store cupboard
Derbys	Chesterfield Royal Hospital Streaming	Co-located with ED	4	Dry + Wet	DHU store cupboard
Derbys	Clay Cross Community Hospital PCC		2	Dry	DHU store cupboard
Derbys	Derby Urgent Care Centre (DUCC)		3	Dry	DHU store cupboard
County	Site	Notes	Category *	Kit on site	Location of kit / Notes

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 124 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix D14</u> <u>Initial Response to CBRN Patient</u>
---	---

County	Site	Notes	Category *	Kit on site	Location of kit / Notes
Derbys	Ilkeston Community Hospital PCC		2	Dry	DHU store cupboard
Derbys	Long Eaton PCC		2	Dry	t.b.a.
Derbys	North High Peak UCC (NHPUCC)		4	Dry + Wet	DHU store cupboard
Derbys	Orbis Building – U.C. South Side	Locality main base	1	Dry + Wet	Pharmacy
Derbys	Orbis Building – 111 Call Centre		1	n/a	Utilise locality main base kit
Derbys	Ripley Hospital PCC		2	Dry	DHU store cupboard
Derbys	Roundhouse – Corporate HQ		1	n/a	Utilise locality main base kit
Derbys	Royal Derby Hospital Streaming	Co-located with ED	4	Dry + Wet	DHU store cupboard
Derbys	Swadlincote UCC		4	Dry + Wet	DHU store cupboard
Derbys	Whitworth Hospital PCC		2	Dry	DHU store cupboard
Leics	Anstey Frith	Locality main base	1	Dry & Wet	Pharmacy
Leics	Centre Surgery		2	Dry	DHU stock cupboard
Leics	Coalville Community Hospital		2	Dry	DHU stock cupboard
Leics	Enderby		3	Dry	DHU stock cupboard
Leics	Hinkley & Bosworth Community Hospital		3	Dry	DHU stock cupboard
Leics	Loughborough UTC		4	Dry + Wet	Store Room
Leics	Lutterworth Fielding Palmer Hospital		3	Dry	DHU room
Leics	Market Harborough (St Lukes Hospital)		3	Dry	DHU stock cupboard
Leics	Melton		3	Dry	DHU stock cupboard
Leics	Merlyn Vaz Healthcare Hub		3	Dry	Clean Utility Room
Leics	Oadby		3	Dry	Store Room
Leics	Oakham Rutland Memorial Hospital		3	Dry	DHU room
Northants	Danetre Hospital – HQ	Urgent Care HQ	1	n/a	Utilise Urgent Care kit if required
Northants	Danetre Hospital – OOH site		3	Dry	Pharmacy store
Northants	Isebrook Hospital		2	Dry	Stock cupboard
Northants	Kettering General Hospital (KGH)	Co-located with ED	2	Dry	Stock cupboard
Northants	Northampton General Hospital (NGH)	Co-located with ED	2	Dry	Stock cupboard
West Midlands	Birch House		t.b.a.		t.b.a.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 125 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

County	Site	Notes	Category *	Kit on site	Location of kit / Notes
Nottinghamshire	Bassetlaw District Hospital		2	Wet & Dry	Wet & Dry on site although A/E is adjacent and would be used in these circumstances

CBRN Procedure

When to suspect a CBRN contamination?

It is likely that patients attending a DHU Healthcare site will convey a history of exposure to noxious or hazardous substance. The visual indicators of a CBRN incident may include:

- Dead or distressed people, birds and animals
- Multiple individuals showing unexplained signs of skin, eye or airway irritation; nausea; vomiting; twitching; sweating; pin-point pupils; runny nose; disorientation; breathing difficulties; and convulsions
- The presence of hazardous materials or unusual materials/equipment
- Unexplained vapour or mist clouds
- Unexplained oily droplets or films on surfaces or water
- Withered plant life and vegetation

Any patient conveying the above history should be managed as per a CBRN exposure following the below procedure.

Action Cards

Step 1		DO NOT TOUCH the patient. Stay at least 2 meters away at all times. If the patient has entered the building and are within a short distance of an exit, the patient should be asked to leave the building, preferably retracing their steps. All near-by staff should be removed whilst this takes place. If the patient is unable to leave the building, the room should be evacuated and all windows opened.
Step 2		Call 999 and request a multiagency response for a CBRN incident. This should include the Fire brigade (for removal of contaminated items), Ambulance Service and Police. If the patient is aware of what they have been exposed to then this should be conveyed to the emergency services.
Step 3		If not done so already, evacuate the immediate vicinity and the areas which the patient has been. Ensure the staff/patients evacuated are not near the contaminated patient and are upwind. Place Area Closed/Do Not Enter signs at entrance to contaminated areas (Signs are located in the equipment bag)
Step 4		Allocate an individual who has not been exposed to the patient to remain at the site entrance and prevent further people/patients from entering
Step 5		Inform DHU Tactical-on-Call

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 126 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Step 6		Start disrobe and dry decontamination as per the steps below. <i>Please note that patients should not share equipment and must also remain 2 meters away from each other. The patient should disrobe and decontaminate themselves. Where this is not possible, another contaminated individual attending with the patient (for example family/friends/ carers) may assist the patient whilst still decontaminating themselves. If a clinician needs to make contact with a patient, they must wear a long sleeve gown, gloves, eye protection and FFP3 mask.</i>
	6.1	Whilst remaining upwind and a minimum of 2 metres away from the patient, provide each patient with the following equipment: <ul style="list-style-type: none">- Roll of clinical waste bags.- Set of clinical waste bag tags.- Roll of tissue- Scissors- Type 2 respiratory mask- Scissors- Robe- Gloves
	6.2	Explain in words the patient will understand that you are going to talk the patient through the dry decontamination process step-by-step. That it is vital that the patient remains at a distance and follows your instructions clearly.
	6.3	Ask the patient to apply the clinical gloves
	6.4	Ask the patient to open a clinical waste bag
	6.5	Ask the patient to take a piece of tissue and wipe their face then blow their nose, disposing of the tissue in the clinical waste bag afterwards
	6.6	Ask the patient to apply the respiratory mask
	6.7	Ask the patient to cut off their clothing using the scissors provided. The patient MUST NOT remove clothing over their head. Clothing should be placed in a clinical waste bag as it is removed
	6.8	Ask the patient to place their valuables and jewellery into a separate clinical waste bag.
	6.9	Ask the patient to remove their clothing to their underwear
	6.10	Ask the patient to close all clinical waste bags containing clothing and valuables using the clinical waste bag tags
	6.11	Ask the patient to use the tissue to blot or rub all exposed skin surfaces, starting with their face, head and neck and moving down and away from their body. Sufficient tissue should be used to avoid transferring contamination from one part of the body to another. The rubbing or blotting should not be too aggressive or it could drive contamination further into the skin. The tissue should then be placed in a clinical waste bag.
	6.12	Once all skin surfaced have been wiped down, ask the patient to remove their gloves and wipe their hands with tissue
	6.13	Ask the patient to remove the clinical gloves and place them into a clinical waste bag and then wipe them using the tissue.
	6.14	Ask the patient to put on the gown/ blanket.
	6.15	Ask the patient to remove their underwear then place it in a clinical waste bag

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 127 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix D14</u> <u>Initial Response to CBRN Patient</u>
---	---

	6.16	Ask the patient to place all remaining equipment into clinical waste bags and close with the tags provided. This should include the scissors and any remaining tissue. At this stage, everything should be sealed in the clinical waste bags and the patient should be wearing just the provided robe.
	6.17	If possible, ask the patient to step 2 meters away from the collection of clinical waste bags.
	6.18	Ask the patient to remain at their current location. Do not allow them to eat, drink or smoke.
Step 7		Confirm if the patient has been exposed to caustic substances such as acids or alkalis or the contamination has been identified as biological or radiological in nature. Symptoms include redness, itching and burning of the eyes or skin. If yes- carry out wet decontamination process as below. <i>If no- continue to step 8</i>
	7.1	Wet decontamination process <i>Please note that patients should decontaminate themselves. Where this is not possible the clinician should assist maintaining a safe distance where possible and reducing contact. Clinicians must wear a long sleeve gown, gloves, eye protection and FFP3 mask and stand upwind and up-hill from the patient</i>
	7.2	Explain to the patient that due to their symptoms, you are going to talk them through the wet decontamination process
	7.3	Place the decontamination pool near the patient. Please note that each patient should have a separate pool
	7.4	Fill the portable decontamination showers with water and place this near the pool
	7.5	Fill the provided bucket with water and add 5ml of detergent per litre of water or approximately 3 squirts of liquid detergent into the bucket. Place the sponge in the bucket. Place both near the decontamination pool.
	7.6	Ask the patient to remove their robe/blanket and place this into a clinical waste bag. Ensure that the patient is not visible by bystanders
	7.7	Ask the patient to step into the decontamination pool.
	7.8	Using the decontamination shower, ask the patient to RINSE the affected areas with clean water (no detergent). The patient should RINSE from the highest point downwards. Only rinse the affected areas, to avoid contaminating other areas.
	7.9	Ask the patient to use the provided sponge and detergent-water mix to WIPE the affected areas.
	7.10	Once the patient has finished wiping, ask the patient to RINSE off the affected area using the decontamination shower of clean water, as before. Ensure any residual chemicals are removed.
	7.11	Only repeat the RINSE-WIPE-RINSE process if the skin contamination remains obvious.
	7.12	Ask the patient to place used sponges in a clinical waste bag with the previous gown/blanket and seal with a clinical waste bag tag.
Step 8		Ask the patient to remain at their current location and await emergency service response

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 128 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Step 9		Upon arrival of the emergency services, hand over key information to the teams including: - Number of patients. - Symptoms. - Contaminant. - Decontamination procedure carried out.
Step 10		Place site closed signs at the entrance of the site. (located in equipment bag)
Step 11		Liaise with the fire service for the removal of contaminated waste, equipment, and water.
Step 12		If the clinician was required to make contact with the patient they should disrobe their PPE as per the PPE disrobe process, placing all PPE into clinical waste bags and sealing them with clinical waste bag tags.

Tactical on call actions:

- Contact the organisation responsible for site to inform them of the incident and that room(s) will require specialist cleaning - refer to BCP Site Information Table for contacts – [C DHU Site Information – Index](#)
- Report to Strategic-on-Call.
- Close the location on the DoS to prevent further patients being referred to the location.
- Obtain a list of patients due on site – allocate a colleague to contact those patients and book into another site.
- Obtain a list of patients/staff at affected site, in case follow up is required.
- Request resource planning teams to contact staff due on site to prevent them attending.
- Follow DHU's relocation action plan for immediate relocation of the service.
- Replenish consumables from local stocks and request replacement other decontamination equipment from Operational team.

Strategic on call actions:

- Escalate to ICB.
- Convene the BCMT & follow the BCMT guidance ensuring that staff welfare is a high priority.
- Obtain the advice of specialist decontamination services as to likely duration that the site will be out of service to enable planning for provision of services until the site is available

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 129 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D15 Site Occupation by Travellers

Applicable to all sites from which DHU operates

13. Actions for person leading the shift on site

Phone landlord – to request enforcement officers

Phone police

Inform Tactical On Call

Inform DHU Estates (in-hours)

Inform local authority (may be actioned by police) for traveller community liaison officer

Ensure safety of DHU staff and patients

14. Actions for Tactical on Call

Inform Strategic on Call

Consider additional security through current provider or landlord

Ensure safety arrangements for staff and patients are suitable

Ensure safety of DHU premises and equipment

If required, consider relocation of services (If relocating inform ICB)

Notes – information to be aware of:

- travelling community are aware of their legal rights.
- The police are often not able to move on travellers unless the law has been broken.
- Restricting travellers from leaving a site through use of fixed bollards is an infringement of their human rights (e.g. if you raise fixed barriers to prevent additional travellers entering the site you will be restricting those already on site from leaving)

15. Actions for Strategic on Call

In liaison with Tactical On Call consider contacting an enforcement service if a solution is not provided by the landlord.

DHU has previously used the organisation which has wide coverage & provides canine support services

Clearway Debt Squared,

0808 175 2211

Enforcement services rams@debtsquared.com

General enquiries helpdesk@debtsquared.com

Inform DHU Communications Team

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 130 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**E IT & Telecoms Failures Reporting & Action Plans – INDEX**

IT & Telecoms Failures - Reporting and Action Plans		Applicable to
E1	DHU IT & Telecoms – How to Report A Problem	All Divisions
E1a	DHU IT & Telecoms – NICE CXone Incident Escalations	111
E2	E2 NHS 111 Emergency Telecoms Procedure	111
E3	E3 111 - Adastra Failures – Action Cards	111
E4	E4 111 - Adastra – Post Failure Actions	111
E5	IT Failure – Overview – Urgent Care Divisions	UCDs
E6	Adastra Failure Action Plans – Urgent Care Divisions	UCDs
E6a	Adastra – Post Failure Actions – Urgent Care Divisions	UCDs
E6b	Adastra Failures – Entering Cases Retrospectively – Urgent Care Divisions	UCDs
E7	E7 SystmOne Failure – ALL Urgent Care Divisions – Finding live cases	UCDs
E7a	SystmOne Failure – Action Plan – UCD Derbys	UCDs
E7b	SystmOne Failure – Post Failure Action Plan – UCD Derbys	UCDs
E7c	SystmOne Failure – Action Plan – UCD Leics	UCDs
E7d	SystmOne Failure – Post Failure Action Plan – UCD Leics	UCDs
E7e	SystmOne Failure – Action Plan – UCD Northants	UCDs
E7f	SystmOne Failure – Post Failure Action Plan – UCD Northants	UCDs
E8	E8 111 - Telephony Failure – Action Plan	111
E9	Telecoms Failure – Action Plan – Urgent Care Divisions	UCDS
E10	Directory of Services Failure – Action Plan	111
E11	E11 Redbox Failure – Action Plan – Urgent Care Divisions	UCDs
E12	Message Transfer (PEM & ITK) Failures – Action Plan	111
E13	PDS (Patient Demographic Service) Failure	All Divisions
E14	E14 111 - Repeat Caller Service Failure	111
E15	NHS 111 Online Failure	111
E16	E16 Electronic Prescribing Service (EPS) Failure	All Divisions



E17	E17 111 - Appointment Booking Failures	111
E18	E18 111 – Workforce Management System Failure	111
E19	E19 111 – Quality Central System Failure	111

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 132 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E1 DHU IT & Telecoms – How to Report An IT Issue

Applicable to all DHU Divisions

The IT Service Desk capability is operated by a 3rd party Managed Service provider (Littlefish) on behalf of DHU.

This includes:

- Providing multiple channels for DHU users to log an Incident.
- The logging and progression of Incidents according to pre agreed support models.
- The provision of a Service Management tool to capture Incident details and updates through the lifecycle of an incident.
- The ability to route tickets to appropriate support teams as an Incident is investigated.

The process is applicable to all DHU Divisions

1. Reporting Process

Follow the below process below:

Step 1	Assess Issue Impact and collect the Priority from the Impact Grid	Section 2
Step 2	Collect the information required to report the incident / problem	Section 4
Step 3	Report the incident / problem	Section 5

2. Impact Assessment

When an Incident occurs, an initial review of the Impact on services should be undertaken in order to ensure the correct level of prioritisation is assigned to the ticket. This in turn will affect how quickly the Incident is reviewed for resolution against other open tickets.

By default a ticket will be logged as a P3 which in the course of capturing the relevant details in the ticket can be upgraded to a P2 or P1 according to the impact being understood by the desk or being conveyed correctly by the user.

The table below is used as a guide for determining the criteria that constitutes a P1, P2 or P3 though it is to be noted this may vary between systems according to their criticality to DHU Operations and potential to affect DHU reputationally or financially.

Urgency (status of service) vs Impact (affected users)	Individual	Staff Group, floor or complete department.	DHU-wide or beyond
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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 133 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Interferes with recreational, or non-business related activities.	P3	P3	P2	
Tasks are made more difficult, but are not impossible to complete.				
Significantly Interferes with time taken to complete business processes	P3	P2	P1	
Performance is unacceptably poor				
An IT Service is totally unavailable.	P2	P1	P1	
System performance is unacceptable that business processes cannot be operated				

3. Response Timeframes

The Priority levels and response times are described in a scale of P1- P3 (with P1 being the highest priority.) This response timeframe list demonstrates the response time you should expect for issues reported for DHU IT & Telecoms services and those provided by our IT partners.

Priority code	Urgency of response
P1	Immediate, sustained effort using all necessary and available resources until service is restored
P2	Immediate response to assess the situation, staff may be interrupted and taken away from low or priority jobs
P3	Response using standard procedures and operating within the normal frameworks

4. IT Incident Reporting Information to be collected

When reporting **IT incidents**, the following Information should be collected before reporting the incident

1. Name
2. Telephone number
3. Location (Room/Office)
4. Service/System Affected
5. Number of user(s) Affected
6. Symptoms/Details of the fault
7. Can this issue be replicated
8. Error message(s)
9. Equipment asset number(s)
10. Priority (from table at section 2)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 134 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

When reporting **Telecoms incidents**, the following Information should be collected before reporting the incident:

1.	Name
2.	Telephone extension number affected
3.	Telephone base extension (found when user not logged in)
4.	Location (Room/Office)
5.	Service Affected (e.g. Dialling out, Dialling mobiles, receiving calls)
6.	Symptoms of the fault
7.	Telephone number(s) or contract line affected
8.	Error message(s)
9.	Equipment asset number(s)
10.	MAC address of Handset(s) (Located on back of Mitel handset)
11.	Have test calls been made to the affected line (Replicate test to determine internal or external provider issue)
12.	Priority (from table at section 2)

5. How to report an Incident

All Incidents should be logged via the Littlefish IT Service Desk in the first instance, via one of the following methods:

- Telephone call – 0300 1000 415
- Via the Self Serve Portal [Home / Self Service Portal \(littlefish.co.uk\)](#) & click on Sign In with DHU Azure AD
- Live Chat - via this icon on your desktop 

This will ensure a ticket is logged and the Incident Management process will be followed according to the relevant support model for each IT Service.

Priority 1 or 2 incidents - must always be logged by telephoning the IT Service Desk.

This will ensure the impact is understood and the appropriate priority is assigned to the ticket before being routed to the relevant support team available at that time.

By initiating a live chat with the Service Desk, this will ensure the appropriate priority can be conveyed to the IT Service Desk though responses to the chat may be slower than if a telephone call was made.

Logging an Incident via the Self Serve Portal will autogenerate a ticket with a P3 being the default priority. The ticket will then be picked up and progressed according to the SLA for a P3 ticket, even if a higher priority is conveyed in the ticket details and is therefore not appropriate for logging a P1 or P2.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 135 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E1a DHU IT & Telecoms – NICE CXone incident escalation – 111 Division

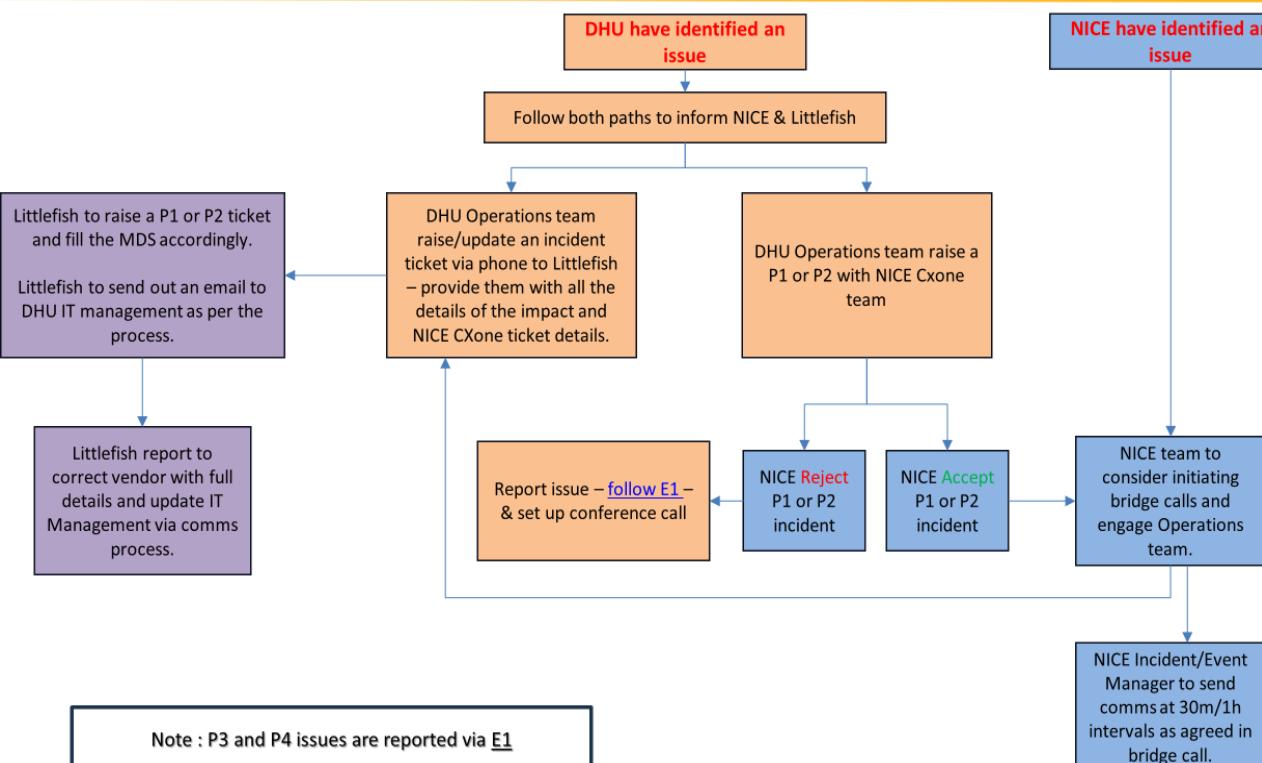
Applicable to DHU 111 Division Only for NICE CXOne P1 and P2 escalations.

The following support process has been agreed between DHU 111 Operational teams, NICE CX One support team and the DHU Service Desk (via LittleFish).

The Service Support SLA is displayed below, as agreed between DHU 111 and NICE CXOne support teams.

Escalation Process

NICE CXone – P1 & P2 escalation



- [Click here](#) to follow the E1 action card for reporting P3 & P4 issues.

Please refer to the [Contact Directory for NICE CXOne escalation details](#) for raising a P1 or P2 incident.
 Please use [form F4677](#) to collect the required information relating to NICE CXOne issues

Information for reference by 111 Tactical On Calls & IT

SIP providers for DHU NICE CXOne: Primary is VOXBONE, Secondary is BICS

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 136 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

NICE CXOne Service Support SLA

Incident Case Prioritization & Internal Target SLAs


P1

- * Core Business Service Down impacting >1 users/contacts
- * Performance Issue impacting >50% of active users/contacts

SLA

- * Resolution: 4 hours
- * Initial response: 1 hour
- * Status updates: 2 hours (business hours) or 4 hours (non-business hours)

P2

- * Performance Issue impacting 25 - 50% of active users/contacts
- * Non-Critical Services impacting >50% of active users/contacts

SLA

- * Resolution: 24 hours
- * Initial response: 4 hours
- * Status updates: 8 hours

P3

- * Core Business Service Down impacting 1 user/contact
- * Performance Issue impacting 2 – 25% of active users/contacts
- * Non-Critical Services impacting individual user/contact
- * Inconvenience impacting >50% of active users/contacts

SLA

- * Resolution: 48 hours
- * Initial response: 12 hours
- * Status updates: 24 hours

P4

- * Non-Critical Services impacting >50% of users/contacts
- * Inconvenience impacting 1 – 50% of active users/contacts

SLA

- * Resolution: 96 hours
- * Initial response: 24 hours
- * Status updates: 48 hours

30

NICE

TECHNICAL SUPPORT INCIDENT PRIORITY MATRIX

SEVERITY	IMPACT			
	>50% active users/ contacts*	>25% active users/ contacts*	<25% active users/ contacts*	Individual
Core Business Service Down (work stoppage)	P1	P1	P1	P3
Performance Issue (work degraded)	P1	P2	P3	P4
Non-critical Services (work not affected or workarounds available)	P2	P3	P3	P4
Inconvenience	P3	P4	P4	P4

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 137 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

 DHU Healthcare	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> <u>NHS 111 Emergency Telecoms Procedure</u>
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E2 NHS 111 Emergency Telecoms Procedure

Applicable to DHU 111 Division

Procedure for issues with the NHS 111 Telephony Network:

- Calls are not routing into one of more of the local 111 service provider contact centres
- Increased volume of “unknown location” or default routed calls (out of area)
- Quality issues with local provider telephony system
- Local provider site evacuation

Person leading the shift (Shift Lead) for 111 Division should:

- 1) Establish the nature of the problem
- 2) Note date/time that the issue started
- 3) Assess impact of the problem
- 4) In the event of local failure or site evacuation, what is the likely duration
- 5) In the event of local failure or site evacuation, estimated call volume by hour for the likely period of outage or evacuation as this will be required by NHSE
- 6) Contact local IT department – refer to [Appendix E1](#) (How to Report IT & Telecoms Issues) and [Appendix E1a – How to Report NICE CXone Issues](#)
- 7) Contact Tactical On Call for 111 Division

Tactical On Call should:

1. contact the NHS England Telephony team **
Telephone numbers are: -

Name	Mobile No.	E-mail Address
Adrian Price	07885430538	adrian.price@nhs.net
Alam Chowdhury	07730379563	alam.chowdhury1@nhs.net
John Lucas	07730371341	john.lucas1@nhs.net
Stephen Allsopp	07736484319	stephen.allsopp@nhs.net
Stuart Babb	07824801683	stuart.babb@nhs.net

*** Please note, there is a published on-call rota for the NHS England telephony team only over a weekend, so team members should be contacted in sequence until a response is received outside of this period*

2. Follow DHU's escalation process – [refer to 8.4 Escalation Process](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 138 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

 DHU Healthcare	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> <u>NHS 111 Emergency Telecoms Procedure</u>
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3. In the event of sustained outage, Tactical On-Call should contact DHU Strategic On-Call for escalation - [refer to 8.4 Escalation Process](#)
4. Raise Datix for a Business Continuity Incident
5. Once the problem has been resolved Tactical On-Call will need to contact and NHSE telephony team to revoke any national contingency support and inform DHU Strategic On-Call and follow actions with DHU's escalation process - [refer to 8.4 Escalation Process](#)
6. In the event of local failure, a high level incident report should be sent to the NHSE telephony team within 24 hours of service restoration via e-mail using the email address england.nhs111@nhs.net

DHU 111 Division Deputy Managing Director should:

- 1) Ensure that a detailed Root Cause Analysis (RCA) document is issued by the 111 Provider within 7 days of the incident to ensure that sections 5.4.1.14 (Business Continuity) and 5.10.8 (National Contingency) of the Integrated Urgent Care Service Specification are satisfied so that commissioners can investigate any use of national contingency to ensure it is being used appropriately

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 139 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> NHS 111 Emergency Telecoms Procedure
---	--	--

Types of issues that could occur and notes on responsibility and possible actions

Description	Comment	Actions to be taken
No calls arriving at 111 Provider	<p>Likely causes: -</p> <ol style="list-style-type: none"> 1) Local ACD or line issue. 2) Complete Vodafone network outage (as per situation on 22/11/2015) 3) Major database or scripting problem at Vodafone/NHSE. <p>In the event of 2) and 3), then this is a major fault and needs to be reported to the NHSE Telephony team immediately</p>	<p>Establish whether problem is at one or all local sites.</p> <p>Attempt test calls from handsets and mobile phones and record results.</p> <p>Contact local IT Department and advise of problem</p> <p>Contact local Tactical On-Call manager to inform of them of the situation</p> <p>Tactical On-Call manager to consider local contingency arrangements and contact NHS England telephony team</p> <p>Contact local commissioning lead to inform them of the situation</p> <p>Raise Datix as a BC Incident</p>
Reduced volume of calls arriving at 111 Provider	Likely to be local ACD or line issue	<p>Establish which site is experiencing outage.</p> <p>Attempt test calls and record results</p> <p>Contact local IT Department and advise of problem</p> <p>Contact Tactical On-Call to inform them of the situation</p> <p>Tactical On-Call to consider national contingency arrangements and contact NHSE telephony team in the event of significant service delivery impact</p> <p>Contact local commissioning lead to inform them of the situation</p> <p>Raise Datix as a BC Incident</p>

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 140 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> NHS 111 Emergency Telecoms Procedure
---	--	--

Description	Comment	Actions to be taken
Poor quality voice connection so that callers sound both metallic and distorted/underwater <i>On any call with very poor voice quality it is good practice to ask advisors to call the patient back</i>	Likely to be issue with the local primary SIP (internet) telephony delivery lines into the local provider.	Advise IT Department of issue, who can escalate and make changes to telephony delivery server configuration. In the event that this does not resolve the issue then contact Tactical On-Call manager. Tactical On-Call manager to liaise with local IT team and NHSE telephony team. NHSE can disable the primary/secondary numbers, and force calls to use the tertiary numbers via ISDN
Increased volume of “out of area” (non-locality) calls	There could be 3 scenarios 1. This could be a national or London issue where the telephony routing database is not functioning and therefore calls are being distributed via a default national routing path to ensure calls are still being answered across England 2. This could be an issue with a single provider having technical issues and calls being redistributed. Notification of this will be received to the organisation via NHSE national contingency e-mail 3. This is a planned event where a particular 111 Provider is undertaking planned engineering works on their IT infrastructure which prevents them from being able to deliver the 111 service in their locality	In the event of scenario 1) Establish location(s) of out of area calls. Contact Tactical On-Call to inform them of the situation Tactical On-Call to contact NHSE telephony team to advise them of the situation In the event of scenario 2) Establish location(s) of out of area calls. Contact Tactical On-Call to inform them of the situation Tactical On-Call to contact NHSE telephony team to inform them of the situation Tactical On-Call national contingency e-mail when received In the event of scenario 3) No action required, this is a planned event and additional resource will have been planned in to support additional call volumes

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 141 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> NHS 111 Emergency Telecoms Procedure
---	--	--

Description	Comment	Actions to be taken
Site evacuation required at one or more local 111 Provider sites due to serious/threat to life incidents	Likely causes: - 1. Fire alarm is sounding (not test environment) and instruction is to evacuate the building due to fire risk 2. Local environmental issue such as extreme weather conditions requires building to be evacuated due to personal risk to staff health and well being 3. Terrorist incident in local area requires site evacuation 4. Absolute loss of power in location	Establish which site is experiencing issue Contact Tactical On Call to inform them of the situation Tactical On Call to consider national contingency arrangements and contact NHSE telephony team in the event of significant service delivery impact Contact local commissioning lead to inform them of the situation Raise Datix as BC Incident

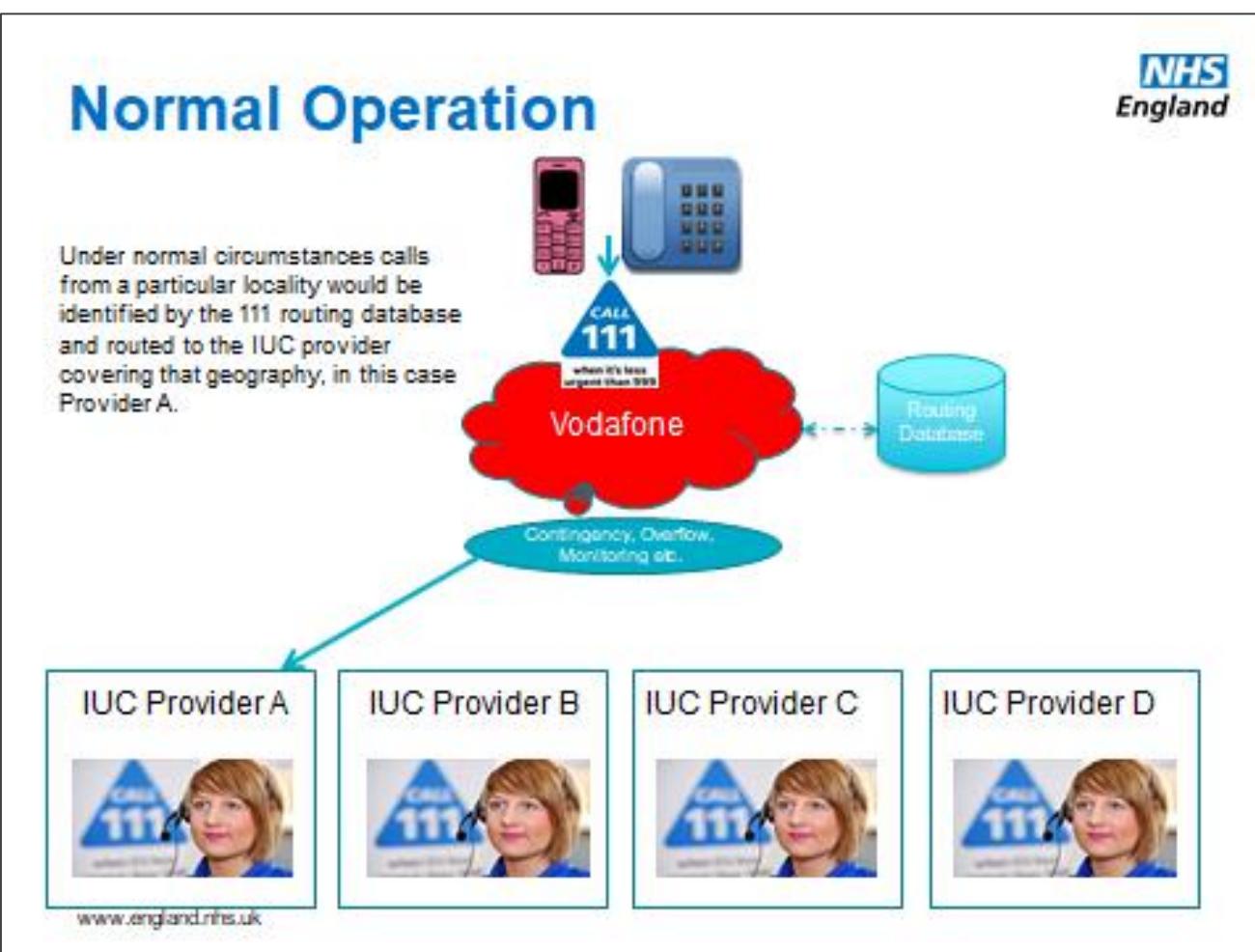
DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 142 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	<p>Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division</p>	<p>Procedure P112 – Business Continuity Plan <u>Appendix E2</u> NHS 111 Emergency Telecoms Procedure</p>
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Routing diagrams for NHS 111 Network

The following charts are included to demonstrate how the NHS 111 will operate against a differing set of prevailing conditions based on the availability of one or more NHS 111 Providers

Normal Operation

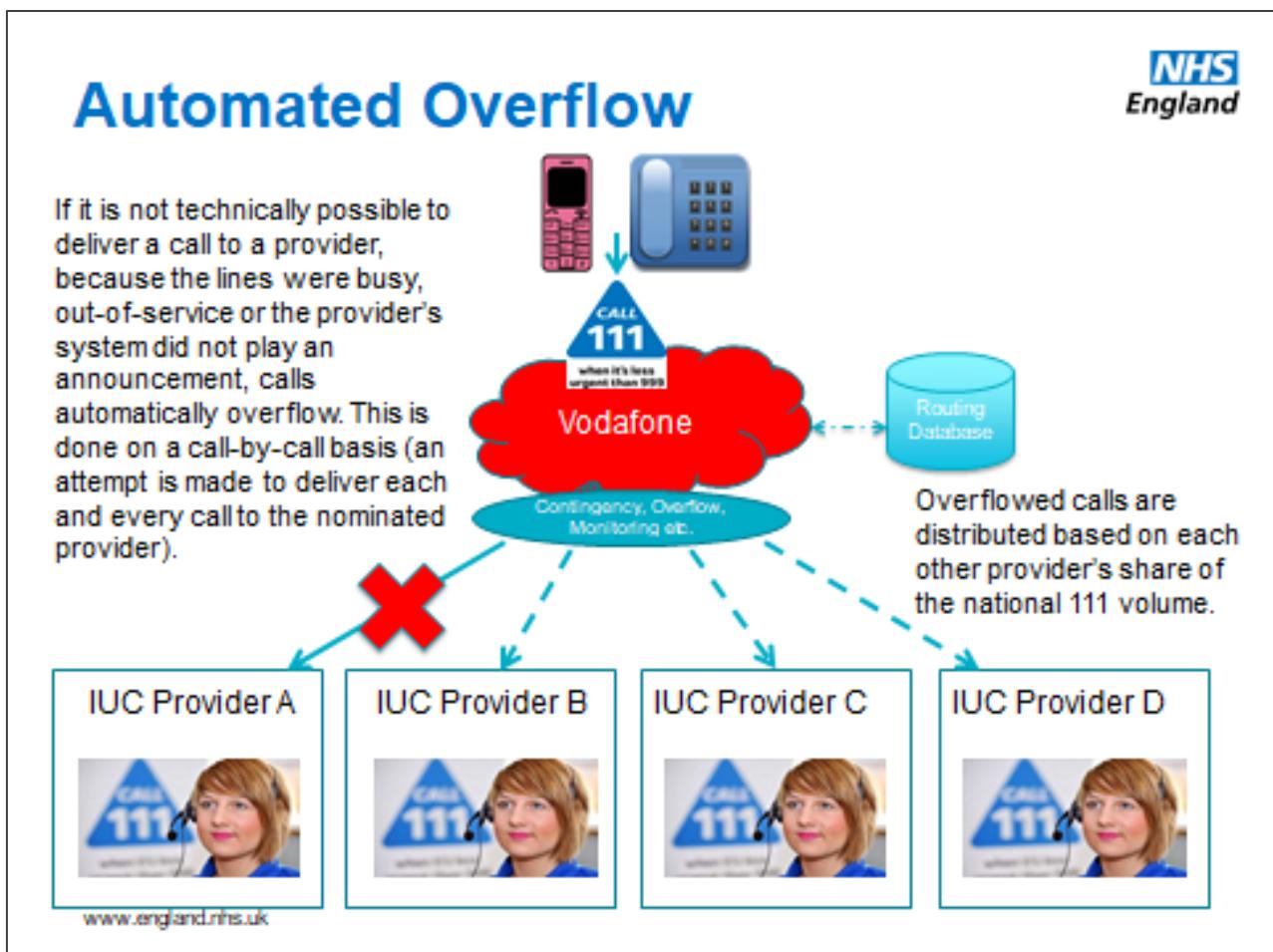


DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 143 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	<p>Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division</p>	<p>Procedure P112 – Business Continuity Plan <u>Appendix E2</u> NHS 111 Emergency Telecoms Procedure</p>
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Automated Overflow

Where calls cannot be delivered to a local 111 Provider, then calls will overflow to other 111 Providers in a pre-assigned matrix based on the ratio of national calls that a 111 provider handles, which makes assumptions on level of available resource levels that are likely to be able to handle an increased workload



DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 144 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

 Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan NHS 111 Emergency Telecoms Procedure
	<u>Appendix E2</u>

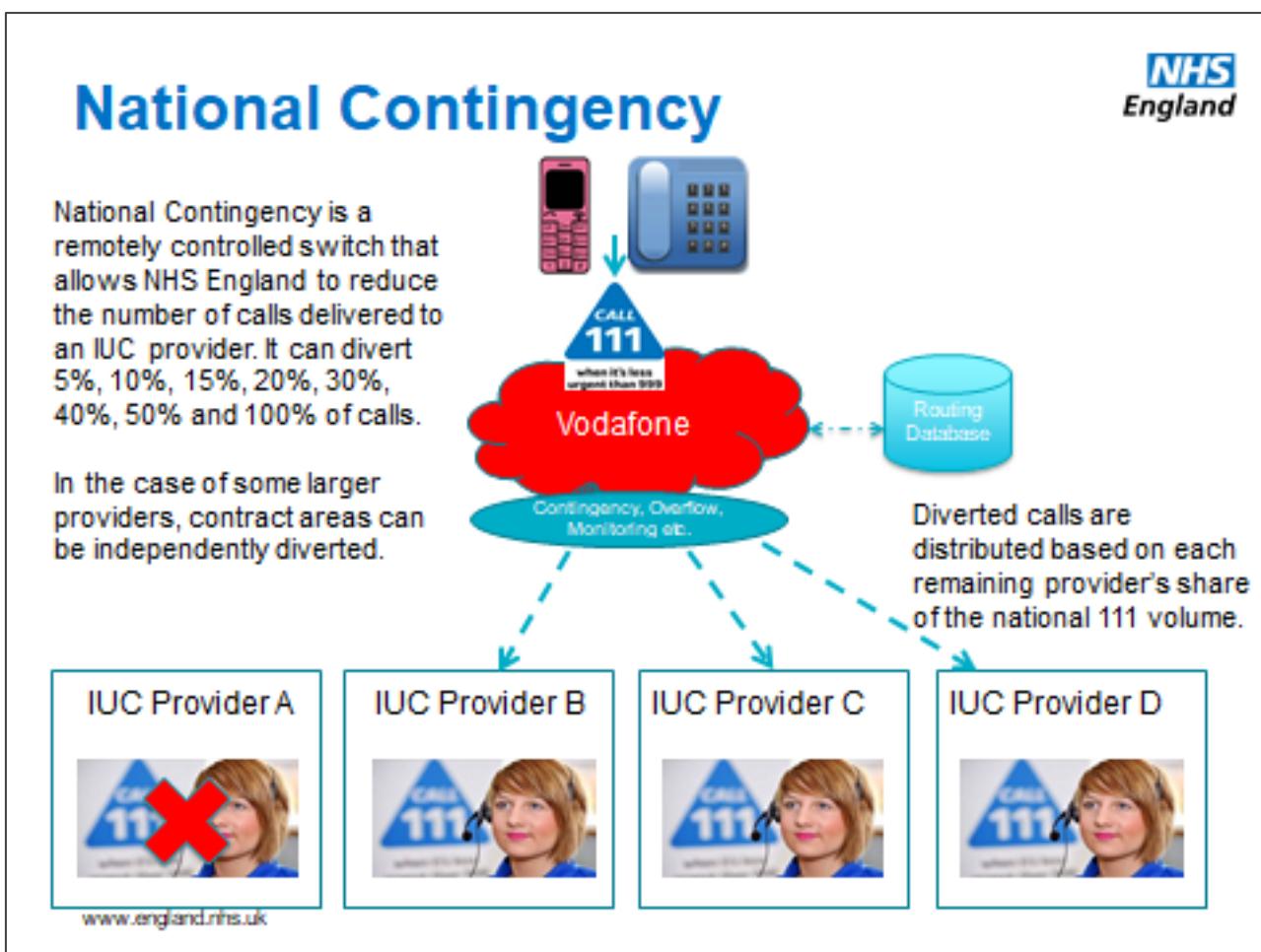
National Contingency

In addition – refer to [Appendix F4](#) (Invoking National Contingency)

Where calls cannot be delivered to a local 111 Provider due to a technical or evacuation, then the 111 provider can request National Contingency from the NHSE telephony team, which diverts locality calls to other 111 providers in a controlled environment.

The national contingency request can range from 5% call diversion for low level support through a sliding scale to 100% call diversion for complete telephony failure or evacuation where continuation of service provision is not possible.

Where national contingency is invoked then calls will overflow to other 111 Providers in a pre-assigned matrix based on the ratio of national calls that a 111 provider handles, which makes assumptions on level of available resource levels that are likely to be able to handle an increased workload



DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 145 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

 DHU Healthcare	Owned and Authorised by: David Hurn Deputy Managing Director DHU 111 Division	Procedure P112 – Business Continuity Plan <u>Appendix E2</u> <u>NHS 111 Emergency Telecoms Procedure</u>
---	--	--

Communication and De-Activation of National Contingency

- 111 Providers must give a verbal update to the NHSE telephony team every 30 minutes whilst in contingency.
- Details of the failure must be shared with the NHSE telephony team.
- All systems must be fully tested before a request is made to remove contingency.
- A staged reintroduction of calls can be requested with a reduction from 100% divert to 50% for a short period of time.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 146 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E3 111 - Adastra Failures – Action Cards

In addition to the actions below the Shift Lead and Tactical On Call should refer to the Escalation Action Plan at [Appendix G2](#) and follow actions accordingly

E3a 111 - Adastra Failures - Action Card – Shift Leads

Responsibilities:

Operational Shift Leads are to ensure they have oversight of all staff allocated to duties supporting with business continuity

Clinical Shift Leads are to ensure they have oversight of all patient cases, paper and digital, seeking assurance that cases have been passed on in a timely manner

When a duty has been allocated, the Shift Lead is to ensure:

- a full handover is given
- processes and variations are made clear step by step
- actions cards are followed

Both teams are to regularly check in with staff to ensure processes are being adhered to.

Delay to patient care. If a case has been sent to an incorrect provider causing a delay * to patient care Operational & Clinical Shift Leads must follow the Delayed Patient Care Procedure. [F20 Delayed Patient Care – 111 Division](#)

* *Delay, for the purposes of this procedure, is defined as where the timeframe of the disposition has been exceeded.*

- DHU 111 Operational Lead to establish command and utilise all support available, giving out key duties to individuals covering normal duties and additional requirements to support the IT failure – following the contingency allocation plan agreed at the start of the shift. Ensure all actions are documented with a timeline
- Ensure all DHU 111 staff on shift at all affected sites are fully aware that the DHU process for manual consultations is activated and they will need to use Solo to document/assess calls
- DHU 111 Operational Shift Lead to communicate that all ambulance outcomes must be dispatched regardless of ambulance category. Advise staff members that they must follow the manual ambulance dispatch process
- Ensure staff log in to manual Directory of Services with their individual log ins
<https://servicefinder.nhs.uk/login>
- Inform the DHU 111 Shift Lead at other sites of loss of Adastra using the DHU 111 Shift Lead contingency mobiles. Continue communication between Shift Leads via mobile. Establish if Adastra failure is affecting all sites
- Notify the IT department and/or Advanced Health and Care immediately – refer to [Appendix E1](#) for IT failures reporting process



- Escalate to DHU Tactical On Call informing them the details of the problem, remain in contact with any key updates (Tactical On Call will request closure of DoS profiles via escalation route)
- Allocate a staff member to check dhu111.operations@nhs.net Inbox during the interim period whilst DoS closure is requested (by Tactical on Call) and actioned. CSL should be made aware of cases which they will allocate to clinicians.
- Consider initiating conference calls / MS Teams calls between the DHU 111 team and/or other services to ensure a clear plan is in place, remember to set time for subsequent calls [F11 Conference call / Microsoft Teams / Email groups](#)
- If DHU is supporting another area through National Contingency inform Tactical On Call, and request that Tactical On Call contacts the national team to remove DHU from providing National Contingency support.
- Ensure the system settings are set correctly for each advisor's computer (MERS 'ON', Covid Level 1 and 4, with all other options as 'OFF' depending on Pathway release). *Advisors are not to change any settings via the Options tab in Solo 2 as the Pathways System Settings as any alterations may have a clinical impact*
- Ensure all homeworkers are notified (remember staff due on later in the shift). Follow remote clinicians contingency process – [F14 Transfer of cases to DHU 111 Digital Queues & Remote Clinicians](#) and [F15 111 Digital Queues – including for Remote Clinicians](#) If clinicians are unsure of the process refer them to the video in V:\Remote Contingency\Training Folder
Consider relocating homeworkers to base.
- DHU 111 Operational and Clinical Lead to constantly review allocation to DHU 111s internal support lines ensuring sufficient coverage is in place
- Delegate Floor walker, at all sites, for distribution of manual consultation forms (located behind Shift Lead desk) to all front line staff. See ACTION CARD for Floor Walker.
- Consider increasing floorwalker support with both Clinical and Non-clinical staff at all sites including each floor, where required. Communicate with the floorwalker to establish a clear plan
- Trays - depending on day of week/time of day decide if full or short set of trays is required. Delegate Floor Walker to lay out the trays close to the Shift Leads
- DHU 111 Shift Leads to retrieve details of cases in the system from the Service Continuity Tracker laptop & decide the most appropriate location for printing East Midlands cases (Orbis or Ashgate) depending upon resources. Printed cases to be placed in the tray for Pathways Clinician for allocation by Clinical Shift Lead. Follow instructions in [F7 Service Continuity Tracker \(SCT\)](#)

- DHU 111 Clinical Shift Lead (CSL) to allocate cases from the NHS 111 Pathways Clinician tray and cases from DHU's Inbox (during interim period whilst DHU's DoS profiles are closed)

As a general rule cases should allocated as follows:

For scanning to digital queues:	Paper to on-site clinicians:
ALL 111 dental cases	Urgent advice cases – i.e. 1 hour and less than 1 hour
ALL 111 pharmacy case	
Less urgent advice cases	
West Mids Ambulance on Scene cases – Urgent priority	Validation cases

The CSL must use their judgement depending upon circumstances and resources.

- CSL to review availability of Clinicians and allocate an appropriate number of onsite clinicians to work from the digital queues, including dental nurses and pharmacist.
- CSL to monitor & continuously review the NHS 111 Pathways Clinician trays and the digital queues & prioritise as clinically appropriate.
- CSL to inform all advisors that DHU dental dispositions are to be processed as follows:
 - All dispositions – search service finder for a general dental practice – if not available:
 - 2 & 6 & 12 hours – direct to DHU 111 dental nurse if no services available on service finder within disposition timeframe
 - 24 hours – Mon-Fri – suspended - DO NOT direct to DHU 111 dental nurse - direct patient to NHS choices
 - 12 & 24 hours – weekends - direct to DHU 111 dental nurse if no service available on service finder open with disposition timeframe
 - 7 days - suspended – DO NOT direct to DHU 111 dental nurse – direct patient to dental practice on service finder or NHS choices
- Dependant on the location of resources, consider distributing workload to other DHU 111 sites.
- Nominate one person to notify organisations of the current issue and the plan using Contacts Directory – [Appendix K](#). Include all contractual areas in DHU 111, ambulance services, DHU and external Urgent Care Providers and any other relevant services required
- Refer to Contingency Transfer of Cases table for options to decide on method of transfer for each Urgent Care provider. Refer to [E3c Action Card – Contingency \(manual\) transfer of cases – Overview](#)
- Refer to :
 - “How to” guide [F12 Contingency Transfer of Cases by nhs.net email – 111 Division](#)
- Operational Shift Lead to nominate staff to carry out scanning, emailing, monitoring of email read receipts (including scanning of cases to internal 111 digital queues)
- Ensure [I6 Manual Consultation Transmission Log F3063 Transmission Log](#) is issued and completed
- If verbal handover is required, nominate individuals to carry out this task

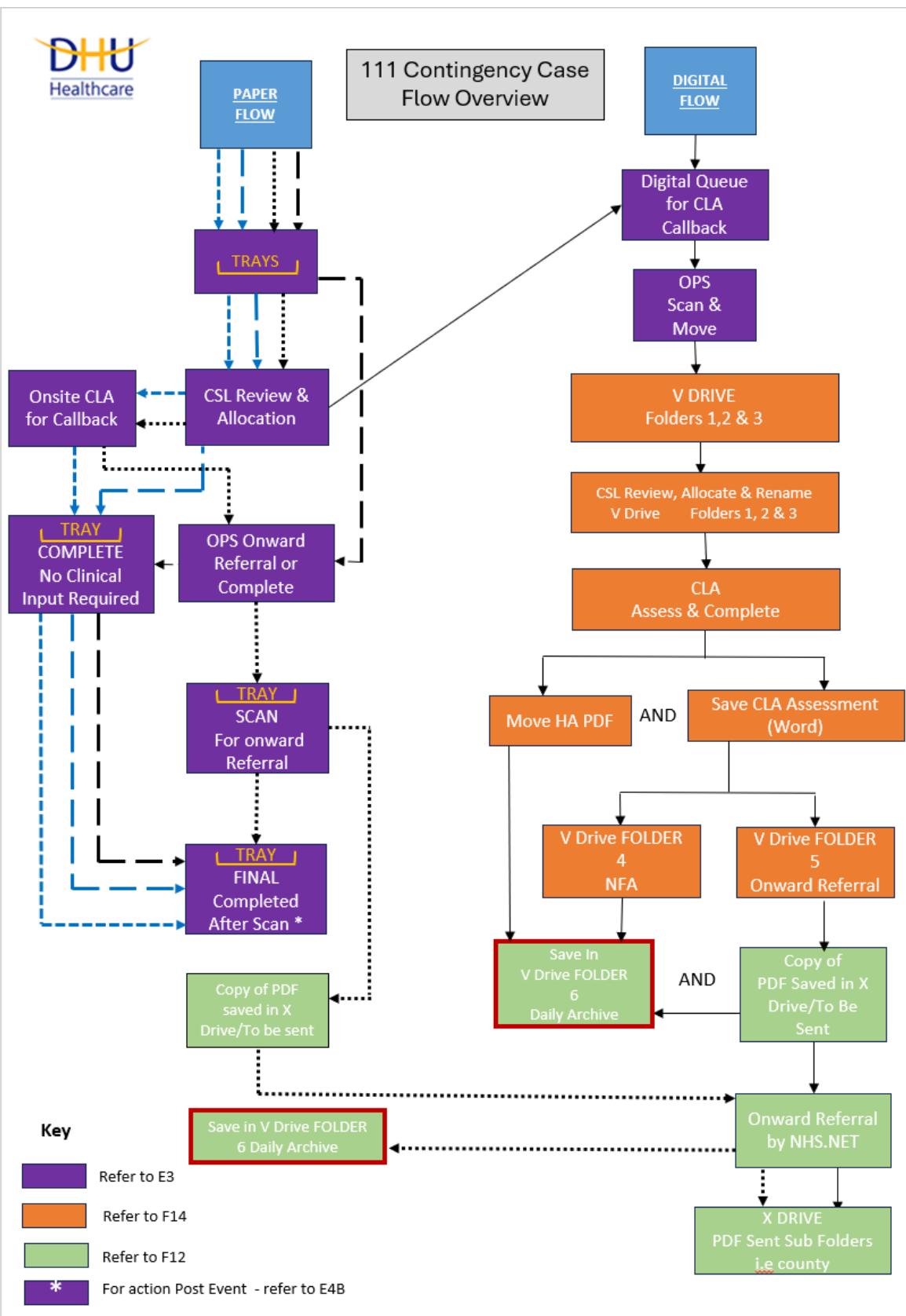


- DHU 111 Clinical Lead to liaise with other DHU Clinical Lead(s) to ensure all the above steps are being carried out and that Clinical Safety is met across all services, consider requesting support if required
- DHU 111 Clinical Lead to liaise with nominated lead at each site to provide hourly update:
 - record, on the Contingency Hourly Case Tracker (link to template [F4663](#)) the number of cases waiting for a call back across all sites
 - repeat every hour
 - email form every hour to senior management team
- Where decisions are required that go outside of normal processes or BCP processes, decision must be approved by senior manager or Tactical On Call & noted on the time log. Ensure change is communicated to staff, handed over to next shift lead & reiterated in buzz sessions.
- Tactical On Call to consider organising conference/MS Teams call for the night management team in order to discuss and explain challenges/processes to support with consistency in handling the event
- Continue to communicate with staff: updates and instructions. Consider Email, Live update, notice/white board etc.

IMPORTANT – Prior to re-commencing use of Adastra please refer to DHU IT or Advanced for assurance that Adastra is fully operational and safe for use by DHU (for information – it may be that other organisations are able to re-commence use of Adastra prior to DHU and it is essential that Adastra availability for DHU is ascertained before re-commencing use)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 150 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 151 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E3b 111 - Adastra Failures – Contingency Case Flow Overview

DOCUMENT REFERENCE:

P112

ISSUE NO:

5.61

ISSUE DATE:

02-2025

PAGE 152 of 331

B

This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.

E3c 111 - Action Card – Contingency transfer of cases – Overview

If Adastra is not available, refer to the options table below prior to transfer of cases to DHU Urgent Care Divisions or external services (e.g. Lincs CAS)

Always use Option 1 (scan & email from/to nhs.net) unless technical reasons prevent this.

Refer to “how to” guides (click link below):

[F12 Contingency Transfer of Cases by nhs.net email – 111 Division](#)

[F14 Transfer of cases to DHU 111 Digital Queues & Remote Clinicians](#)

[F15 111 Digital Queues – including for Remote Clinicians](#)

TRANSFER OF CASES – OPTIONS AVAILABLE

	Use in this order	1	2	3	4
Transfer to:		Scan & Email from/to nhs.net	Scan & store V\ Remote Contingency	Copy & handover (face to face)	Telephone handover
DHU	Derbys UEC (<i>including Bassetlaw</i>)	Yes	No	Yes *	Yes
	Leics UEC (<i>incl M.K. advice</i>)	Yes	No	No	Yes
	Northants UEC (<i>liaise with DC</i>)	Yes	No	No	Yes
	111 Digital queues	No	Yes	No	No
EXTERNAL	Badger	Yes	No	No	Yes
	LAS	Yes	No	No	Yes
	Lincs CAS	Yes	No	No	Yes
	Malling	Yes	No	No	Yes
	Milton Keynes UCS (<i>contact Dx only</i>)	Yes	No	No	Yes
	NEMS	Yes	No	No	Yes
	PPG	Yes	No	No	Yes
	RWT	Yes	No	No	Yes
	Shropdoc England & Wales	Yes	No	No	Yes
	Taurus	Yes	No	No	Yes
	Vocare OOH (Staffs)	Yes	No	No	Yes

* Only if co-located. If a physical copy of a manual consultation is to be handed over, please photocopy and retain the original within DHU 111.

E3d 111 - Action Card – Floor Walker

- Distribute paper manual consultation forms to staff – [Form F3068](#)
- Lay out contingency trays (not stacked) appropriately close to 111 Shift Lead desk – Shift Lead will decide if full or short set of trays is required.

Arrange in order below:

	Trays	Full Set	Short Set
1	Completed cases – no further action	Yes	Yes
2	111 Clinicians – for CSL to allocate	Yes	Yes
3	111 Pathways Clinician – for scanning	Yes	Yes
4	111 Dental Clinician – for scanning	Yes	Yes
5	111 Pharmacy Cases – for scanning	Yes	Yes
6	111 ED Val + Cat 3 & 4	Yes	Yes
7	111 Clinicians on site (paper)	Yes	Yes
8	DHU - Derbyshire UEC (OOHs) -- incl Bassetlaw	Yes	No
9	DHU - Leics UEC (OOHs) - incl MK advice	Yes	No
10	DHU - Northants UEC (OOHs)	Yes	No
11	Badger OOH	Yes	No
12	LAS CAS (London Ambulance Service)	Yes	Yes
13	Lincs Urgent Care (OOHs) – Lincs CAS	Yes	No
14	Malling OOH	Yes	No
15	Milton Keynes Urgent Care (OOHs)	Yes	Yes
16	Notts Urgent Care (OOHs) - NEMS	Yes	No
17	PPG Urgent Care OOH	Yes	No
18	RWT OOH	Yes	No
19	Shropdoc OOH	Yes	No
20	Taurus OOH	Yes	No
21	Vocare (Staffs OOH)	Yes	No
22	Out of Area	Yes	Yes
23	Scanned to 111 Digital Queues	Yes	Yes
24	Scanned & emailed	Yes	Yes
25	Transmission Logs	Yes	Yes
26	East Midlands – Urgent Care Providers (incl DHU Urgent Care)	No	Yes
27	West Midlands – Urgent Care Providers	No	Yes

- Floor walker to collect in completed forms from Advisors and place in the appropriate trays
- Receive instructions from DHU 111 Clinical Lead to distribute cases from the DHU 111 Pathways tray to on site DHU 111 Clinicians
- Monitor all workstations and areas for manual consultation forms to ensure no cases go astray
- Request support from DHU 111 Operational Lead if demand requires it

E3e 111 - Action Card – Tactical On Call

Tactical On Call should consider these actions and request the support of/ inform Strategic On Call if required:

- Tactical On Call MUST IMMEDIATELY request closure of DoS profiles for all DHU 111 services, including NHS 111 online. see [F1 DoS Services Closure – 111 Division](#)
- If DHU is supporting another area through National Contingency remove DHU from providing National Contingency support.
- Consider invoking National Contingency to enable support from other 111 services – [F4 Invoke National Contingency](#)
- Ensure the issue has been reported following the IT & Telecoms Reporting Procedure – [Appendix E1](#)
- Follow escalation process to ICBs and NHSE – [refer to 8.4 Escalation Process](#)
- Ensure shift lead has allocated a staff member to check and action cases into DHU's dhu111.operations@nhs.net Inbox during the period whilst DoS closure is requested and actioned.
- Ensure DHU 111 Staff are following the relevant sections of the DHU Contingency Plan
- Review Escalation Action Plan (for relevant OPEL status) ensuring appropriate actions have been followed – [Appendix G2](#)
- Inform Tactical on Calls for other Divisions.
- Establish which Tactical on call member will lead on the IT issue in terms of communicating with IT (if issue is affecting Urgent Care also)
- Oversee organisation of relocation of staff from affected site(s) – if required
- Ensure there is a communication chain for (upwards and downwards) in place
- Consider holding MS Teams/conference calls with relevant staff members
- Prepare to contact relevant Health Community stakeholders – refer to [K CONTACTS DIRECTORY](#)
- Consider requesting support from Directory of Service Leads
- Consider expected length of Adastra outage and, where appropriate, increase management support and consider a rota to ensure staff have periods of rest.
- In a prolonged outage review usage of contingency nhs.net mailboxes – if more capacity is required, request an additional mailbox (liaise with DHU Digital team) and work with Operational Managers to split transfer of cases between mailboxes. Ensure relevant teams are informed and have access.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 155 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix E4</u> <u>111 Division</u> <u>Adastra – Post Failure Actions</u>
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E4 111 - Adastra – Post Failure Actions

E4a 111 – Adastra System & Service Restoration

For use by DHU 111 Shift Leads & Tactical On Call

IMPORTANT – Prior to re-commencing use of Adastra please refer to DHU IT or Advanced for assurance that Adastra is fully operational and safe for use by DHU (for information – it may be that other organisations are able to re-commence use of Adastra prior to DHU and it is essential that Adastra availability for DHU is ascertained before re-commencing use)

Reminder – ensure that an accurate record of actions and times is kept on the shift log

- Communicate to all staff (including homeworkers) that systems are back online
- Message to clinicians “please be aware patients on Adastra may have already received a call back as we transition back from contingency to live”.
- Tactical on call to request National Contingency support to be reduced/switched off
- Tactical on call to inform ICBs and NHSE that service is restored – follow escalation process [refer to 8.4 Escalation Process](#)
- Tactical on call to request that NHS 111 Online and internal DHU 111 DoS profiles are switched back on - refer to [Appendix F1](#)
- Communicate to external services that systems are back online
- Step down additional floorwalkers
- Reallocate staff according to demand
- **OSLs** to review IUC Incoming Cases queue for cases abandoned by HAs when Adastra was lost.
 - Cross check that the case has been dealt with by looking in:
 - V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE
 - Paper manual consultation form trays - completed
 - If the case has been dealt with, close the case on Adastra
 - If the case has not been dealt with allocate a staff member to contact the patient to check that care has been given.
 - If care has been given, close the case on Adastra
 - If care has NOT been given, follow [F20 Delayed Patient Care – 111 Division](#)
- **OSL** to nominate appropriate Ops staff to check IUC Pathways Clinician cases queue that live cases on Adastra from before the outage have been contacted:
 - Select case on Adastra
 - Look in:
 - V:\Remove Contingency and check in folders

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 156 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



- & paper trays
 - to establish if the case has been dealt with
 - If YES, early exit, I terminated the call – add note “Adastra outage” (for Ops information – these cases will be entered via Retrospective Case Entry – refer to [F24 111 Adastra Retrospective Case Entry](#))
 - If NO, inform CSL immediately who will allocate a clinician and follow F20 delayed patient care [F20 Delayed Patient Care – 111 Division](#)
-
- DHU 111 Operational Lead to complete Datix including the report with time log of events
 - All 111 sites – collect transmission logs, scan and save PDFs to X:\111 Contingency Onward Referrals\DHU 111 Contingency Transmission Logs
 - Update Datix and include timeline of events and actions & scanned transmission logs

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 157 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan	<u>Appendix E4</u> <u>111 Division</u> <u>Adastra – Post Failure Actions</u>
---	---	--

E4b 111 - Adastra upload preparation

Operations Actions led by Shift Lead

SCANNED CASES

- All 111 sites – collect paper manual consultations which have already been scanned from these trays, ensure contents are retained in separate piles:
 - Scanned & Emailed Tray
 - Scanned to 111 Digital Queues Tray
 - FINAL – Completed after scan
- Place all scanned paper manual consultation forms into a sealed envelope, marked as confidential & for the attention of DHU 111 Admin. Send via DHU Internal post system to Orbis Building

NON SCANNED CASES

- All 111 sites – collect paper manual consultations which have NOT already been scanned from these trays:
 - Completed Tray (contains cases completed on paper by either HAs or Cas)
- Allocate staff (OSLs, DOSLs, NCPMs, CQI/DoS Patient Experience, Trainers, Coaches to scan completed paper manual consultation forms and save PDFs to

V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE
- Name of person scanning and date must be written on the paper manual consultation (box at end) – prior to scanning
- PDFs must be saved in the following format
Patient Initials DOB County e.g. AA 01012020 Nottingham
- Place all scanned paper manual consultation forms into a sealed envelope, marked as confidential & for the attention of DHU 111 Admin. Send via DHU Internal post system to Orbis Building
- OSL, or allocated staff, must check that the labelling on cases within the folder in the box below follows the correct format.
 Labelling should be amended prior to handing over for retrospective case entry.

V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE – this folder contains:

- a) Clinical Adviser assessments completed digitally (Word documents)
- b) And associated HA assessments - PDFs
- c) Scanned paper cases, either HA or HA + CA, from the completed tray

- OSL to email 111 Management Team and 111 Admin Team to inform that all cases are in V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE and are ready for retrospective case entry

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 158 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan	<u>Appendix E4</u> <u>111 Division</u> <u>Adastra – Post Failure Actions</u>
---	---	--

Management Team – allocate staff to log cases on Adastra using retrospective case entry function (RCE)

Note – RCE is designed for use by admin or support staff, on the next working day following the outage, to prevent depletion of front line staff resource. Management team should consider volumes and capacity and could allocate RCE to wider teams if required. Teams with access to V:\Remote Contingency and Adastra RCE functionality are: Admin Assts, Absence Managers, CQI team, DOSLs, OSLs, NCPMs, Training, Patient Experience.

Staff allocated to enter cases onto Adastra should use Retrospective Case Entry How To Guide
[F24 111 Adastra Retrospective Case Entry](#)

For action by 111 Management Team or Tactical On Call

Please Note

Retrospective Case Entry (RCE) is set to send Post Event Messages (PEM) following logging of cases onto Adastra.

Following a prolonged Adastra outage, NHS England may direct 111 providers to suspend Post Event Messages to GP surgeries.

If this direction is received DHU 111 Management Team or Tactical On Call should request IT/Digital colleagues to disable the PEM functionality within RCE.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 159 of 331
	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E4c 111 - Post Retrospective Case Entry Actions

For use by Heads of Performance

For action within 48 hours of completion of retrospective case entry

1. Check V:\Remote Contingency – folders 1, 2, 3, 4, 5 – these should be empty – if not investigate & ensure the case has been completed
2. Check V:\Remote Contingency – folder 6 OPS USE ONLY – DAILY ARCHIVE.

The main folder should be empty – all cases should be within sub-folder “Retro Case Entry – completed cases”

3. Go to X:\111 Contingency Archive. Create a new folder for each day of the outage.

Move the contents of

V:\Remote Contingency – folder 6 OPS USE ONLY – DAILY ARCHIVE\Retro Case Entry – completed cases

Into the new folder for the day in X:\111 Contingency Archive *see note

4. Go to X:\111 Contingency Onward Referrals – this contains the PDFs which have been sent to Urgent Care providers & which have been upload to Adastra– delete the contents *see note
5. Update Datix & state that E4c actions 1-4 have been completed
6. Go to dhu111.operations@nhs.net and move read receipts into X:\111 Contingency Archive, into folders for each day, with sub-folders for each provider. *see note
 - o Note – move in small batches to prevent system slowness.
 - o Check the read receipt folders within dhu111.operations@nhs.net are empty
7. Go to dhu111.operations@nhs.net and delete the content of all Sent folders.. *see note
8. Liaise with the admin team and ensure that all paper manual consultation forms are placed in the confidential waste bin. *see note
9. Update Datix Update & state that E4c actions 1-8 have been completed & close the Datix

* Note. These actions were approved by DHU 111 Clinical Governance and Risk Committee on 03.07.2024 and will be considered at DHU Clinical Governance and Oversight Committee's October 2024 meeting.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 160 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E5 Adastra Planned Downtime – All Divisions

Advance notice is given of planned Adastra downtime

Actions for Division management teams to consider prior to downtime

- Scheduling additional staff:
 - for the period leading up to downtime to complete cases
 - to support contingency working during the downtime
 - to support retrospective entry of cases
- communicate the notice of downtime to relevant staff

Actions during downtime

The person leading the shift MUST ENSURE that:

- all staff have logged off and closed down Adastra (remember remote workers) prior to the start of downtime (remember remote workers)
- staff must not launch Adastra until notified by DHU IT or Advanced that Adastra can be used.

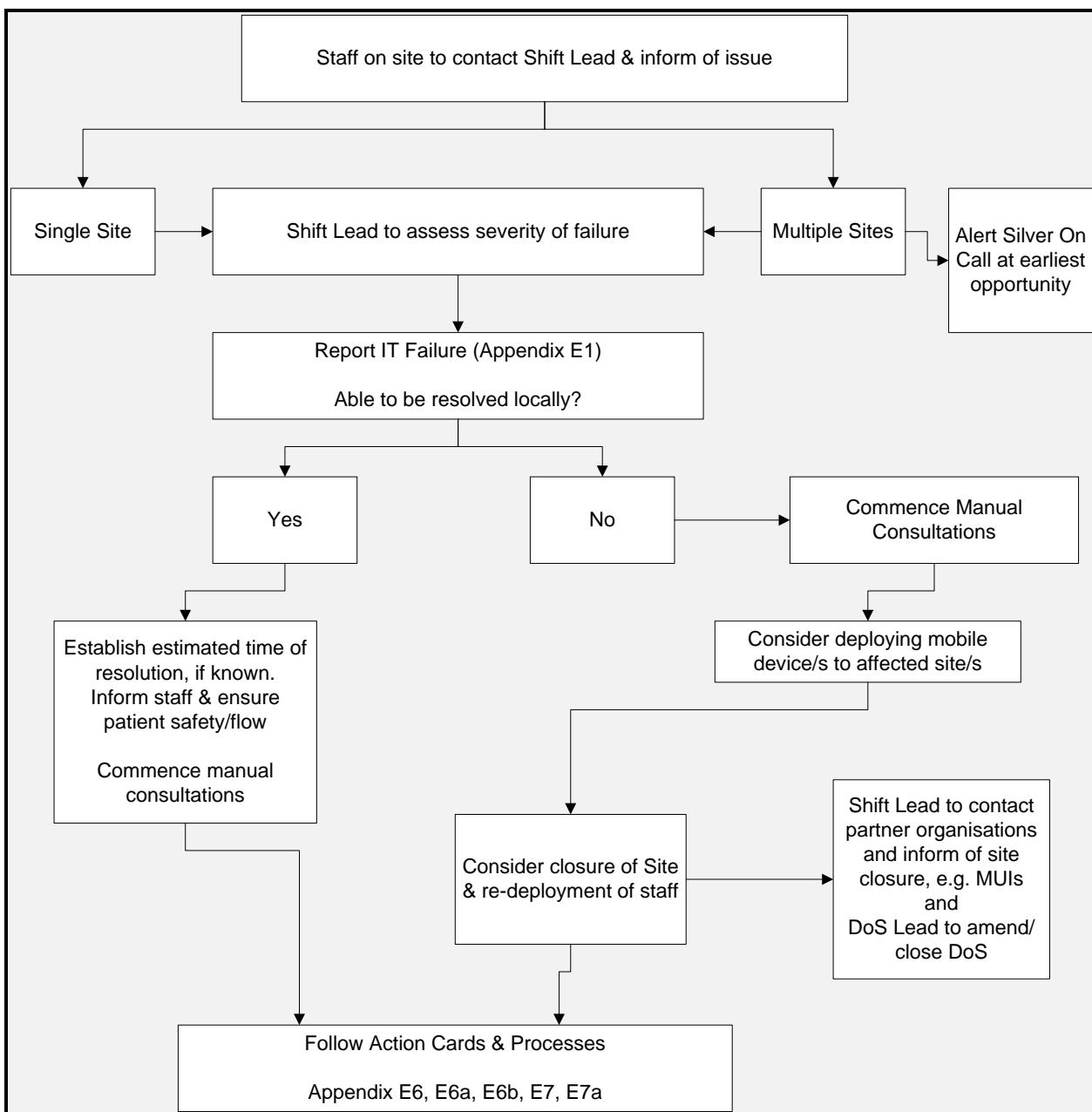
Note - downtime may last longer than scheduled – do not assume Adastra can be used until notified by DHU IT or Advanced

Business Continuity Action plans for Adastra failures should be followed.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 161 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E6a IT Failure – Overview – Urgent Care Divisions



[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 162 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix E6b</u> <u>Urgent Care Divisions</u> <u>Adastra Failure Action Plan</u>
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E6b Adastra Failure Action Plans – Urgent Care Divisions

1. All staff

In the event of a localised IT failure at a DHU site, patients who need assessment should be asked to walk in to their nearest PCC within the specified disposition. No appointments can be made. Staff at the affected site must notify the 111 Shift Lead and the Urgent Care Co-ordinator/Supervisor/Pat Nav of the IT failure.

Derbyshire Urgent Care Division	Leicestershire Urgent Care Division	Bassetlaw Urgent Care Division
0300 1000 414 Option 1 – UCD Co-Ordinator 07514 948208 UCD Co-Ordinator (Orbis) 07514 948210 UCD Co-Ordinator (Ashgate)	Supervisor/Pat Nav's 0116 295 0076 07596 894044	01909 572585 07817 331572
111 Division		
0300 1000 414 Option 3 - 111 Division Shift Lead 07966 872 096 – 111 Shift Lead – Orbis 07766 838 474 – 111 Shift Lead – The Quad		

The Shift Lead/UCD Coordinator/Supervisor/Pat Nav's will take appropriate action and notify DHU IT Department/IT On-Call who will then make a decision as to the need to escalate to Advanced Health & Care, if the issue cannot be resolved locally. The Shift Lead/UCD Coordinator/Supervisor/Pat Nav's will notify all staff via Adastra or SystmOne instant message that we are reverting to manual process accordingly.

If investigations reveal that the local IT system cannot be repaired easily, such as by means of verbal instructions given via a connection with another expert, and provided that the remainder of the DHU IT system is working correctly, it is unreasonable to expect manual telephone triage or Clinician Advice to be undertaken from the affected site.

If a Toughbook is available, the UCD Co-ordinator/Supervisor/Pat Nav's will arrange for it to be delivered to the affected site. As soon as it has been set up and the Clinician has logged on to Adastra/SystmOne, PCC appointments will be forwarded via that Toughbook. Consultation notes can be entered contemporaneously. This is the preferred method.

It is important that the Clinical Record be completed electronically, as soon as the IT system has been restored to normal operation, or that details be passed to one of the main bases for entry by another Clinician into the Adastra/SystmOne record. Verbal transmission of clinical notes is acceptable, provided that this is carried out in a recorded telephone conversation (i.e. using the main DHU system). Clinicians may need to travel to another site to enter their notes into the Adastra/SystmOne record. Alternatively, a computer or Toughbook in a Response Vehicle may be used, if available.

In all cases the UCD Coordinator/Supervisor/Pat Nav's must make a Datix Incident Report as soon as practicable with factual details of the incident.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 163 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan	<u>Appendix E6b</u> <u>Urgent Care Divisions</u> <u>Adastra Failure Action Plan</u>
---	---	---

Main Sites

2.1 Chesterfield (Ashgate Manor) & Derby (Orbis Building)

Please read Section 1. If there is no OOH Co-ordinator present or Shift Lead present on site, the staff member on the affected site (Ashgate or Orbis) must contact the UCD Co-ordinator: **0300 1000 414 Option 1, 07514 948208 (Orbis), 07514 948210 (Ashgate)** who will escalate to the Shift Lead and/or Tactical On-Call. The OOH Co-ordinator will then take appropriate action and notify the DHU IT Department/IT On-Call who will then make a decision as to the need to escalate to Advanced Health & Care, if the issue cannot be resolved locally

If investigations reveal that the local IT system cannot be repaired easily, such as by means of verbal instructions given via a connection with another expert, and provided that the remainder of the DHU IT system is working correctly, it is reasonable to expect manual triage from the affected site. However, if it transpires that it is likely to take longer than one hour to resolve the local IT problem, arrangements must be made for re-location of staff from the affected site to another functioning site where suitable workstations are available, having regard to current and anticipated rostered staff requirements at each location and to the current workload. However, such arrangements must not be initiated until such time as it has been verified that the IT system is operating correctly at the intended sites for re-location of staff

If spare Toughbooks are available, the OOH's Co-ordinator will arrange for Toughbooks to be set up (if already on-site) or to be transferred to the affected site. To the Chesterfield Call-centre. As soon as they have been set up and the Clinician has logged on to Adastra, advice/triage will be undertaken and PCC appointments will be forwarded via those Toughbooks. Consultation notes can be entered contemporaneously. This is the preferred method

Patients due to attend an appointment at a site as printed from the contingency laptop can have the details of the patient and appointment time phoned through to the relevant site by the Derbyshire Coordinator. Alternatively, the patient details can be scanned and sent via secure email to urgentcare.coordinators@nhs.net. There must be regular, frequent communication between the sites, in order to assess the current status of the electronic Adastra PCC Appointments screen and the volume of completed Manual Consultation Records. If the reasons for non-attendance have not already been established, any patients who do not attend (DNAs) must be contacted by the Receptionist or UCD Co-ordinator as soon as the IT system has been restored to normal operation.

If the Toughbooks in the Response Vehicles are unaffected by the IT failure, Home Visits must proceed as normal. If the Toughbooks in the Response Vehicles are affected, the manual consultation forms must be used.

District Nurse cases must be recorded manually and transmitted over the telephone to the District Nursing Service, in the usual manner, using the hard copy District Nurse rotas kept at the Ashgate Site. Details of transmission times and call recipients (District Nurses/Healthcare Assistants) are to be entered into the Adastra record as soon as the IT system has been restored to normal operation.

2.2 Anstey Frith, Leicester

Please read Section 1. The Shift Lead at Anstey Frith must notify Tactical on call. They must ensure the dedicated mobile phone for the Anstey Frith Shift Lead is switched on. The Shift Lead will then take appropriate action and notify the DHU

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 164 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



IT Department/IT On-Call who will then make a decision as to the need to escalate to Advanced Health & Care, if the issue cannot be resolved locally.

If investigations reveal that the local IT system cannot be repaired easily, such as by means of verbal instructions given via a connection with another expert, and provided that the remainder of the DHU IT system is working correctly, it is reasonable to expect manual triage from this site. However, if it transpires that it is likely to take longer than one hour to resolve the local IT problem, arrangements need to be considered for re-location of staff to the Gwendolen House or to peripheral sites, wherever suitable workstations are available, having regard to current and anticipated rostered staff requirements at each location and to the current workload. However, such arrangements must not be initiated until such time as it has been verified that the IT system is operating correctly at the intended sites for re-location of staff. Either the local Shift Supervisor or one member of staff must remain at Anstey Frith, along with one local Clinician, to liaise with Adastra, patients and Clinicians as required.

If spare laptops are available, the OOH's Co-ordinator/Shift Lead will arrange for laptops to be set up (if already on-site) or to be brought to the Anstey Frith Call-centre. As soon as they have been set up and the Clinician has logged on to Adastra, advice/triage will be undertaken and PCC appointments will be forwarded via those laptops. Consultation notes can be entered contemporaneously. This is the preferred method.

It is important that the Clinical Record be completed electronically, as soon as the IT system has been restored to normal operation or entry by another Clinician into the Adastra record. Responsibility for this will remain with the Anstey Frith site. Verbal transmission of clinical notes is acceptable, provided that this is carried out in a recorded telephone conversation (i.e. using the main DHU system). Clinicians may need to travel to another site to enter their notes into the Adastra record. Alternatively, a computer or laptop in a Response Vehicle may be used, if available.

2. Peripheral Sites

Please read Section 1 of this section.

The Urgent Care Division/Shift Lead/UCD Coordinator/Supervisor/Pat Nav's will take appropriate action and notify DHU IT Department/IT On-Call who will then make a decision as to the need to escalate to Advanced Health & Care, if the issue cannot be resolved locally. The Shift Lead/UCD Coordinator/Supervisor/Pat Nav's will notify all staff via Adastra or SystmOne instant message that we are reverting to manual process at the affected peripheral site..

If investigations reveal that the local IT system cannot be repaired easily, such as by means of verbal instructions given via a connection with another expert, in conjunction with the Tactical On-Call, a decision will be made as to whether the affected Site may need to be closed and staff/services re-deployed to another site.

A list of site information details can be found in [Appendix C](#).

The UCD Shift Lead/UCD Coordinator/Supervisor/Pat Nav's will need to follow the flow chart at the beginning of this section to ensure that other services are aware of site closure & the DoS is updated at the earliest opportunity.

4 Response Vehicles

If a Response Vehicle is stationed at a main base, the Driver must collect relevant printed Manual Consultation Records relating to Home Visits for that Response Vehicle from the UCD Coordinator/Supervisor/Pat Nav's [Despatch Tray (1)].

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 165 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



The case priority and the time at which triage/clinician advice was completed must be shown clearly. This will enable the Clinician in the car to prioritise Home Visits appropriately.

Home Visits allocated to vehicles at peripheral sites, the visit details must be passed over the telephone by the UCD Co-ordinator/Dispatcher/Supervisor/Pat Nav's. The Clinician must document demographics and the reason for the call, along with the priority, on the Manual Consultation Record. All details relating to the Home Visit must be read back to the UCD Coordinator/Supervisor/Pat Nav's, in order to ensure accuracy.

Upon return to Base, the Clinician must access Adastra/SystmOne and enter all times and outcomes relating to Home Visits before the end of the shift, using the Manual Consultation Record and any personal notes recorded prior to and during consultations.

5 Bassetlaw (Urgent Care Derbyshire ONLY)

If an IT failure is identified at Bassetlaw PCC, the Bassetlaw Receptionist on 01909 572585 must first inform Advanced Health & Care of the failure and must then confer immediately with DHU UCD Co-ordinator.

If Toughbook 18 is available at Bassetlaw, the UCD Co-ordinator should advise Bassetlaw that PCC appointments can be transmitted to the Toughbook and as soon as it has been set up and the Clinician has logged on to Adastra, PCC appointments will be forwarded via that Toughbook. Consultation notes can be entered contemporaneously. This is the preferred method.

Alternatively, details of patients who need to be contacted by the Primary Care Centre for appointments/advice may be faxed to Bassetlaw (Fax: 01909 571589) on a SAFE HAVEN Fax.

If the IT failure only affects Bassetlaw Response Vehicles, the UCD Co-ordinator/Dispatcher must pass calls verbally to the Response Vehicles and move the cases to an appropriate case queue for notes to be completed once the clinician returns to base.

If it is established that only one Toughbook is affected, the UCD Co-ordinator must recommend that an alternative Toughbook be used.

It is the responsibility of Bassetlaw Clinicians to enter their clinical notes as soon as the IT system has been restored to normal operation. N.B.: provided that they are working correctly, computers in Bassetlaw Response Vehicles may be used to enter clinical notes if the workstations at the PCC are temporarily out of use.

STAFF ACTIONS – Urgent Care Derbyshire

Urgent Care Co-ordinators

- Log onto the Service Continuity Tracker (SCT) located in the call centres at The Quad & Orbis Building, using the same password as the username – Appendix F7.
 - Choose BOTH print options, i.e. ‘PRINT LIST’ the ‘PRINT ALL’.
 - Take the printed case copies from the printer and place in the relevant trays
 - Retain the case list for reference.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 166 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

- Ensure plastic trays are out and available for UCD Co-ordinators to collect and distribute manual cases amongst clinicians
 - Derbyshire OOHs
- Ensure full communication with all staff at peripheral sites and co-ordinator at Ashgate/Orbis if present on both sites.
- For despatching of OOHs home visits
 - Using personal knowledge of geographical areas and maps, plus the local knowledge of staff on duty, combined with the allocated prioritisation and the availability of Response Vehicles, the UCD Co-ordinator/Despatcher must despatch Home Visits in accordance with DHU Quality Standards.
 - If the Driver and the Clinician are at Base, photo-copy manual consultation records from the despatch Tray and hand them to the Driver as quickly as possible. The UCD co-ordinator must work to the priority stated in the Manual Consultation Record in the usual way.
 - If not at base visits must be passed verbally.
 - Where details are passed verbally, the Clinician must document on the manual consultation record the following details:
 - Demographics
 - Reason for the call
 - Case priority
 - Any special note or Rightcare in place.
 - All details relating to the Home Visit must be read back to the Despatcher/UCD Co-ordinator in order to ensure accuracy.
 - Once the Home Visit has been despatched, endorse the original Manual Consultation Record with the date and time of despatch and with details of the relevant Response Vehicle / Driver, then place it in the Visits in Progress Tray.
- Enlist the support of the receptionist at Chesterfield, if no co-ordinator, in assisting with communications with drivers and clinicians, in order to ensure that home visits are despatched efficiently.
- Ensure visits allocated to Response Vehicles are recorded on the usual DHU Vehicle-Tracking Sheet.
- Ensure copies of the home visit record must be kept in the Visits in Progress Tray.
- Once a home visit has been completed, place the relevant manual consultation record in the Completed tray and update the Vehicle-Tracking Sheet. If a call needs to be passed to a Response Vehicle that is already on the road (including Bassetlaw), this must be done.
- Ensure once completed that manual forms are returned to the completed tray.
- For primary care centre appointments:-

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 167 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan	<u>Appendix E6b</u> <u>Urgent Care Divisions</u> <u>Adastral Failure Action Plan</u>
---	---	--

- Ensure receptionist knows to collate all manual forms at the end of the manual session.

In the event of an IT failure and the inability to refer any district nurse calls, please escalate in the following order;

1. DCHS Director on Call via Derbyshire Healthcare NHSFT Switchboard – **01332 623700**

- For booking OOH's appointments
 - Bookings will not be made, UCD Co-Ordinator to alert sites of Manual Consultation processes in place and appointments suspended, all patients will be advised to walk in.

HCA/Reception Staff

On receiving the alert that we are manual:

- Ensure all staff at the site are aware we are manual
- Obtain manual appointment booking form, at all sites. Ensure arrival time documented on the form and clinicians informed
- Collect these manual forms at the end of the manual episode or at regular intervals if this is a long time—longer than an hour
- Give to Driver when these are collected

Out of Hours Clinician Advice Actions

On notification of manual systems in place:

- UCD Clinical Lead to contact all Home Triage Clinicians and ask them to attend The Quad or Orbis Building to support advice whilst contingency in place.
- Obtain Manual Consultation Records from the Clinician Advice Tray if at The Quad/Orbis Building.
- Conduct the telephone assessment
- Upon completion of triage or Clinician advice, the relevant Manual Consultation Record must be placed in the appropriate tray
- If an appointment is needed, inform the patient to walk into their nearest PCC within the specified disposition. No appointments can be made.
- Give patients clear worsening instructions and ring-back advice
- Confirm clearly on the manual record
 - HV = Home Visit
 - PCC = Primary care Centre Appointment
 - DN = DN Referral
 - Completed Cases

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61
		ISSUE DATE:	02-2025

This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.

**Out of Hours Primary Care Centre clinicians Actions**

- Obtain manual consultation record from the receptionist
- Complete the consultation documenting within the manual record
- On completion of the consultation return the completed manual consultation record to the completed cases tray or the receptionist
- As soon as the IT system has been restored to normal operation, clinicians must, wherever possible, enter their own triage or consultation notes into the Adastra record. The UCD coordinator will notify clinicians that records are being entered retrospectively.

Out of Hours Home Visit Clinician Actions

- Obtain manual records for home visits from UCD co-ordinator if at start of shift
- During shift take verbal referral from UCD co-ordinator using manual record available in the cars to document
- Ensure that details are read back to UCD co-ordinator as confirmation
- Ensure you have obtained
 - Full demographics
 - Clinical reason for the call
 - Priority of the call
 - Any special note /Rightcare in place

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 169 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



STAFF ACTIONS ADASTRA FAILURE – Urgent Care Leicestershire

The following process is to be adopted in the event of a failure of the Adastra system, which will allow for continued service delivery until such times as the system is restored.

Fallback Forms

There is a specific form that is to be used during a fallback situation. These are located in the contingency box marked “Blank Fallback Sheets” located on the shelving unit in the Mini-Comms office.

A supply of these forms is to be distributed to each Call Handler on duty. You should also ensure that they have a pen. The fields on the form are self-explanatory.

Fallback Job Trays

There are a series of letter trays in the contingency box. These are clearly marked with their designation and should be distributed around the Communications Centre

Method

Please see the Adastra Fallback Process Diagram for a visual representation of how this process will work.

Patient Navigator Actions:

The Shift Leader will allocate one Patient Navigator to manage incoming calls taken by other operational staff.

Calls from 111 that have been scanned and sent via nhs.net email will be attached to a fallback form. Details of the call will be logged on the “Call Log” sheet and given a temporary reference number.

The call will be evaluated to ascertain the disposition.

- **Speak to calls** will be placed into the “For assessment tray” marked with the appropriate priority
- **Contact Calls** will be placed into the “Navigator” tray marked with the appropriate priority

Patient Navigators will collect calls in rotation from the Navigator tray and contact patients accordingly.

For base visits patients should be given an appointment as normal using the appointment sheet and SystmOne. The fallback form should be completed accordingly and placed in the “Base Visit” tray for further action.

For home visits the fallback form should be completed accordingly and placed in the “Home Visit” tray for further action.

For queries the fallback form should be completed accordingly and placed in the “Shift Leaders” tray.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 170 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan	<u>Appendix E6b</u> <u>Urgent Care Divisions</u> <u>Adastrra Failure Action Plan</u>
---	---	--

Clinician Actions

Clinicians will regularly check the “For assessment” tray in rotation and take one case at a time for assessment.

For cases where there is a query the fallback sheet should be taken and placed into the “For Shift Leader” tray.

For cases where a base visit is agreed, advise that someone will call with an appointment time. The Clinician must then take the fallback sheet and place it in the “Navigator” tray for action.

For cases where a Home Visit is agreed, the Clinician should ensure that the priority of the call is clearly marked on the fallback sheet, which should then be taken and placed into the “For Home Visit” tray. If the call is for a P1 visit the Clinician should tell the Dispatcher or Shift Leader accordingly.

Shift Leaders Actions

The Shift Leader will be responsible for coordinating the operation process during fallback and will ensure that calls are processed in a safe and timely manner utilizing resources as deemed necessary.

Where possible one Patient Navigator should be allocated to manage the logging and call flow functions.

Normal supervisory duties will continue such as Query on a call; therefore, the “For Shift Leader” tray should be checked regularly.

In all cases where full fallback is put into operation the Duty Manager must be informed.

Dispatcher Actions

The Dispatcher will be responsible for ensuring that cases where onward actions are needed and coordinated to ensure that call details are passed in a timely manner.

The “For Base Visit” & “For Home Visit” trays are to be checked regularly.

Home visits will be dispatched in the normal way through SystmOne or if required verbally to the relevant crew if SystmOne is also down. Details are to be entered onto the fallback sheet as well as the Dispatchers Log. Completion times will be entered onto the Dispatchers Log only but the fall back sheet should be marked as the call being completed and signed off by the Shift Leader.

For Base Visits

Details will need to be passed to the Centre by phone.

Base locations will have their own version of the fallback form (held in the front pocket of the resus bags) that they will complete and return to the Communications Centre when the system failure has been rectified. It is important to ensure that the temporary call reference number is quoted when passing cases.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 171 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Base Location Actions

If SystmOne is running continue to work as normal on SystmOne. If SystmOne is not working, when calls are passed to the base by the Patient Navigator, the person on duty will record the details onto the appointment sheet and complete a fallback sheet. When the patient arrives the details will be recorded onto the appointment sheet and the fallback sheet will be handed to the Doctor for completion. It is important to note the temporary call reference number onto each case.

For walk ins the patient will be given the next available appointment on the appointment sheet.

All forms must be retained as these will need to be returned to the Communications Centre once the system failure has been rectified.

Home Visit Crew Actions

When a call is passed on full details must be recorded onto a call sheet and the Crew Log. The Clinician must ensure that full details of the consultation are recorded so that these can be entered onto the system once the system failure has been rectified. It is important to note the temporary call reference number on each case.

Duty Managers Actions

The Duty Manager will retain overall responsibility for ensuring that this process is implemented and will take on the role of liaising with IT to ensure that the system is restored as soon as possible.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 172 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**STAFF ACTIONS – Urgent Care Bassetlaw**

- Establish source of IT outage i.e. is this linked to the Yorkshire Ambulance Service 111, ADASTRA, or CITRIX and contact the relevant Provider.
- Problems with Adastra need to be reported to Advanced Health Care via Littlefish 0300 1000 415

YAS Actions

- YAS 111 will email us to inform of IT outage.
- YAS 111 will email referrals in the event of Adastra outage
- In the event of complete loss of IT YAS will Fax through all referrals to the Bassetlaw OOH Safe Haven Fax: 01909 571589
- Prior to 11pm: Bhp.outofhours@nhs.net

Receptionists to check nhs.net account up until 11pm, if using this method.

Post 11:00pm

- To be checked by HA/Driver. If not on site due to carrying out home visits, verbal handover to take place between:
 - DHU **0300 1000 414** Select 1—out of hours co-ordinator and
 - YAS 111 Supervisor 03306 784120

Problems with Citrix contact 0115 955 5350. (On-call IT via Duncan MacMillan House 0115 9691300)

- If there is a problem with one tough book, replacement to be used.
 - If the whole Adastra system is down, inform 111 YAS & DHU Healthcare co-ordinator to enable receipt of referrals via email.
 - To obtain documentation from store and convert to paper held service.
 - Receptionist to co-ordinate appointments.
 - Liaise with A&E, re: possible increase in waiting time for patient referrals until fully operational.
 - Urgent information required to be passed to GP Practices to be faxed ensuring the use of safe haven numbers.
 - Other consultation notes to be held in a secure cabinet in BUCS are to be input by the clinical team at a later date.
-
- Currently the BUCS service has access to SystmOne but in the event of SystmOne IT failure the service would continue to function with no disruption via Adastra IT system.
 - In the event the service cannot be maintained or the service capacity has changed the DOS must be amended to reflect this via the RAG status

Resuming use of Adastra

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 173 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



IMPORTANT – Prior to re-commencing use of Adastra please refer to DHU IT or Advanced for assurance that Adastra is fully operational and safe for use by DHU (for information – it may be that other organisations are able to re-commence use of Adastra prior to DHU and it is essential that Adastra availability for DHU is ascertained before re-commencing use)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 174 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E6c Adastra – Post Failure Actions – Urgent Care Divisions

IMPORTANT – Prior to re-commencing use of Adastra please refer to DHU IT or Advanced for assurance that Adastra is fully operational and safe for use by DHU (for information – it may be that other organisations are able to re-commence use of Adastra prior to DHU and it is essential that Adastra availability for DHU is ascertained before re-commencing use)

Systems Restoration Action Card – Urgent Care Shift Leads

- Communicate to staff that systems are back online (including peripheral sites and homeworkers)
- Communicate to external services systems are back online
- Return all services to normal status on the DoS (capacity management)
- Review (with Clinical Lead) that all cases have been actioned
- Allocate staff to input manual consultation paper records onto Adastra (refer to [Appendix E6b](#))
- Direct clinicians to update their own cases from their manual consultation records
- If clinicians are off duty then alternative clinicians should be asked to input the calls onto the system as soon as possible with the aim to complete this within 72 hours of restoration of normal IT operation, to allow for Post Event Messaging (PEM) to be completed.
- Continue to log times for upload to Datix
- Place entered manual consultation forms in a sealed envelope, marked confidential & for the attention of DHU Urgent Care Derby or Leics - Admin.
- Update Datix & scan logs/notes & add to Datix

Systems Restoration Action Card – Urgent Care Divisions Admin

- Arrange for a DHU driver to collect entered manual consultation forms from peripheral sites
- When received note the date & time received on the envelope
- Check each form has an Adastra case number written on it – if a form is without an Adastra number liaise with Operational Staff to search for case and input if not found.
- Return the forms to the envelope

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 175 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



- Update Datix event to show that forms have been checked
- Retain for 48 hours
- After 48 hours place paper manual consultation forms in the confidential waste bin
- *For information : scanning of manual consultation forms is not required*
- Update Datix event to show that forms have been placed in the confidential waste bin

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 176 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E6d Adastra Failures – Entering Cases Retrospectively – Urgent Care Divisions

Following an Adastra failure cases which have been logged manually on paper need to be entered onto Adastra following the process below (includes scanning of electronic filing)

1. Allocation of tasks

The person leading the shift is responsible for organising staff to enter cases on Adastra :
When cases have been entered (created) on Adastra the paper copies should be scanned and filed electronically.
The person entering the case or scanning should follow the process below.

HOW TO ENTER A CASE RETROSPECTIVELY - Adastra	
	You will be given a batch of manual consultation forms
	Use normal Case Entry
	Enter demographics shown on manual consultation form
	ESSENTIAL Click on Back date / defer button (top of screen)
	Enter the start date and time from manual consultation form
	In symptoms box enter ***** Case entered retrospectively due to IT failure ***** Pt has ?? symptoms
	Click on Bypass button and select: Clinical Advice, PCC or Home Visit
	Select priority (from the paper record)
	If PCC – make retrospective appointment at correct base (only for bases on Adastra)
	On each manual consultation form (paper) write in box: a. Adastra case number b. Your name Date & Time you entered the Adastra case
	Place manual consultation forms in envelope & seal. Pass immediately to person leading the shift

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 177 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E6e Adastra Failures – Logging Cases on SystmOne – Urgent Care Northants

During an Adastra failure cases will not automatically transfer to Urgent Care Northants SystmOne unit. Cases will be transferred, in batches, from DHU 111 by nhs.mail email.

(If the nhs.mail is not available cases will be transferred verbally & the same method of logging cases, as below, should be followed)

Despatch Controller (DC) Actions

- DC informed of Adastra outage (either by 111 or through Tactical on call)
- DC confirms usage of correct contingency email address with 111 (Dhu.northantscontingency@nhs.net)
- DC alerts Tactical on call & all colleagues currently working
- DC logs into contingency email account, and requests all receptionists to do so as well
- All staff should send “read receipts” to 111 on receiving each email
- Cases emailed from 111 are manually added to SystmOne. Receptionists are allocated emails to process by the DC.
- All staff logging cases onto SystmOne must record each case on a transmission log
Click here for link to transmission log [transmission log](#)
- DC keeps in contact with SOC and provides service updates

Tactical on call actions

- Note time contingency commences and keep an accurate timeline of events
- Request regular service updates from the DC
- Monitor service disruption and alert other NHS departments of potential impact when necessary to do so
- Monitor case volumes and bring in extra admin or clinical support where required
- Liaise with other SOC's / GOC when requested
- Once the contingency period has ended, log a Datix (BCP event) with accurate timeline of events/actions

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 178 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E7 SystmOne Failure – ALL Urgent Care Divisions – Finding live cases

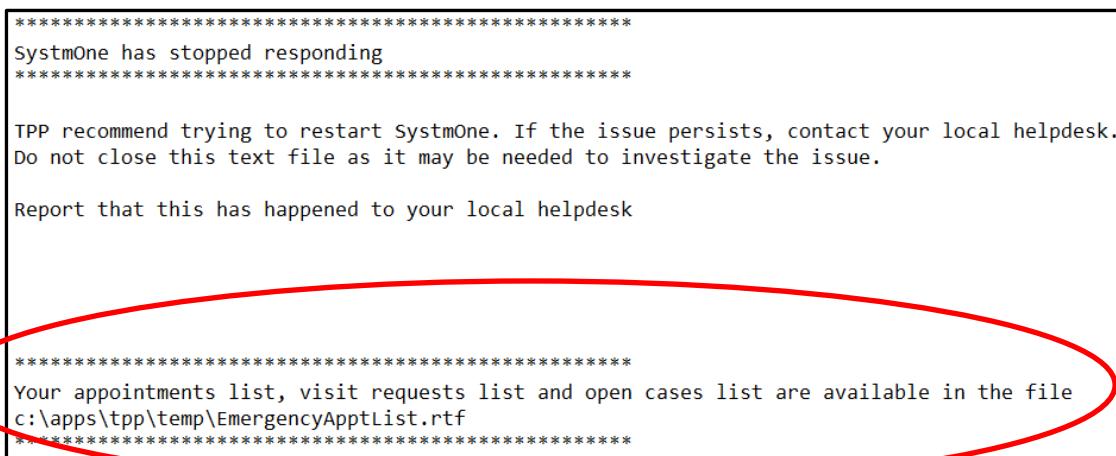
For use by all Urgent Care Divisions

Please read this guidance prior to action plan for your Division

[Click here for link to SystmOne Help Guides](#)

How to find SystmOne live cases during a SystmOne Failure

- If the SystmOne server becomes unavailable while you are logged on to SystmOne, a file is automatically created on your workstation that contains details of today's appointments, visit requests and OOH cases.
- **Note:** The file is only created on workstations logged on to SystmOne at the time of the problem
- After a few minutes of inactivity, a window will open automatically, see image below



- Click and open the file link between the lower sets of asterisks – *circled in red above*
- Print these files which contain the day's appointments, visit requests & OOH cases.
- The person leading the shift at each site must ensure that all cases are dealt with following manual processes in the following Appendices & that the printed case lists are retained with manual consultation forms.
- **Note:** Do not attempt to open the file until the window with "SystmOne has stopped responding" at the top is displayed.
- When SystmOne becomes available again, the file is deleted.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 179 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E7a SystmOne Failure – Action Plan – UCD Derbys

To find live cases during a SystmOne Failure [click here for link to SystmOne overview](#)

STAFF ACTIONS SYSTMONE FAILURE– Urgent Care Derbyshire

The following process is to be adopted in the event of a failure of SystmOne which will allow for continued service delivery until such times as the system is restored.

Fallback Forms

There are specific forms that are to be used during a SystmOne Failure.

[Click here for link to F3493 Manual Consultation Form](#)

[Click here for link to F4095 Contingency Appointment Form](#)

Master copies of these forms are kept in the base information folders at each base. Calls from 111 will normally be emailed through via the DHU Coordinator NHS.net email address and should be attached to the manual consultation forms.

Clinician Actions

- Cases will be sent across from 111 via the NHS.net contingency email address and will be printed off by the dispatcher/coordinator or receptionist or designated staff member.
- If a patient requires a base appointment, the triage clinician will. Inform the patient to walk into the base closest to them which is open at that time.
- For patients that require a home visit, please flag the case to the Coordinator/dispatcher/designated staff member so that it can then verbally pass the case to the crew

Dispatch/Coordinator Actions

- The Coordinator/dispatcher will be responsible for coordinating the operation process during contingency working and will ensure that calls are processed in a safe and timely manner utilizing resources as deemed necessary.
- Normal supervisory duties will continue.
- In all cases where manual processes are put into operation the Tactical On-Call must be informed.
- The Coordinator will be responsible for ensuring that cases where onward actions are needed are passed in a timely manner with all the call details.
- The cases should be manually logged as normal.
- The patient should then be dispatched verbally by the dispatcher to the relevant crew.
- Details are to be entered onto the manual consultation sheet as well as the dispatcher's log.
- Completion times must be entered onto the dispatcher's log.
- The manual consultation sheet should be marked as completed and signed off.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 180 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Base Visits

- The receptionists at each base will hold a copy of the paper appointment ledger. Master copies of these forms are located in the base information folder. When a patient needs an appointment the receptionist will call the patient and agree arrival time and document on paper ledger. When a patient arrives they can be added to the ledger.
- When a patient arrives record their details onto the manual consultation sheet.
- Enter the patient's details onto a manual consultation sheet for the clinician to use when seeing the patient.
- Keep the manual consultation sheets in order for the clinician to see patients in order.
- Once the clinician has seen the patient the completed manual consultation sheet should be handed to the receptionist for retention until the end of the clinic when all the forms should be placed in an envelope. This envelope will be collected by a DHU driver and returned to the main base (either North or South)

Home Visit Crew Actions

- Details of cases should be taken by the driver or clinician, whichever is available.
- Once details have been passed, the crew should place this with their other calls and arrange visits based on priority of the calls held.
- Once arriving at the location, the clinician must ring the Coordinator/dispatcher/designated staff member to confirm arrival.
- The clinician should then complete the fall-back patient record for returning to base.

[Click here to return to CONTENTS PAGE](#)

E7b SystmOne Failure – Post Failure Action Plan – UCD Derbys

Staff Actions – SystmOne Post Failure – Urgent Care Derbyshire

Actions at the end of the system failure

- The Coordinator will communicate that systems are back online.
- The Coordinator and the Tactical On-Call will collectively ensure that all cases taken during the period of manual consultation forms are being, or have been, actioned and establish at which stage they are at. Active monitoring will be continued until all cases are agreed as complete and signed off accordingly.
- All cases will need to be entered onto ADASTRA /SystmOne IF APPROPRIATE by clinician. This should be done as soon as possible after the system is restored so that an accurate record is maintained.
- If the system failure has not been resolved by the end of a shift, this should be documented on the shift report and the remaining forms placed in an envelope for return to HQ via a DHU Driver
- The Transport Manager and Operations Managers will organise the collection of all manual consultation
- For URGENT cases such as handover of care or DEATHS the admin will make contact with the patients GP and the manual consultation forms emailed via the nhs.net account.
- The admin team will check each manual consultation form to ensure that it has been added to SystmOne or emailed to GP surgery and update Datix event to reflect this.
- The Deputy Operations manager will audit these forms to ensure compliance
- Manual consultation form and appointment ledgers to be retained for 48 hours post system failure.
- After 48 hours forms can be shredded and disposed of in confidential waste.
- Update Datix event to show that forms have been placed in the confidential waste bin

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 182 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E7c SystmOne Failure – Action Plan – UCD Leics

To find live cases during a SystmOne Failure [click here for link to SystmOne overview](#)

STAFF ACTIONS SYSTMONE FAILURE– Urgent Care Leicestershire

The following process is to be adopted in the event of a failure of SystmOne which will allow for continued service delivery until such times as the system is restored.

Fallback Forms

There are specific forms that are to be used during a fallback situation. These are located in the contingency box marked “Blank Fallback Sheets” located on the shelving unit in the Mini-Comms office, stocks of these forms are also held in the front pockets of the resus bags at all sites.

Calls from 111 will normally be scanned and sent via nhs.net mail, and should be attached to the fallback form if both Adastra and SystmOne are down. If Adastra is still working normally, 111 will advise patients needing to be seen to walk into their nearest DHU clinic.

Patient Navigator Actions:

- Cases will appear as normal in the IUC queue. However no action will be able to be taken through SystmOne.
- Therefore, once SystmOne is down, if a patient requires a base appointment, please ask them to walk into the most appropriate location where they will be looked after.
- Once agreed please close the case, noting the agreed plan for the patient.
- One member of staff will be allocated as support for the bases so that they can ring for help should they need it. For example if a site has too many patients then we will be required to close their location on the DOS. The shift leader should be notified to take the action on the DOS.
- If the base is running out of forms there will be a dedicated driver to provide more forms for the bases.
- The support person will co-ordinate this type of activity.

The Shift Leader will allocate one Patient Navigator to manage incoming calls and management of the IUC queue.

Clinician Actions

- Cases will appear as normal in the IUC queue. However no action will be able to be taken through SystmOne.
- If SystmOne is down, please DO NOT use the Senior Clinician Module as cases will be lost.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 183 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

- If a patient requires a base appointment, the triage clinician is to ask them to walk into the most appropriate location where they will be looked after.
- Once agreed please close the case.
- For patients that require a home visit, please flag the case but leave it in the IUC queue so that it can be picked up by the dispatcher, who will then verbally pass the case to the crew.
- Once flagged, the case is to remain in the IUC queue until the dispatcher has confirmation from the queue that the case has been completed. Only at that point will the case be closed.

If the call is P1 please notify the Dispatcher accordingly to pass the case to the crew immediately

Shift Leaders Actions

- The Shift Leader will be responsible for coordinating the operation process during fallback and will ensure that calls are processed in a safe and timely manner utilizing resources as deemed necessary.
- Where possible one Patient Navigator should be allocated to manage the logging and call flow functions.
- Normal supervisory duties will continue such as Query on a call.
- In all cases where fallback is put into operation the Duty Manager must be informed.

Dispatcher Actions

- The Dispatcher will be responsible for ensuring that cases where onward actions are needed are passed in a timely manner with all the call details.
- The IUC queue should be checked for cases flagged for a Home visit.
- The cases should be manually logged as normal.
- The patient should then be dispatched verbally by the dispatcher to the relevant crew.
- Details are to be entered onto the fall-back sheet as well as the dispatcher's log.
- Completion times must be entered onto the dispatcher's log.
- The fall back sheet should be marked as completed and signed off.

Base Visits

- The patients needing an appointment will be informed to walk into the centre.
- All forms required during SystmOne downtime are held in the front pocket of the resus bags.
- When a patient arrives record their details onto the fallback appointment sheet.
- Enter the patient's details onto a fallback sheet for the clinician to use when seeing the patient.
- Keep the fall-back sheets in order for the clinician to see patients in order.
- Once the clinician has seen the patient the completed fallback sheet should be handed to the receptionist for retention until the end of the clinic when all the forms should be placed in an envelope for return to Anstey Frith.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 184 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Home Visit Crew Actions

- Details of cases should be taken by the driver or clinician, whichever is available.
- Once details have been passed, the crew should place this with their other calls and arrange visits based on priority of the calls held.
- Once arriving at the location, the clinician must ring the Clinical Lead in Anstey Frith (a number will be provided) so that the Clinical Lead can pass on any relevant supporting information such as allergies.
- The clinician should then complete the fall-back patient record for returning to Anstey Frith to have it scanned onto the patient record.
- It is vital that on completion of the call the completion time is passed to the dispatcher so that the case can be removed from the IUC queue in Anstey Frith.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 185 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**E7d SystmOne Failure – Post Failure Action Plan – UCD Leics****Urgent Care Leicestershire****Base Visits**

- Once the clinician has seen the patient the completed fallback sheet should be handed to the receptionist for retention until the end of the clinic when all the forms should be placed in an envelope for return to Anstey Frith.

Home Visits

- The clinician should then complete the fall-back patient record for returning to Anstey Frith to have it scanned onto the patient record.
- It is vital that on completion of the call the completion time is passed to the dispatcher so that the case can be removed from the IUC queue in Anstey Frith.

Actions at the end of the system failure

- The UCD Shift Leader will communicate that systems are back online.
- The UCD Shift Leader and the Clinical Lead will collectively ensure that all cases taken during the period of fallback are being, or have been, actioned and establish at which stage they are at. Active monitoring will be continued until all cases are agreed as complete and signed off accordingly.
- All cases will need to be entered onto SystmOne. This should be done as soon as possible after the system is restored so that an accurate record is maintained. The Shift Leader will be responsible for ensuring that this is completed.
- Fallback sheets and call records from home visiting and remote locations will need to be called back in to the Communications Centre and married up with the original fallback sheet if applicable.
- Check each Fallback sheet has been input onto SystmOne, arrange for input if required.
- Update Datix event to show that forms have been checked
- Retain for 48 hours
- After 48 hours place paper fallback sheets in the confidential waste bin
- Please note : scanning of manual consultation forms is no longer required
- Update Datix event to show that forms have been placed in the confidential waste bin

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 186 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E7e SystmOne Failure – Action Plan – UCD Northants

To find live cases during a SystmOne Failure [click here for link to SystmOne overview](#)

STAFF ACTIONS SYSTMONE FAILURE– Urgent Care Northamptonshire

The following process is to be adopted in the event of a failure of SystmOne which will allow for continued service delivery until such times as the system is restored.

Fallback Forms

There are specific forms that are to be used during a SystmOne Failure.

[Click here for link to F3493 Manual Consultation Form](#)

[Click here for link to F4095 Contingency Appointment Form](#)

Master copies of these forms are kept in the base information folders at each base. Calls from 111 will normally be emailed through via the Northants contingency NHS.net email address and should be attached to the manual consultation forms.

Clinician Actions

- Cases will be sent across from 111 via the NHS.net contingency email address and will be printed off by the dispatch controller or receptionist.
- If a patient requires a base appointment, the triage clinician will pass the information over to the receptionist who will contact the patient and make a booking using the paper contingency appointment form.
- For patients that require a home visit, please flag the case to the Receptionist or DC so that it can then verbally pass the case to the crew

Dispatch Controller Actions

- The dispatch controller will be responsible for coordinating the operation process during contingency working and will ensure that calls are processed in a safe and timely manner utilizing resources as deemed necessary.
- Normal supervisory duties will continue.
- In all cases where manual processes are put into operation the Tactical On-Call must be informed.
- The Dispatcher will be responsible for ensuring that cases where onward actions are needed are passed in a timely manner with all the call details.
- The cases should be manually logged as normal.
- The patient should then be dispatched verbally by the dispatcher to the relevant crew.
- Details are to be entered onto the manual consultation sheet as well as the dispatcher's log.
- Completion times must be entered onto the dispatcher's log.
- The manual consultation sheet should be marked as completed and signed off.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 187 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**For Base Visits**

- The receptionists at each base will hold a copy of the paper appointment ledger. Master copies of these forms are located in the base information folder. When a patient needs an appointment the receptionist will call the patient and agree arrival time and document on paper ledger.
- When a patient arrives record their details onto the manual consultation sheet.
- Enter the patient's details onto a manual consultation sheet for the clinician to use when seeing the patient.
- Keep the manual consultation sheets in order for the clinician to see patients in order.
- Once the clinician has seen the patient the completed manual consultation sheet should be handed to the receptionist for retention until the end of the clinic when all the forms should be placed in an envelope and placed in the internal mail for return to Danetre HQ.

Home Visit Crew Actions

- Details of cases should be taken by the driver or clinician, whichever is available.
- Once details have been passed, the crew should place this with their other calls and arrange visits based on priority of the calls held.
- Once arriving at the location, the clinician must ring the Dispatch Controller or Receptionist to confirm arrival.
- The clinician should then complete the fall-back patient record for returning to base.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 188 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E7f SystmOne Failure – Post Failure Action Plan – UCD Northants

Staff Actions – SystmOne Post Failure – Urgent Care Northamptonshire

Actions at the end of the system failure

- The Despatch Controller will communicate that systems are back online.
- The Despatch Controller and the Tactical On-Call will collectively ensure that all cases taken during the period of manual consultation forms are being, or have been, actioned and establish at which stage they are at. Active monitoring will be continued until all cases are agreed as complete and signed off accordingly.
- All cases will need to be entered onto SystmOne by clinician. This should be done as soon as possible after the system is restored so that an accurate record is maintained.
- If the system failure has not been resolved by the end of a shift, this should be documented on the shift report and the remaining forms placed in an envelope for return to Danetre HQ via internal mail.
- The service delivery manager will go to collect all manual consultation and appointment ledger forms.
- For any cases which have not been inputted into SystmOne, the admin team will then make contact with the patients GP surgery and arrange for the manual consultation form to be emailed over via NHS.net email address.
- The admin team/Service Delivery Manager will check each manual consultation form to ensure that it has been added to SystmOne or emailed to GP surgery and update Datix event to reflect this.
- Manual consultation form and appointment ledgers to be retained for 48 hours post system failure.
- After 48 hours forms can be shredded and disposed of in confidential waste.
- Update Datix event to show that forms have been placed in the confidential waste bin

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 189 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E8 111 - Telephony Failure – Action Plan

For use during a total or partial loss of NICE CXOne telephony

DHU 111 – Telephony Failures - Shift Lead Actions

- DHU 111 Operational Lead to establish command and utilise all support available, giving out key allocations to individuals covering normal duties and additional requirements to support the Telephony failure – following the contingency allocation plan agreed at the start of the shift.
- Ensure all actions through the contingency event are documented with a timeline in readiness for upload to Datix
- Refer to [NICE CXOne Troubleshoot Guide](#) if appropriate
- Report the telephony problem following [E1a DHU IT & Telecoms – How to Report NICECX One Issues](#)
- Inform the DHU 111 Shift Lead at other sites of loss of telecoms using the DHU 111 Shift Lead contingency mobiles. Continue communication between Shift Leads via mobile and/or MS Teams
- Ensure all DHU 111 staff on shift at all affected sites (including remote) are fully aware the DHU Business Continuity Plan is activated with a brief update of the issue
 - Methods of communication which may be available: Adastra message, NICE CXOne message, email, SMS messaging, verbal i.e. floorwalkers, phone call to remote workers/other sites, live updates, notice/white board
 - Message to copy & paste - *Please note DHU 111 at location XX is currently experiencing technical issues with the telephony system. Please report issues to XX by XX method.*
- Escalate to DHU Tactical/Strategic On-Call informing them the details of the problem, remain in contact with any key updates (Tactical On Call will request closure of DoS profiles for all DHU 111 services, including NHS 111 online services)
- Review OPEL Escalation Action Plan and ensure relevant actions have been followed [G2 Escalation Action Plans – OPEL Status 2, 3 & 4 – 111 Division](#)
- Set up MS Teams calls to establish current situation in each area and confirm action plan – please consider which colleagues are required - see [F11 Conference call / Microsoft Teams](#) – remember to set time for subsequent calls
- DHU 111 Clinical Lead to review allocation of Clinicians taking into account impact of affected site(s)
- If NICE CXOne softphones are not available and the remainder of the system is working, mobiles may be used in conjunction with the NICE CXOne system- ensure that call recording process is followed for patient calls via [F23 111 Telephony – Call Recording](#)
- Consider using spare DHU mobile phones for assessments in the NHS 111 Pathways queue at affected site(s) – located with managers or shift leads
- Consider authorising use of personal mobile phones for outgoing calls at affected site(s)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 190 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



- Where the process of recording calls through personal mobile phones is not available staff are authorised to continue assessments with caution. Ensure staff block their own number before dialling out – this can be enabled through a phone's local settings
- Contact all homeworkers to understand impact and that they are notified ensuring a plan is in place, also consider contacting homeworkers that are due on
- Prepare for relocation of staff from affected site(s) after >30 minutes of the service being affected – refer to [Appendix D2 Relocation](#)
- DHU 111 Operational and Clinical Lead to constantly review allocation to DHU 111s internal support lines ensuring sufficient coverage is in place. Where internal lines are not available please consider floor walking / alternative methods of communication or support
- Consider increasing floorwalker support with both Clinical and Non-clinical staff at all sites, including all floors, where required. Communicate with the floorwalker to establish a clear plan
- Nominate individual(s) to notify organisations of the current issue and plan using [CONTACTS DIRECTORY](#) Include all contractual areas in DHU 111, ambulance organisations and any other relevant services required
- DHU 111 Clinical Lead to liaise with DHU UEC Clinical Lead(s) to ensure Clinical Safety is met across all services requesting support where required – see [F5 Adastral IUC Shared Advice Queues](#)
- Continue to communicate with staff: updates and instructions
- Where staff are unable to carry out normal duties ensure they are completing any outstanding work i.e. mandatory training, one to ones, buzz sessions
- Consider sliding shifts and breaks where required to maximise capacity, breaks can be adjusted to coincide with the outage where no workload is available

DHU 111 – Telephony Failures - Tactical On Call Actions

Tactical On Call should consider these actions and request the support of Strategic On Call if required:

- Consider invoking National Contingency to enable support from other 111 services – [F4 Invoke National Contingency](#)
- Consider activating the technical difficulties message which informs callers to disconnect and re-dial [F22 111 Telephony –Technical Difficulties Message](#)
- Consider closure of site - to be used where one site is unable to receive calls and/or capacity is available at other sites [F21 111 Telephony – Closure of Site](#)
- If NICE CXOne softphones are not available and mobiles are being used, ensure that call recording process is being followed [F23 111 Telephony – Call Recording](#)
- Ensure the issue has been reported following the IT & Telecoms Reporting Procedure – [Appendix E1](#)
- Establish contact with NICE CXOne technical team and ensure continued communication is in place, agree time and frequency with dissemination of updates to relevant teams
- Ensure attendance at NICE CXOne bridge calls with dissemination of updates to relevant teams.
- Liaise with DHU IT team regarding level of support required from the IT team, e.g. joining bridge/conference calls with NICE CXOne and Littlefish
- Ensure DHU 111 Staff are following the relevant sections of the DHU Business Continuity Plan
- Review OPEL Escalation Action Plan ensuring appropriate actions have been followed – [Appendix G2](#)
- If DHU's services require closing, Tactical On Call to request closure of DoS profiles for all DHU 111 services, including NHS 111 online - see [F1 DoS Services Closure – 111 Division](#)
- Notify ICBs and NHSE – [refer to 8.4 Escalation Process](#)
- Decide if relocation is required - follow guidance [D2b Relocation & Return](#)
- Inform Tactical on Calls for other DHU Divisions and Strategic On Call
- Consider purchase of mobile phones
- Consider purchase of chargers for mobile phones
- Oversee organisation of relocation of staff from affected site(s) – keep on-call team, including Strategic, informed
- Ensure there is a communication chain for (upwards and downwards) in place
- Consider holding MS Teams calls with relevant staff members
- Prepare/consider to contact relevant Health Community stakeholders – [Contacts Directory](#), [Appendix K](#)
- Tactical on Call to consider organising conference/MS Teams call for the night management team in order to discuss and explain challenges/processes to support with consistency in handling the event

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 192 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU 111 Telephony - Systems Restoration Actions – Shift Leads

- Communicate to staff systems are back online
- Communicate to homeworkers systems are back online
- Inform Tactical On Call (Tactical On Call will request DoS profiles for DHU services are re-opened)
- Ensure all organisations who were informed of the technical issue are informed that systems are now back online
- Step down additional floorwalkers
- Reallocate staff according to demand
- Ensure continued monitoring of telephony issues
- Retrieve any mobile phones and chargers that were handed out
- DHU 111 Operational Lead to complete Datix including the report with time log of events

DHU 111 Telephony - Systems Restoration Actions - Tactical On Call

- Tactical on call/Senior manager to request National Contingency support to be reduced/switched off
- Request re-opening of DoS profiles for all DHU 111 services, including NHS 111 online - see [F1 DoS Services Closure – 111 Division](#)
- If the technical difficulties message has been activated – deactivate and test for confirmation [F22 111 Telephony –Technical Difficulties Message](#)
- If site closure has been activated – deactivate and test for confirmation - [F21 111 Telephony – Closure of Site](#)
- Inform Strategic On Call and DHU UEC Tactical On Calls that services have been restored
- Inform ICBs and NHSE that services have been restored – [follow DHU's escalation actions via this link](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 193 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E9 Telecoms Failure – Action Plan – Urgent Care Divisions

1. Urgent Care Derbyshire – Ashgate & Orbis Building

The UCD Shift Lead or UCD Co-ordinator must contact the opposing site immediately, using the allocated mobile phone, giving information regarding the type of failure (e.g. incoming or outgoing calls), also ascertaining whether or not the system at the opposing site is working normally. All staff must also be made aware that all DHU incoming calls from the entire DHU catchment area will be received at the opposing site until such time as the telecommunications system has been restored to normal operation.

If the failure is expected to last for longer than 30 minutes, the UCD Shift Lead and/or UCD Co-ordinator must arrange for Triaging Clinicians at the affected site to re-locate to either the opposing site or peripheral sites, depending on the availability of workstations and location of the Telecommunications failure (if multiple sites affected).

All appropriately trained staff at either site must be asked to Call Handle and be immediately released from any other duties.

Staff will be paid for mileage expenses, in accordance with DHU policy.

Taxis or DHU Response Vehicles, with Drivers, may be used to transport staff that do not have access to personal transport.

If the failure is not expected to last for longer than 30 minutes, triaging can still take place, using mobile phones, provided that all conversations with patients are passed via the Voice Recorder. Refer to Appendix [F8 Record a phone call](#)

The following mobile ‘phones should be available for use:

- UCD Co-ordinator

DHU Managers on-site may also be asked to loan their phones during the emergency. Any mobile phone charges relating to calls made on behalf of DHU will be reimbursed upon presentation of an itemised bill for the service, showing the numbers that have been called.

2. Urgent Care Leicestershire – Anstey Frith

If there is a telephony failure at Anstey Frith, this should be reported to the NHS 111 Shift Lead/UCD Co-ordinator as per normal procedure.

3. Urgent Care Northamptonshire

The UCN Dispatch controller must contact the all non-affected sites and inform them of the telephony issues, using the allocated mobile phone, giving information regarding the type of failure (e.g. incoming or outgoing calls), also ascertaining whether or not the systems at other sites is working normally.

If the failure is expected to last for longer than 30 minutes, the UCN DC liaise with the UCN Tactical On-Call to arrange for Triaging Clinicians at the affected site to re-locate to other sites, depending on the availability of workstations and location of the Telecommunications failure (if multiple sites affected).

Staff will be paid for mileage expenses, in accordance with DHU policy.

Taxis or DHU Response Vehicles, with Drivers, may be used to transport staff that do not have access to personal transport.



If the failure is not expected to last for longer than 30 minutes, triaging can still take place, using mobile phones, provided that all conversations with patients are passed via the Voice Recorder. Refer to Appendix [F8 Record a phone call](#)

DHU Managers on-site may also be asked to loan their phones during the emergency. Any mobile phone charges relating to calls made on behalf of DHU will be reimbursed upon presentation of an itemised bill for the service, showing the numbers that have been called.

4. Urgent Care Bassetlaw

The telephone failure is to be reported to Switch Board at Bassetlaw Hospital 01909 500990. Revert to using contingency mobile phone at 07549 211845.

The following services must be informed of the contingency number:

- DHU 0300 1000 414
 - A&E Ext 572048
 - SPA 01777 274422
 - YAS 03306 784120
 - Staff on duty
 - Managers
-
- SPA to communicate referrals via **bhp.outofhours.nhs.net account**.
 - In the event the service cannot be maintained, or the service capacity has changed the DOS must be amended to reflect this via the RAG status
 - Liaise with the Hospital Switchboard for regular updates on telephone fault repair.

5. Urgent Care Northamptonshire

In the event of telecommunications system failure, the UCD Co-ordinator/Shift Lead/Supervisor/Pat Nav must be contacted by any means possible, in order to allow the Telecommunications Failure Plan to be put into action.

<u>Derbyshire</u>	<u>Leicestershire</u>	<u>Northamptonshire</u>
0300 1000 414 - Option 1 – UCD Co-ordinator 07514 948208 UCD Co-ordinator (Orbis) 07514 948210 UCD Co-ordinator (Ashgate) 0300 1000 414 – Option 2 – UCD Clinical Lead	0300 1000 414 – Option 6 – Supervisor/Pat Nav's 07596 894044 - Supervisor/Pat Nav's	Dispatch Controller – 01604 544124 or 07732 684102
Bassetlaw –07549 211845 (contingency mobile)		

The DHU IT Department/IT On-Call must be contacted who will then make a decision as to the need to escalate to another provider who manages the telephone system at the affected site, if the issue cannot be resolved locally. The Shift Lead/UCD Co-ordinator/Supervisor/Pat Nav's will notify all staff via Adastra or SystmOne instant message that we are reverting to manual process accordingly.

Full implementation of the DHU Telecoms Failure Plan may not be necessary for peripheral sites. Any such decision will be at the discretion of the UCD Co-ordinator/Shift Lead/Supervisor/Pat Navs/DCs in consultation with the Tactical on-call/IT On-Call.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 195 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU staff will be expected to liaise with Senior Nursing Staff on-site (DCHS/LPT Community Hospitals/Health Centres) at peripherals to ascertain if the problem lies in the DHU consultation rooms, or the entire site. The Senior Nurse for the site will escalate as per their policy.

If there is more than one Clinician at a peripheral site, dealing with telephone advice, the UCD Co-ordinator/Supervisor/Clinical Lead will need to decide whether or not re-location of one Clinician is appropriate, depending on the workload. Staff may also be asked to use their mobile phones. Any mobile phone charges relating to calls made on behalf of DHU will be reimbursed upon presentation of an itemised bill for the service, showing the numbers that have been called.

Patients may still attend PCCs, as normal, since Adastra should be working normally. If this is not the case, the IT Failure Plan must be put into action.

TELECOMS FAILURE: Actions – Urgent Care Co-ordinator/Supervisor/Despatch Controller

- Report the telecoms failure – refer to [Appendix E1](#)
- Ensure Tactical On-Call is informed of the problem
- Ensure all relevant staff on shift are fully aware that there is a problem at a specific location
- Follow the steps laid out in sections in this appendix above
- Consider using spare DHU mobile phones or staff own mobile phones for telephone assessments.
- Ensure calls are recorded – follow [Appendix F8 Record a phone call](#)
- Prepare for relocation of staff from affected site/s after 30 minutes of the service being affected
- Call in additional staff as required
- Liaise with the DHU Clinical Leads to ensure all the above steps are being carried out & Clinical Safety is met in the affected site/s.
- Record incident on Datix

TELECOMS FAILURE: Actions – Tactical On Call

- Ensure above actions have been followed.
- Contact relevant Health Community stakeholders See [Contacts Directory – Appendix K](#).
- Contact owner of affected Site if required via their Director on Call
- Refer to escalation action plan – if appropriate – [Appendix G4](#)
- Oversee organisation of relocation of staff from affected site/s
- Ensure appropriate stand down to normal telecoms operations
- Consider approving use of personal mobile phones (see [Appendix F8](#) for instructions to record calls)
- Consider purchase of mobile phones
- Consider purchase of mobile phone chargers

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 196 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



- Consider requesting support from Directory of Service Leads – see [Appendix K CONTACTS DIRECTORY](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 197 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E10 Directory of Services Failure – Action Plan

Applicable to all Divisions

Action Plan if the DoS within Adastra is not available

111 Shift Lead Actions

- report the problem following reporting procedure – [Appendix E1](#)
- liaise with DHU 111 DoS team if on site for support
- check the PEM queue for any cases that have failed to transmit and send to appropriate services
- continue to monitor the PEM queue
- staff should be informed to:
 - Select Directory of Services from the Adastra menu or log on to www.directoryofservices.nhs.uk to search for services – this will require using their own DoS login details.
 - To document within the call the service to which the patient has been directed
 - If no DoS available in any form then the Advisor is to seek support from the DHU 111 Shift Lead, consider ending the call with the patient with the aim to call them back with further details. The DHU 111 Shift Lead will contact the NHS 111 service for the area of the patient to find out the relevant service for the patient with access details. The Advisor will then contact the patient back and give them the appropriate instructions.
- DHU 111 Shift Lead should follow the table of alternative methods of transfer shown in [E3 Adastra Failures – Action Card 2](#) & refer to [Appendix F12 Email Cases](#)
- Ensure staff are updated of the issue.

Urgent Care Division Actions

The person leading the shift should report the problem following reporting procedure – [Appendix E1](#)
Clinicians should be advised to

- Select Directory of Services from the Adastra menu or log on to www.directoryofservices.nhs.uk to search for services – this will require using their own DoS login details.
- To document within the case notes the service to which the patient has been directed

The person leading the shift to arrange for manual handover of the case to other DHU service or external service – Refer to [Appendix E6](#)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 198 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E11 Redbox Failure – Action Plan – Urgent Care Divisions

If DHU experiences issues with the voice recorder system, the DHU Urgent Care Clinical Lead is expected to;

1. Notify IT support/On Call immediately following the IT reporting procedure – [Appendix E1](#)
2. Ensure all options are discussed.
3. Notify Tactical On Call of the issues and the potential risk
4. Notify all staff on shift that the recording system is down and that staff must document any relevant details within the call carefully (*applies to all Divisions affected by failure*)
5. Ensure staff are aware to double check address and location on all calls, giving special care to cases with an emergency outcome (*applies to all Divisions affected by failure*)
6. Notify any relevant services of the issues being experienced
7. Remain in contact with IT and Tactical On Call giving relevant updates

[Click here to return to CONTENTS PAGE](#)

	Procedure P112 – Business Continuity Plan <u>Appendix E12</u> <u>Post Event Messaging & ITK Failure</u> <u>Action Plan</u>
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E12 Message Transfer (PEM & ITK) Failures – Action Plan

1. ITK Message Failure

When a 111 ITK Referral fails, the user is presented with the following message;



When presented, Advisors are to inform the DHU 111 Shift Lead who will help explore the possible reason for failure.

- 111 Shift Lead is to consider contingency alternatives, referring to the table in [E3 Adastra Failures – Action Card 2](#) and [F12 Email Cases](#)

PEM Message Failure

If there are failed messages in Adastra PEM Queue/History this should be reported immediately to IT Support following the reporting procedure or to Advanced (Adastra) if contact cannot be made. These messages would normally be sent to the GP surgeries therefore it is important to ensure all failures are reported and rectified by the DHU IT team.

Queue: PEMCDAITK (Count=5)				
12:23 30-Oct-13 ...	4	12:22	FAILED	Error sending CDA message (Send failed: SystmOne unit C82082 is not setup to receive !
02:46 30-Oct-13 ...	4	02:45	FAILED	Error sending CDA message (Send failed: An error occurred while making the HTTP request !
03:27 30-Oct-13 ...	4	03:26	FAILED	Error sending CDA message (Send failed: SystmOne unit C82054 is not setup to receive !
13:34 30-Oct-13 ...	4	13:33	FAILED	Error sending CDA message (Send failed: SystmOne unit C82026 is not setup to receive !
06:45 30-Oct-13 ...	4	06:44	FAILED	Error sending CDA message (Send failed: SystmOne unit C82061 is not setup to receive !

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 200 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E13 PDS (Patient Demographic Service) Failure

Applicable to All Divisions

If PDS is not available the person leading the shift should :

- report the failure – refer to [Appendix E1](#)
- inform staff entering cases on Adastra to record in the notes box ‘*PDS search has not been undertaken. Special patient notes not checked*’ (this information will be visible if the case is forwarded to another provider)
- inform other DHU Divisions of the issue
- 111 Shift Lead – phone Urgent Care Providers to make them aware
- 111 Shift Lead – phone Urgent Care Providers again when the issue is rectified

Clinical Leads (All Divisions) should:

- inform clinicians they should proceed with caution and attempt to access alternative pathways to obtain specific information they deem essential to undertake the consultation

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 201 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E14 111 - Repeat Caller Service Failure

Applicable to DHU 111 Division

If the Repeat Caller Service is not available the person leading the shift should :

- report the failure – refer to [Appendix E1](#)
- remind Health Advisors to ask the patients if they have called the service previously, 3 times within 4 days, and, if the answer is “yes”,
- for ambulance outcomes follow the disposition through.
- for all other dispositions select the second option at the disposition screen, the Repeat Caller option.

To contact a Primary Care Service within 6 hours
<input type="radio"/> The individual needs to contact a primary care service within 6 hours. The DoS will return a list of services that are able to manage the problem.
<input checked="" type="radio"/> Repeat Caller: The individual needs to speak to the GP practice within 1 hour. If the practice is not open within this period they need to speak to the out of hours service.
Instructions To Caller
<input type="checkbox"/> Because you have called several times, I am going to arrange for a clinician to call you back.

- If the patients GP practice is open within this period please attempt to warm transfer the call to the patients GP practice. The GP practice details will be on the service DoS instructions.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 202 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E15 NHS 111 Online Failure

If there is a problem with NHS 111 Online, for example, no NHS 111 Online cases are transferring into DHU's Adastra, the person leading the shift should report the issue to NHS Digital – 0300 303 4034

If a problem is identified with NHS 111 online, NHS Digital is able to close the service and direct users to the 111 telephone service.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 203 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E16 Electronic Prescribing Service (EPS) Failure

Applicable to all DHU Divisions – **Please note this section is under review with Pharmacy**

Electronic Prescribing is used by prescribers working in Adastra and SystmOne

When a failure is identified the **person leading the shift** should

- establish if the failure is for:
 - one prescriber only
 - if clinician has more than one role, check clinician is logged in for role with prescribing (different rights for each role)
 - check clinician is logged on with their smartcard
 - if clinician is new, check access rights
 - a failure for all prescribers (using both Adastra and SystmOne)
 - a failure for all prescribers using Adastra only
 - a failure for all prescribers using SystmOne only
- send an Adastra Instant Message or SystmOne message to inform prescribers of the failure (as appropriate)
- Each Division - report the failure to DHU IT [E1 DHU IT & Telecoms – How to Report A Problem](#)
- ensure that prescribers are aware of the options available – as below

Note - If the failure is for one prescriber only, arrange for a colleague prescriber to issue the prescription

Contingency Solutions

Division	Urgent Care	Urgent Care	Urgent Care	NHS 111
Region	Derby & Derbyshire	Leicester, Leicestershire & Rutland	Northampton	111 Midlands
Site(s)	Orbis, Ashgate	Anstey Frith		Orbis, The Quad, Anstey Frith & Oldbury

1. Print prescription on prescription printer & stationery. 2. Fax to the pharmacist.	Yes	No	No	Yes Anstey Frith - 111 to liaise with Urgent Care for use of printer Note: No prescription printer at Oldbury
1. Print prescription at a site local to patient on prescription printer & stationery 2. Hand to patient	Yes (Ashgate only)	Yes	No	No



1. Handwritten prescription on FP10 2. Fax to the pharmacist	Yes	No	No	No
1. Handwritten prescription on FP10 at a site local to patient 2. Hand to patient	Yes (Ashgate only)	Yes	Yes	No

* Ensure pharmacists accept prescriptions by email

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 205 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

E17 111 - Appointment Booking Failures

For use by DHU NHS 111 service

Action Plan if appointment booking is not available

111 Shift Lead Actions

- Investigate the issue and report to IT if required
- Inform all advisors:
 - that appointment booking is not available (specify areas/services)
 - to follow the instructions in the referral information section on the DoS to transfer each case to appropriate provider
 - for contact dispositions for referral to DHU UEC Division the DoS should state to transfer to UEC
 - for referrals to GP surgeries follow the normal process of informing the caller to contact the GP practice
- Inform Tactical On-Call
- Inform DHU DoS team (immediately during their working hours or via email outside of their working hours)
- Inform the DoS Lead for the relevant area

111 Tactical On Call Actions

Assess the impact

Escalate to ICB on Call where required i.e. if significant impact is expected to alternative services as a result of issue

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 206 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E18 111 – Workforce Management System Failure

For use by 111 Shift Leads if the NICE Workforce Management System is not available.

Data from the NICE WFM System is automatically downloaded and available in case the system is not available. The download is refreshed every 10 minutes.

Shift Leads have a link to run a report which shows staff are due on shift, by site and role.

111 Shift Lead Actions

- Run WFM NICE Shift Manager LogIn report (via link provided to you) – select staff type, location as required. The report can be run for multiple days if required.
- Print the report and use as a check list to note staff on shift and any variance from their scheduled times. (This information can be uploaded when the system is restored)
- Report the loss of system to the 111 WFM during their operating hours or via normal IT reporting
- Inform Tactical On-Call

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 207 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



E19 111 – Quality Central System Failure

For use by 111 Division if the Quality Central System is not available

111 Actions

- Report the issue using [Link to reporting support tickets](#)
- Inform Tactical On Call

111 Tactical On Call /111 Management Team Actions

Inform staff to continue audits. These should be input when the system is restored.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 208 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F "How To" Guides – INDEX

F1	F1 DoS Services Closure – 111 Division	111
F2	F2 DoS Services Closure (DHU – Capacity Management)	UEC Division
F3	F3 Unplanned Surgery Closures – 111 Division	111
F4	F4 Invoke National Contingency	111
F5	F5 Adastra IUC Shared Advice Queues	All Divisions
F6	F6 Streaming Calls to Urgent Care Providers – 111 Division	111
F7	F7 Service Continuity Tracker	All Divisions
F8	F8 Record a phone call	All Divisions
F9	F9 Purchase Order & Finance Usage	All Divisions
F10	F10 Email from Adastra – 111 Division	111
F11	F11 Conference call / Microsoft Teams / Email groups	All Divisions
F12	F12 Contingency Transfer of Cases by nhs.net email – 111 Division	111
F13	Not in use	
F14	F14 Transfer of cases to DHU 111 Digital Queues & Remote Clinicians	111
F15	F15 111 Digital Queues – including for Remote Clinicians	111
F16	F16 Long Wait for Call Back & Comfort Call Process – 111 Division	111
F17	F17 Emergency Note on Adastra – 111 Division	111
F18	F18 Safeguarding – Contingency Referrals – All Divisions	All Divisions
F19	F19 Summary Care Records (SCR) – Manual Access – All Divisions	All Divisions
F20	F20 Delayed Patient Care – 111 Division	111
F21	F21 111 Telephony – Closure of Site	111
F22	F22 111 Telephony –Technical Difficulties Message	111
F23	F23 111 Telephony – Call Recording	111
F24	F24 111 - Adastra Retrospective Case Entry	111

[Click here to return to CONTENTS PAGE](#)

**F1 111 - DoS Services Closure**

Applicable to 111 Division - 24/7

FOR USE BY TACTICAL ON-CALLS

Purpose:

- prevent cases transferring into DHU's Adastra during an IT Failure (includes cases from NHS 111 online) and prevent queueing of cases whilst Adastra is unavailable

Tactical On Call Actions (to be prioritised ahead of other escalation notifications)

When Adastra is unavailable contact Commissioners via the escalation number **01902 928266** and

request immediate closure of all DoS profiles for DHU 111 and NHS 111 online that direct cases into the DHU 111 queue (including Milton Keynes Cat 3 ambulance validation profiles)

Note: As a safety net an email end-point has been added to DHU 111 profiles to direct cases into DHU's dhu111.operations@nhs.net Inbox during the short interim period whilst DoS closure is requested and actioned.

Tactical On Call should ensure that Shift Leads are checking the Inbox, particularly during the early stages of an outage (included in Action Plan E3)

When Adastra is restored, notify commissioners and request that DoS profiles are re-opened.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 210 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F2 DoS Services Closure (Capacity Management) - UEC

Used to limit or prevent cases transferring into a service on a temporary basis, for example, when a PCC/Base needs to close.

Urgent Care Division Supervisors, Co-ordinators, Shift Leads and some Tactical On Calls have access to DoS capacity management.

1. In Hours Period

Contact the Directory of Services (DoS) Lead for the relevant County – [Appendix K](#)

2. Out of Hours Period

Go to <https://www.directoryofservices.nhs.uk> and log in

Select the relevant service

The screenshot shows the NHS Pathways - Directory of Services homepage. The top navigation bar includes links for Home, Search, Mobile Search, News, and Help, along with Logout and Account options. Below the navigation is a search bar and a 'My Services' button. The main content area displays a list of services under the heading 'My Services'. The list includes:

- ## TESTING ONLY ## LLR GP OOH base clinic - (DHU) Hinckley and Bosworth (GP Led)
- ## TESTING ONLY ## LLR GP OOH base clinic - (DHU) Loughborough UCC (GP Led)
- ## TESTING ONLY ## LLR GP OOH Base Clinic - (DHU) LRI, Leicester LE1 5WW (GP Led)
- EMERGENCY DENTAL - (DHU) Out of Hours Sv Dental (Primary Care) Triage Sv, LEICS
- IUC - ED Clinical Assessment Service - LLR
- LLR GP OOH Provider (DHU) Leicester, Leicestershire and Rutland
- TEST ONLY LLR GP OOH base clinic (DHU) Rutland Memorial Hosp - Oakham (GP Led)
- TEST ONLY LLR GP OOH base clinic (DHU) Fielding Palmer Hosp Lutterworth (GP Led)

Select Capacity Status

The screenshot shows the detailed view of the 'IUC - ED Clinical Assessment - DHU LLR OOH' service. The left sidebar provides search and location filters. The main content area shows the service type as 'Integrated Urgent Care (IUC) Clinical Hub' with Service ID 1457697934, created by ROBOT on 11/03/2016 at 12:05. The status is 'Commissioning' and the ODS Code is 1457697934. A note indicates 'Last template added - LAST SERVICE REFERRAL GP FOR BULK UPDATE'. The navigation bar at the top includes Home, Search, Mobile Search, Tools, News, Reporting, Help, Logout, and Account. Below the navigation, tabs for Demographic Details, Capacity Status, Clinical Details, Endpoint Details, and Change History are visible. The Capacity Status tab is circled in red. The CONTACT DETAILS section lists the address as 'Fosse House, 6 Smith Way Enderby Grove Park, Leicester, Leicestershire, LE19 1SX' and the postal locality as 'ENDERBY'. The OPENING TIMES section shows daily availability from Monday to Friday, all day from 19:00 - 23:00.

Select relevant status :

- Amber = limited availability as highlighted and will return in a search
- Red = the service is temporarily unable to accept any new patients/clients and will not return in a search

Add the reason in Notes box

Save

Service Profile | NHS Pathways DoS

NHS Pathways - Directory of Services

MIU - Buxton Minor Injuries Unit (DCHS)

Type: MIU Service ID: 1347959952
 Status: Active ODS Code: 1347959952

Created by: AMerriman On 18/09/2012 10:19
 Modified by: ROBOT On 13/10/2014 09:23

Last template added: Buxton MIU SG SD reprofile Sept 14

Demographic Details	Capacity Status	Clinical Details	Endpoint Details	Change History
---------------------	-----------------	------------------	------------------	----------------

Status: Green Amber Red

Last Updated: [redacted]

By: [redacted]

Notes: [redacted]

Capacity Grids: [redacted]

Save

Capacity Status will revert to Green after 4 hours.

The above process can be repeated if required.

If the issue with the service is resolved before 4 hours elapses – log on and change the status to green.

If you have any problems with the above process contact the 111 Shift Lead and ask for assistance from a 111 Division CQI DoS Lead (Out of Hours period only)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 212 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan
	<u>Appendix F3</u> <u>111 Division</u> <u>Unplanned Surgery Closures</u>

F3 111 - Unplanned Surgery Closures

For use by 111 Division

Actions for Shift Lead

1. If, as a result of local problems, e.g. electrical failure, failure of surgery telephones, a Surgery contacts DHU NHS 111 Division to request assistance, the shift lead will take the following action:-
 - Inform all relevant managers / staff of the situation.
 - Ask the Surgery for telephone numbers for relevant staff / clinicians from the affected Surgery who can be contacted.
 - Ask the Surgery for any further information, e.g. is re-location is planned – if so, are other contact numbers required.
 - If Surgery is being re-located, does the Surgery:
 - Wish patients to be directed to the temporary location or
 - Wish to make its own arrangements to contact patients.

2. Inform the surgery to change their telephone message to instruct patients to ring 111.
3. The ICB DoS Lead to be asked to close the Directory of Services (Dos)
4. The NHS 111 Shift Leads must ascertain the anticipated duration of the abnormal situation. Based on this information, a decision will have to be made as to whether or not staff need to be deployed and, if necessary, brought in specially to deal with the situation. They must also liaise with Managers to ensure continuous cover throughout the incident.
5. Ask the Practice Manager to contact the DHU Clinical / NHS 111 Shift Lead at regular intervals, if possible, in case DHU experiences problems in contacting Surgery staff using the numbers that have been provided by the Surgery.
6. The NHS 111 Shift Lead must ensure that all patient contacts are logged on the Adastra system and taken through the NHS111 pathways system for patient safety and if outcome is Ambulance then follow usual course of action. However, if contact GP within timeframe when surgery is still open then pass to and follow the contingency arrangements put in place above.
7. The NHS 111 Shift Leads will notify all affected staff as soon as normal working has been restored at the affected Surgery.
8. The ICB DoS Lead to be asked to re-open the Directory of Services (DOS)

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 213 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

	Procedure P112 – Business Continuity Plan <u>Appendix F4</u> <u>111 Division</u> <u>How to Invoke National Contingency</u>
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F4 111 - Invoke National Contingency

For details of 111 Emergency Telephone Procedure refer to [Appendix E2](#)

To activate – action by 111 Tactical On Call/111 Senior Manager

Request national contingency for:

- 1) West – covering Oldbury, or
- 2) East – covering Derby, Chesterfield, Leicester, or
- 3) All – covers all sites

Ring :

1. **Steve Allsop** – Telephone Support Manager, Integrated Urgent Care for NHS England
 - 07736 484 319
 - stephen.allsopp@nhs.net

or

2. **Adrian Price** – Head of Telephony Integrated Urgent Care for NHS England
 - 07885 430538
 - 01663 735 374 - Home
 - adrian.price@nhs.net

and

follow DHU's process for escalation to ICBs and NHSE [via this link](#)

and

email DHU 111 Managing Director – Pauline Hand, Deputy Managing Director – David Hurn

- Inform you have invoked national contingency & include the following information
 - Nature of the incident
 - Impact of the incident
 - Mitigating actions
 - Start and End (if known) times of National Contingency

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 214 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F5 Adastra IUC Shared Advice Queues

DHU Divisions are able to provide support to other Divisions by requesting that clinicians work from a queue which is different to normal working.

Actions plans within this Business Continuity Plan refer to working from queues.

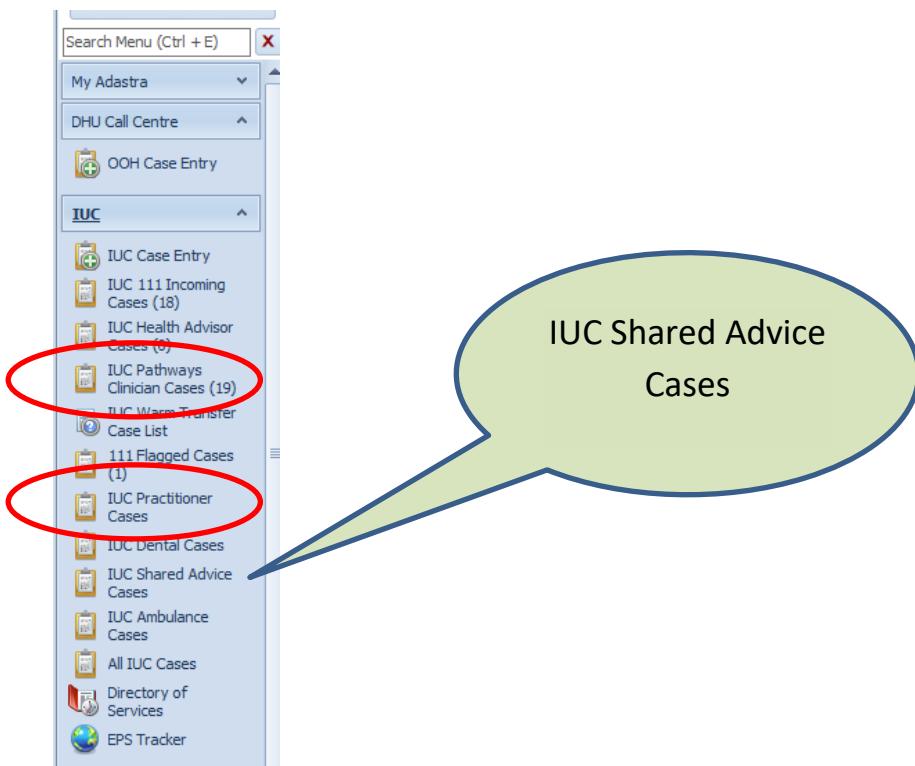
The guide below shows explains the different options.

IUC Shared Advice Queue

All cases in the IUC Shared Advice queue are displayed *also* in either the IUC Pathways Clinician Cases queue or the IUC Practitioner Cases queue, and during normal working, clinical advice will be provided by the clinicians working from these queues.

During contingency working clinicians can be asked to work from the Shared Advice Queue as well as / instead of their own normal queue – refer to Action Plans within this Business Continuity Plan. This provision can support either DHU NHS 111 Division or DHU Urgent Care Divisions.

When a case is completed from the Shared Advice Queue it will close in both queues.



IUC Practitioner Cases – All Areas Queue

Cases in the IUC Practitioner Cases queue are displayed in the queue for each Division (e.g. Derby IUC) and duplicated in the All Areas queue.

During normal working a clinician will work from the queue for their own Division.

During contingency working DHU Urgent Care Divisions can provide support to other Urgent Care Divisions by requesting clinicians work from the All Areas drop down queue – refer to Actions Plans within this Business Continuity Plan

The screenshot shows the DHU software interface with the following details:

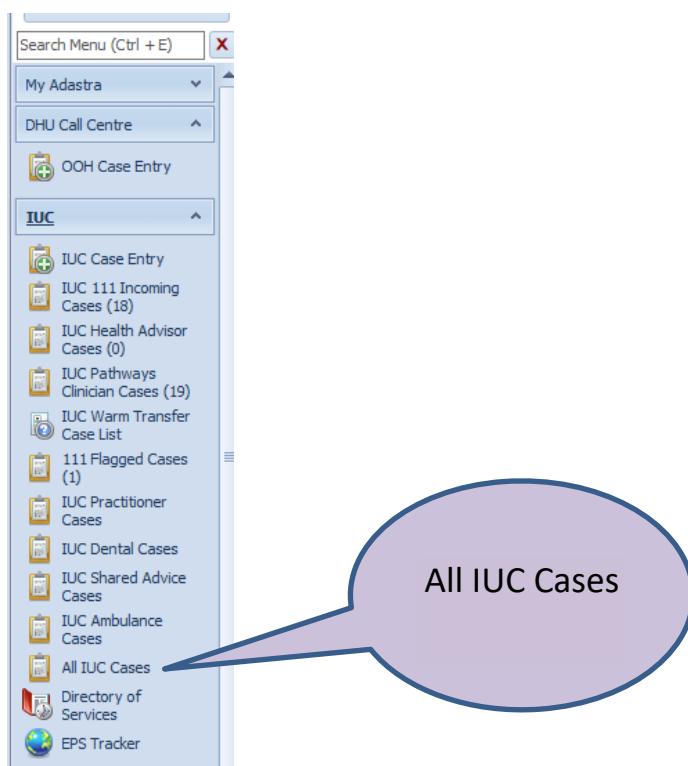
- Left Sidebar:** Includes links for 'Search Menu (Ctrl + E)', 'My Adastra', 'DHU Call Centre', 'OOH Case Entry', and a large 'IUC' section containing:
 - IUC Case Entry
 - IUC 111 Incoming Cases (161)
 - IUC Health Advisor Cases (0)
 - IUC Pathways Clinician Cases (235)
 - IUC Warm Transfer Case List
 - 111 Flagged Cases (46)
 - IUC Practitioner Cases
 - IUC Dental Cases (0)
 - IUC Shared Advice Cases
 - IUC Ambulance Cases (31)
 - All IUC Cases (434)
 - Directory of Services
 - EPS Tracker
- Main Window:** Titled 'IUC Practitioner Cases'. It displays a table of cases with columns: Active Time, Case #, Fullname, Case Type, Priority (lat...), Case Conta..., Address, Sex, Age, and Spec. The table contains approximately 20 rows of data.
- Top Right:** A dropdown menu titled 'LLR & MK IUC' with options: 'DERBY IUC', 'All Areas', 'NHWANTS IUC', and 'MK IUC'.
- Bottom Center:** A large grey circle with a red outline contains the text 'IUC Practitioner Cases'.
- Bottom Right:** A red speech bubble with a grey outline contains the text 'All Areas'.

All IUC Cases

All cases within DHU's separate Adastra IUC queues are *also* displayed in the All IUC Cases queue.

During normal working no clinicians work from the All IUC Cases queue.

During contingency working DHU Divisions (DHU 111 and Urgent Care) can provide support to other Divisions by requesting clinicians work from the All IUC Cases queue – refer to Actions Plans within this Business Continuity Plan.



[Click here to return to CONTENTS PAGE](#)

	Procedure P112 – Business Continuity Plan	<u>Appendix F6</u> <u>111 Division</u> <u>Call Streaming to Urgent Care Providers</u>
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F6 111 - Streaming Calls to Urgent Care Providers

For use by 111 Division

Calls in IUC Pathways queue can be streamed to the appropriate Urgent Care Providers (Out of Hours) services when agreed or when required to do so as outlined in Escalation Action Plans – refer to [Appendix G2](#)

UEC (OOH) Provider	Use Shared Adastra Queue <i>Note 2</i>	Use Call Streaming
DHU Derbys UEC (incl. Bassetlaw)	Yes	Note 1
DHU Leics UEC (incl. MK clinical advice)	Yes	Note 1
DHU Northants UEC	No	Yes
Badger	No	Yes
Lincs CAS	No	Yes
Malling	No	Yes
Milton Keynes UCS	No	For Contact DX only
NEMS	No	Yes
PPG	No	Yes
RWT	No	Yes
Shropdoc England & Wales	No	Yes
Taurus	No	Yes
Vocare OOH (Staffs)	No	Yes

Note 1 - Clinical Leads have option to transfer cases via Call Streaming in addition to using the Shared Queues.

Note 2 - use sharing facility on DHU's Adastra IUC Platform – refer to [Appendix F5](#)

Actions:

A designated Clinical Shift Lead (CSL) will monitor and review 111 Clinician calls in the NHS Pathways queue and select those that are appropriate for streaming, i.e. Those that can safely wait up to 60 mins for a call back.
The dispositions below are available for streaming – Adastra will prompt the CSL if streaming isn't possible.

Dispositions for streaming

The dispositions below are suitable for streaming :

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 218 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

**Dispositions suitable for Steaming**

Code	Description
Dx3320	Speak to a Clinician from our service immediately- Early exit, other reason
Dx34	Speak to a Clinician from our service within 30 minutes
Dx35	Speak to a Clinician from our service
Dx322	Speak to a clinician from our service immediately- Refused Emergency Treatment Centre Disposition
Dx3312	Speak to a Clinician from our service immediately- Refused within 2 hours Primary care Service
Dx3313	Speak to a Clinician from our service immediately- Refused within 6 hours Primary care Service
Dx3314	Speak to a Clinician from our service immediately- Refused within 12 hours Primary care Service
Dx3315	Speak to a Clinician from our service immediately- Refused over 12 hours Primary care Service
Dx324	Speak to a Clinician from our service Immediately - Refused Disposition
Dx326	Speak to a Clinician from our service Immediately – Identified Frequent Caller
Dx91	Unexpected Death

The above codes translate to Dx59

Dx59 – Stream to OOH 60 mins (this will be the most commonly used option and is the only one currently being used)

[Click here to return to CONTENTS PAGE](#)

F7 Service Continuity Tracker (SCT)

A SCT Overview

If the Adastra application stops working for all users at a DHU site the Service Continuity Tracker (SCT) is used to retrieve all Active (live) cases that have been downloaded to the SCT laptops.

There are 8 SCT Laptops connected to DHU's Adastra system containing live cases as shown in the table below.

DHU Service Continuity Trackers (SCTs)

Location of SCT	111 Quad	111 Orbis	111 Orbis	111 Birch	111 Birch	Urgent Care Ashgate	Urgent Care Orbis	Urgent Care Anstey Frith
Displays	111 case types only *	Urgent Care case types only *	Urgent Care case types only *	Urgent Care case types only *				

* Case Type Filtering Agreement - DHU 111 & DHU UEC

Cases can be printed from the SCT laptop as this is connected to the local standalone MFD (multi-functional device – printer/photocopier). The SCT is supported by DHU IT & Advanced Health Care.

How to use the SCT – refer to Section D

B. Actions for DHU Urgent Care Division

- DHU Urgent Care Division is responsible for all cases on Urgent Care SCTs
- All Urgent Care SCTs show the same cases covering Derbys, Leics, MK advice and Bassetlaw (at relevant times)
- If a SCT is unavailable support must be provided by shift leads accessing the available SCTs (please see emails below for transfer of cases)
- Urgent Care shift leads must liaise to ensure all cases are allocated to a clinician.
- If a patient is currently located in your County you must deal with the case.
- Overnight, if there is no co-ordinator based at Ashgate, Urgent Care Leics must print/scan/email cases to the Derbyshire Urgent Care co-ordinator:

Urgent Care Leicester – email from dhu.llrcontingency@nhs.net

to Urgent Care Derbyshire urgentcare.coordinators@nhs.net

- IUC Prescription Enquires cases are on 111 SCTs – if no pharmacist is available 111 will pass cases to Urgent Care.

C. Actions for 111 Division Shift Leads

- DHU 111 is responsible for all cases on 111 SCTs.
- OSLS and CSLs are responsible for retrieval and allocation of cases to clinicians.
- SCTs also show cases received from 111 online and from external 111 providers
- Note -IUC Prescription Enquires cases are on 111 SCTs – if no pharmacist is available 111 must pass cases to Urgent Care – clinical leads to liaise with Urgent Care

SCT Filtering

All SCTs contain cases received at all sites.

To assist with the allocation of cases, Shift Leads can choose to filter cases by:

- Location, and/or
- Priority

When a filter is applied the summary checklist will show only the cases selected & cases printed will be restricted to those filtered.

Shift Leads should plan, liaise and cross-check with all sites to ensure that all cases have been allocated.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 222 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

D.How to use the SCT (use in addition to Division specific actions at B. & C. above)

Each SCT Device should be powered on at all times.

Daily checks

Shift leads/co-ordinators/supervisors should check each morning:

- SCT is powered
- Print a case list to test
- Ensure there is sufficient paper & ink toner

1. Logon to the device. All 111 / Urgent Care Shift Leads have the username and password

2. Open the SCT Application from the desktop if it is minimised to the taskbar or click on the 'Service continuity Icon' for it to open.

3. Once the application is loaded, ensure there is a solid '**Green**' ribbon at that top.

4. Check that the Adastra cases have 'downloaded' as a PDF file.

5. Click 'Print all' cases by clicking the button

6. Click 'Print List' and use this list as a checklist to ensure all cases have printed

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 223 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F8 Record a phone call – Urgent Care Divisions

DHU 'phones are pre-set to record phone calls.

If you are asked to use a non DHU 'phone YOU MUST RECORD THE CALL.

Dial 01332 670 500

Access Code 289661

Enter phone number you wish to call (including area code)

THERE IS NO NEED TO ENTER DIGITS TO WITH-HOLD YOUR OWN NUMBER – this is automatically done as part of the call recording process

NOTE – this service will continue to operate if internet has been lost at the DHU site

[Click here to return to CONTENTS PAGE](#)

F9 Purchase Order & Finance Usage

If a supplier needs a DHU Purchase Order to provide an emergency supply of goods the number below should be used. For example, to purchase top-up fuel for the Ashgate Building generator.
A purchase order can only be used when DHU has an existing account with a supplier.

A Tactical on Call or Strategic On Call must authorise the use of a purchase order.

Purchase Order Number 011928

Maximum value £2000

When you have issued a purchase order send an email to the finance department and c.c. the Tactical on Call or Strategic on Call who gave authorisation, to

DHU.Finance@DHUHealthCare.nhs.uk

Another option for emergency expenditure is via an Executive Director's DHU credit card for expenditure up to £5000.

If any Director has insufficient spending capacity at that time contact Pauline Hand or Stephen Bateman for use of their card.

In the event that the BCMT is convened DHU's Finance Director will make arrangements for additional payments required.

The Tactical on Call, Strategic On Call or BCMT Leader will keep a log of all expenditure associated with business continuity / disaster recovery following a business interruption.

DHU has sufficient funds for recovery from all business interruptions and / or has insurance in place to mitigate the impact.

[Click here to return to CONTENTS PAGE](#)

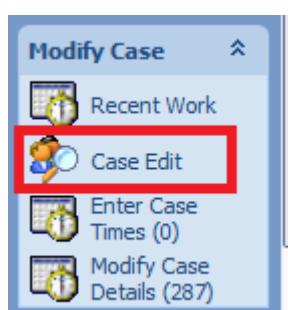
DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 225 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F10 111 - Email from Adastra

For use by DHU 111 Division when messaging/transfer of cases to Urgent Care (OOH) Providers has failed.

Emailing from Adastra

1. Select Modify Case and then Case Edit



2. Enter the case number which should be closed on our system and double select the case required

Case Edit [TEST TEST]		Cases available for edit			
Case #	67026	Date range restriction:			
		17-Nov-15 00:00	GMT	17-Nov-15 23:59	GMT
Drag a column header here to group by that column					

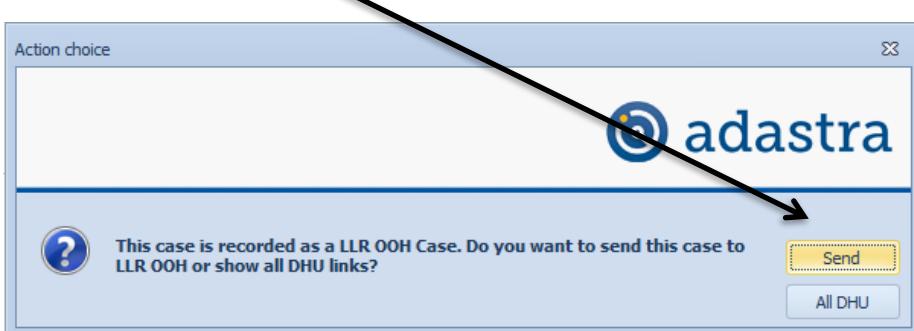
3. Select 'General Edits' and document reason in blue field

Patient Details	Event List	Case Questions	General Edits
Update			General Edits
Edit Summary			To be emailed to Urgent Care as ITK failed
Remove Appointment			
Change Appointment			
Remove Patient Arrival			
Remove Did Not Arrive			
Cancel Case			
Revive Cancelled Case			
Change Case Status			
Change Active Time			
Change Casetype			
Change Priority (On Reception)			

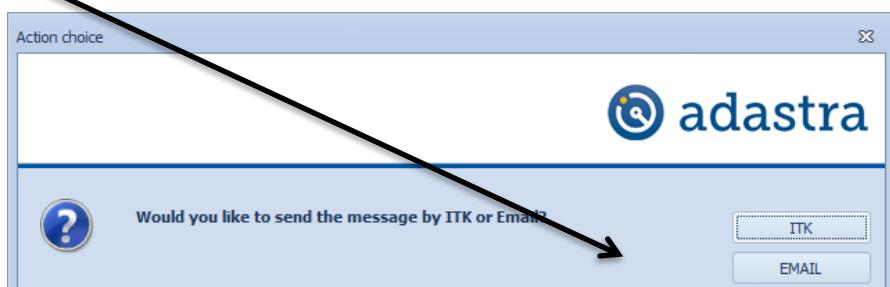
4. Select 'Send ITK to OOH'



5. Select 'Send' (Check the OOHs stated is correct, if not use 'ALL DHU' and select correct OOHs)

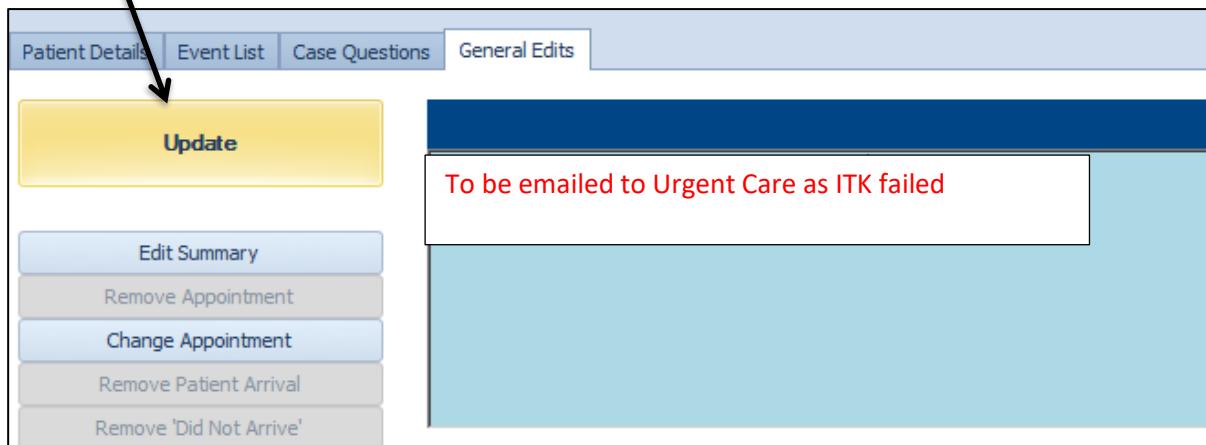


6. Select 'EMAIL'



DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 227 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

7. Select 'Update'



NHS 111 Shift Leads - check the Post Event Messaging queue on the left hand side of Adastra to see if the referral has failed under 'Message Queue'.

If emailing from Adastra is not possible or fails please revert to manual transfer processes:

Click links below

E3 Adastra Failures – Action Cards – 111 Division

F12 Email Cases to Urgent Care (OOH) Providers (incl DHU) – 111 Division

[Click here to return to CONTENTS PAGE](#)

F11 Conference call / Microsoft Teams / Email groups

Notes

1. WhatsApp is not authorised for use by DHU as it is not GDPR compliant
2. On Call Directors & Managers should ensure their mobile phones are set to accept calls from unknown numbers (calls from DHU bases will show as an unknown number)

1. Conference Call with DHU Colleagues

A conference facility has been set up by DHU IT Team and is renewed every six months.

If the conference facility does not work contact IT Team or IT On Call

Conference name : DHU BCP Conference

The conference facility allows 80 concurrent users.

To alert other On Call staff to the conference call send a SMS Text/ring relevant colleagues.

Give the following information to colleagues:

- Time of Conference Call
- Dial In Numbers
 - 0300 1000 434
 - Or internal 88777
- Access Code - 899 9750 (Participants)

The person setting up the call uses the same Dial In Number with

Access Code - 393 6368 (Leader)

Reminder – set time for next conference call – if required

2. Conference Call with external organisations

The same conference call dial in number and access code can be used to set up a call with external organisations.

3. Microsoft Team meeting (audio and video)

All DHU Strategic and Tactical On Calls have access to set up a Microsoft Teams meeting.

For guidance – please refer to F3859 [MS Teams Q&A](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 229 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

4. On Call Group Emails

Email groups are available to contact all On Call Directors/Managers within the group.

For Tactical On Call groups the relevant Managing Director is included in the group:

- !GoldOnCallDirectors@DHUHealthCare.nhs.uk
- !SilverOnCalls-111@DHUHealthCare.nhs.uk
- !SilverOnCalls_UrgentCareDerbys@DHUHealthCare.nhs.uk
- !SilverOnCalls_UrgentCareLeics@DHUHealthCare.nhs.uk
- !SilverOnCalls_UrgentCareNorthants@DHUHealthCare.nhs.uk

Please note – email should be used for non-urgent issues, for business continuity escalation to Tactical or Strategic On Calls contact should be via a telephone call

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 230 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F12 111 - Contingency Transfer of Cases by nhs.net email

Contingency Transfer of Cases to:

- DHU Urgent Emergency Care (UEC) areas
- External Urgent Care (OOH) Services

For use by 111 Shift Leads & allocated staff

For information

Please refer to Contingency transfer of cases table for options for each service [E3c 111 - Action Card – Contingency transfer of cases – Overview](#)

Refer to 111 Contingency Case Flowchart – overview – in

SHIFT LEAD ACTIONS

Note : Remind staff that every email must be treated with care (as though entering own bank details)

- Ring each DHU Urgent Care area/external provider and :
 - inform that you will email cases with 'read receipts' (phone numbers in Contact Directory [CONTACTS DIRECTORY](#))
 - confirm that you will send batches of **5** cases per email (or email single cases if low volumes for that service)
 - check they logged on to their contingency nhs.net email to receive the cases
- For Out of Area contacts – phone to obtain an nhs.net email
- Allocate staff to use the action cards below to :
 - scan and store cases for transfer to DHU UEC & external providers – Action Card 1
 - email & check read receipts – Action Card 2 & 3
 - monitor pass backs – Action Card 4
 - scan and store cases for DHU 111 digital clinical queues (F14 action cards) [F14 111 - Transfer of cases to DHU 111 Digital Queues & Remote Clinicians](#)
 - monitor DHU 111 digital queues and transfer cases to next folder (F14 action cards)
- Ensure DHU Inbox is monitored continuously to action calls passed back to DHU when sent in error (incl in action card 4)
- For all allocated staff ensure they are aware :
 - of the variations (listed below)
 - to complete the transmission log for each case transferred (both externally & to DHU UEC)
- Hourly check in with allocated staff scanning, emailing and check read receipts
 - review transmission logs
 - request sitrep of how many cases are awaiting a read receipt
 - ensure those over one hour are followed up
- Hourly conduct a quality check:
 - Sent items in the nhs.net mailbox – check no more than 5 cases per email
 - Spot checks to ensure cases are sent to correct area
 - review folders: V:\Remote Contingency & X:\ 111 Contingency Onward Referrals

111 Division – Contingency Transfer of Cases by nhs.net email

- check no folders have been deleted
- no rogue folders are being created
- **DAILY at 14:00** – copy both folders V:\Remote Contingency & X:\ 111 Contingency Onward Referrals

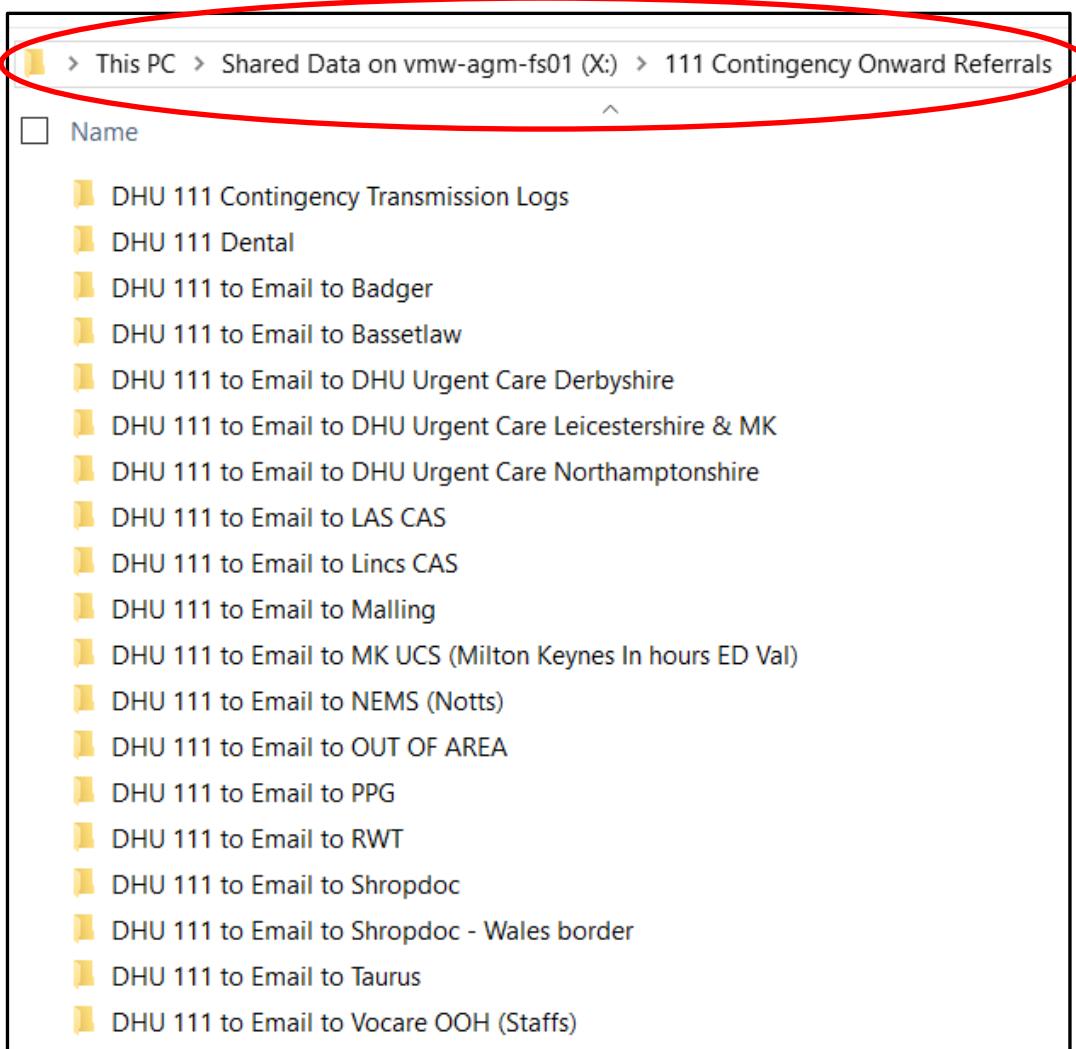
Into X:\Contingency Archive - save in the following format 'RC(date)BACKUP' or 'COR(date)BACKUP'

Please note, there are 4 action cards:

1. Scanning and saving (filing) cases
2. Emailing scanned documents to recipients
3. Monitor Inbox for read receipts
4. Monitor 'Pass backs'

	ACTION CARD 1 HOW TO SCAN & FILE CASES ELECTRONICALLY – FOR TRANSFER TO DHU UEC & EXTERNAL UEC PROVIDERS (OOH) - USED BY PERSON ALLOCATED BY SHIFT LEAD	Tick box
1	<ul style="list-style-type: none"> • Sort manual consultation forms for each DHU area/external service. • Select forms for one area 	
2	<ul style="list-style-type: none"> • Log onto a printer. • Place one manual consultation form on top section of printer – text side up. • Select scan • Select change settings – select B&W (black and white) & double sided. • Scanned documents will automatically appear in your own personal drive/scanned documents folder 	
3	<ul style="list-style-type: none"> • At your workstation – on screen – go to “file explorer” and find your scans folder. • Re-label each PDF as <i>Patient Initials DOB County</i> e.g. AA 01012020 Nottingham • Write date and time of the scan on paper consultation form • Check each paper consultation form has been scanned • COPY the contents of your folder into the appropriate folder within X:\111 Contingency Onward Referrals : (see below) • Check the contents have copied successfully • Return to your own scan folder and delete the scans • Check your folder is empty 	
4	Repeat process for each tray of paper consultation forms	
5	Place each batch of manual consultation forms (hard copies) in envelope & seal. Mark envelope <i>“Manual consultation forms for action by Urgent Care (insert County)</i> <i>Scanned and filed in Contingency Backup folder</i> <i>Your name</i> <i>Date & Time”</i> Pass immediately to senior manager/shift lead to place into a labelled box	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 233 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



ACTION CARD 2 HOW TO EMAIL CASES TO URGENT CARE PROVIDERS (incl DHU UEC)
- USED BY PERSON ALLOCATED BY SHIFT LEAD

Note: this process is for emailing cases from folders in X\111 Contingency Onward Referrals
 Cases come from 2 sources: from paper manual consultation forms and from digital consultation forms – both types are saved into X\111 Contingency Onward Referrals for you to email.

- Log onto 111 contingency email
dhu111.operations@nhs.net
- Create a new email for relevant DHU Urgent Care area or external service – see below

URGENT CARE PROVIDER	Contingency Email
DHU – Derbyshire Urgent Care	urgentcare.coordinators@nhs.net
DHU – Leicestershire Urgent Care (incl Milton Keynes advice cases + ED Val OOH)	dhu.llrcontingency@nhs.net
DHU – Northamptonshire Urgent Care (including PLT)	Dhu.northantscontingency@nhs.net
Bassetlaw Out of Hours (not overnight)	Bhp.outofhours@nhs.net
LAS CAS (Integrated Urgent Care CAS) North East London (NEL)	Londamb.barking111referral@nhs.net
LAS CAS (Integrated Urgent Care CAS) South East London (SEL)	seliucops.supervisors@nhs.net
Lincolnshire CAS	Lhnt.lchsreferrals@nhs.net
Milton Keynes UCS (only In Hours ED Val)	mk.ucs@nhs.net
NEMS – Nottinghamshire	shift.leader@nhs.net
Badger (B'ham, Solihull, Erdington)	badger.systemfailure@nhs.net
Malling (Dudley, Sandwell, W B'ham, Walsall)	Sandwell.oohs@nhs.net
PPG (Coventry, Rugby, Warwickshire)	ppg.operational.warwickshire@nhs.net
PPG (Worcestershire)	Operational.worcestershire@nhs.net
RWT (Wolverhampton)	nx.utcpsstaff@nhs.net
Shropdoc (Shropshire)	Shropdoc.England@nhs.net
Shropdoc (Wales border)	shropdoc.powys@nhs.net
Taurus (Herefordshire)	Herefordshire.ooh@nhs.net

Vocare OOH (Staffordshire)

sduc.teamleaders@nhs.net**VARIATIONS**

- Milton Keynes UCS operates between 0800AM-1830PM Monday to Friday, ED validations are to be sent to Milton Keynes email address during this time.
- Milton Keynes UCS **does not** operate during the weekends (Friday 1830PM to 0800AM Monday) and weekdays (1830PM-0800AM). The email address **is not** monitored during this time.
- LLR take ED Validation referrals for Milton Keynes during 1830PM-0800AM Monday to Friday and during the weekends (Friday 1830PM to 0800AM Monday).
- ED Validation for Northampton is handled by DHU 111 and is not to be referred elsewhere.

- Attach a maximum of 5 scanned cases from folders within X:\111 Contingency Onward Referrals
- Subject heading of email *Patient Initials DOB* (repeat for each case) *County* e.g. KE 01012006 BD 01012018 DP 01011958 LS 01011982 PD 01011999 Nottingham
- Each patient should have their own PDF
- On the email select '**Read Receipt**' :
 - Select - the 3 dots
 - Select – show message options
 - Tick request read receipt
 - Select OK
- Sign email with your full name
- Log emailed cases on manual transmissions log (outgoing) F3063 – [click here](#) for link to [I6 Manual Consultation Transmission Log – Outgoing F3063](#)
- Go to email sent box, move the sent email into the sub folder for each County
- Go to X:\111 Contingency Onward Referrals, move the PDFs which you've just emailed into the Sent to Provider sub folder.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 236 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

ACTION CARD 3 MONITORING OF INBOX for Read Receipts - USED BY PERSON ALLOCATED BY SHIFT LEAD	TICK BOX
<ul style="list-style-type: none"> • Monitor the Inbox <ul style="list-style-type: none"> ○ dhu111.operations@nhs.net • Match up read receipts with cases on the transmission logs and mark time of read receipt, your name, method of verification on the transmission log • Move the read receipt email into the mailbox folder for the relevant area e.g. Read Receipt Nottingham • Check the transmission log to ensure all cases are marked as received. • If no read receipt has been received after one hour ring relevant organisation to follow up • Alert shift lead immediately if an organisation has not received DHU's email. • Monitor the Inbox for 'pass backs', mark the cases as a pass back on the transmission log & move the email into the pass backs folder. Alert your colleague who is monitoring the pass backs. 	
ACTION CARD 4 MONITORING OF INBOX for Pass Backs - USED BY PERSON ALLOCATED BY SHIFT LEAD : DOSL/OSL/NCPM	TICK BOX
<ul style="list-style-type: none"> • Monitor Inbox/Pass Backs folder <ul style="list-style-type: none"> ○ East Midlands dhu111.operations@nhs.net • Create a separate transmission log for pass backs • Investigate each pass back case and establish the correct organisation to receive the case • Email the case following actions in Action Card 2 & request a read receipt • Go to email sent box, move the sent email into the sub folder for relevant County • Go to X:\111 Contingency Onward Referrals, move the PDF which you've just emailed into the Sent to Provider sub folder within the correct county (PDF should previously have been stored in County to which it was originally, incorrectly, sent) • Monitor the main Inbox for read receipts • Match up read receipts with cases on the transmission logs and mark time of read receipt, your name, method of verification on the transmission log • Move the read receipt email into the mailbox folder for the relevant area e.g. Read Receipt Nottingham • Check the transmission log to ensure all cases are marked as received. • If no read receipt has been received after one hour ring relevant organisation to follow up 	

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 237 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F13 Section not in use

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 238 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F14 111 - Transfer of cases to DHU 111 Digital Queues & Remote Clinicians

Contingency Transfer of Cases to 111 digital queues for remote and on site clinicians

For use by DHU 111 Division

This process is for use by Operational & Clinical Staff to transfer cases to 111 DIGITAL QUEUES for call back by 111 clinicians when Adastra is not available.

111 DIGITAL QUEUES are used by remote and onsite clinicians as directed by the CSL.

This process is for transfer of both :

- Manual (paper) cases, or
- Cases printed from the SCT (Service Continuity Tracker) laptop – (if planned downtime, validate printed cases with live Adastra cases before maintenance begins). See Appendix F7 for use of SCT (click here for [F7](#))

Action Card F14 – 1

ALLOCATING CASES & MONITORING

USED BY CSL or CPM who is monitoring queues

- Allocate cases to be transferred to 111 Digital queues – follow guidance in E3. [E3a Adastra Failures - Action Card – 111 Shift Leads](#)
- Place paper cases in appropriate tray :
 - 1.111 DIGITAL QUEUES – IUC Pathways Clinician
 - 2.111 DIGITAL QUEUES – 111 Dental Call Back
 - 3.111 DIGITAL QUEUES – 111 Pharmacy Call Back
- Inform colleague who is allocated to scanning that cases are ready to scan (following Action Card 2 below)
- Continuously monitor queues :
 - This PC > vmw-jhn-fs01 SharedData (V:) > Remote Contingency
 - 1. IUC Pathways Clinician
 - 2. 111 Dental Call Back
 - 3. 111 Pharmacy Call Back

Scans will be placed in these folders as PDF files – labelled automatically during the scanning process.

111 – Transfer cases to 111 Digital Queues (incl Remote Clinicians)

- Allocate specific clinicians to cases by right clicking the PDF and renaming the file with a new unique reference number:
 - a. date (ddmmyy)
 - b. Clinician initials
 - c. Consecutive numbere.g. 040321 AB 01, 040321 AB 02
- Contact clinicians (remote & on site) to inform that cases are ready
- Remind clinicians to follow the guidance (Appendix F15 in this BCP – copy in V:\Remote Contingency\Training Folder
- Monitor folders to check that clinicians are moving cases & files to the correct onward folders (4. 5. 6.) & remind them of process as required
- Clinical Lead to monitor all folders in the same way a normal queue is monitored
- Continue to liaise with colleague carrying out Action Card 2.

Action Card F14 – 2**SCANNING & TRANSFERRING**

USED BY PERSON ALLOCATED BY SHIFT LEAD

Scanning & transferring cases

- Collect paper cases from each 111 DIGITAL QUEUES trays
- Scan each consultation to your personal scan folder as a PDF file
- Move all PDF files to correct folder & retain the file name as allocated automatically during scanning:
V:\DRIVE/Remote contingency/
 - 1.IUC Pathways Clinician
 - 2.111 Dental Call Back
 - 3.111 Pharmacy Call Back

Monitoring & transferring for onward referrals

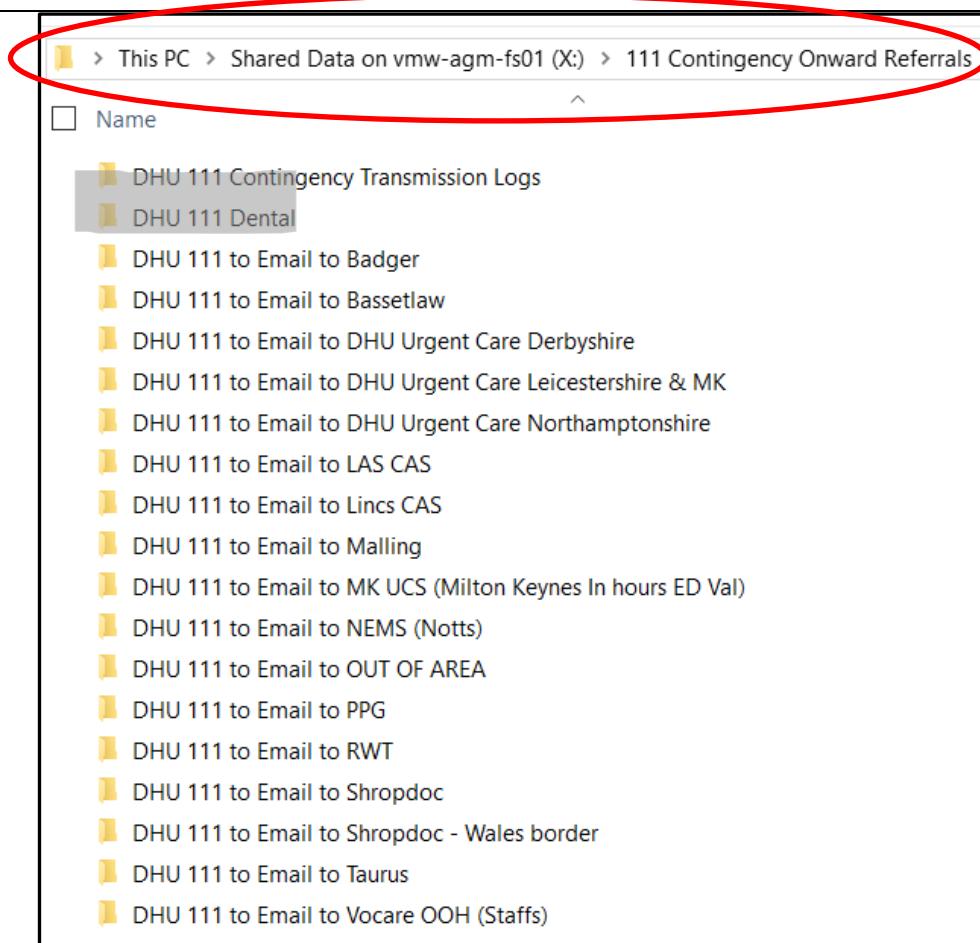
When clinicians have completed each consultation they should move the original PDF into folder 6. and the Word Consultation Form into either folder 4. or 5.

Continuously monitor three folders:

- V:\DRIVE/Remote contingency/
- 4.Completed – clinician copy – NO FURTHER ACTION REQUIRED
 - 5.Completed – clinician copy – TO BE SENT TO ANOTHER SERVICE - **Prioritise this folder**

Folder 5 -Actions - prioritise these actions before folders 5 & 4

- Open each Word document
- Check which organisation the case needs to be transferred to.
- *Save As* a PDF as *Patient Initials DOB County* e.g. AA 01012020 Nottingham
- Into the appropriate folder – see below

111 – Transfer cases to 111 Digital Queues (incl Remote Clinicians)


- Inform the colleagues allocated to emailing cases (F12) that cases are in the folder
- Return to the open Word document & Close it
- Move the Word document to
folder 6. OPS USE ONLY – DAILY ARCHIVE

Folder 4 – Actions

Open each Word document and check that no further action is required

Close the Word document

Move the Word document to folder 6.OPS USE ONLY – DAILY ARCHIVE

NOTE - Folder 6 should contain 2 documents for each case – a Word and PDF document

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 242 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

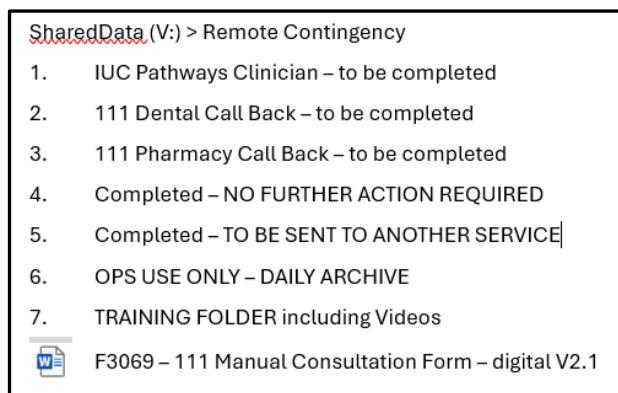
F15 111 - Digital Queues – including for Remote Clinicians

Contingency Process for Clinicians working from 111 Digital Queues :

- Remote Clinicians
- Dental Nurses (on site)
- Pharmacists (on site or remote)

Follow the steps below when Adastra is not available & when requested by a Clinical Lead or Operational Shift Lead.

1. Open up your manual DoS and Solo (ensure most up-to-date version)
2. Open the 'Remote Contingency' folder via the V Drive.
3. You will see the folders shown below and a blank manual consultation form - F3069



4. Open up a blank manual consultation record in readiness to carry out an assessment – F3069 – 111 Manual Consultation Form - digital
5. Open folder 1. 2. or 3 which are DHU 111's digital contingency queues.

Within the folder you will find cases allocated to you, the file name will be saved as a date, your initials and a number on the end of the file. The documents are PDFs therefore you will not be able to edit them.

6. Open the first case allocated to you (PDF document) when you are ready to assess the patient, this document is the original triage which will aid you in your assessment.

NOTE - if you have downloaded a blank manual consultation form F3069 directly from Teamnet (rather than from the Remote Contingency folder) you must save the form before you can enter any data – see naming convention at 8 below)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 243 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

7. Enter the patient's demographics onto the blank manual consultation form & enter details of your assessment and onward referral, where required.
8. When you have completed your assessment save your assessment within folder:
 - 4.Completed – clinician copy – NOT FURTHER ACTION REQUIRED
or
 - 5.Completed – clinician copy – TO BE SENT TO ANOTHER SERVICE

Save this document with the same file name as the original assessment : date, your initials, number

It is important to use the same file name so that colleagues at base can match each case & patient.

9. Move (cut and paste) the original PDF document from *folder 1., 2., or 3.* into *6. DAILY ARCHIVE – OPS USE ONLY* this will confirm the case no longer needs to be worked on.
(to *cut and paste*, right click on the document to be moved, select “cut”, click on folder *6. DAILY ARCHIVE – OPS USE ONLY* right click, select “paste”. Check that the document shows in this folder

N.B if you front end and assess the call from start to finish save the assessment in folder:

- 4.Completed – clinician copy – NO FURTHER ACTION REQUIRED
or
- 5.Completed – clinician copy – TO BE SENT TO ANOTHER SERVICE

Please state on the form that you front ended to avoid confusion.

Use the same naming format as for other documents, ddmmyy – your initials – number

IF YOU ACCIDENTALLY OVERWRITE, MISPLACE OR DELETE A CASE PLEASE INFORM THE SHIFT LEAD IMMEDIATELY

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 244 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F16 111 - Long Wait for Call Back & Comfort Call Process

For use by DHU 111 Division

This process is for use by Shift Leads (Operational & Clinical) when the 111 Division is in Red Status due to the 111 IUC Pathways Clinician queue.

When business contingency goes into **RED** status for the 111 IUC Pathway Clinician queue the following processes can be considered to mitigate risk. If the Clinical Lead considers this is required, then escalate to Tactical on Call.

FOR HOME MANAGEMENT CALLS ONLY

Give normal disposition wording. Then add:-

"The 111 service is extremely busy at the moment and it may be up to 24 hours before a clinician can call you back.

It is very important that if there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, before the clinician contacts you, that you call us back straight away"

This change will make sure patients are aware of the potential delay in receiving a call back and also assure the clinical staff that worsening instructions have been stressed

For all other calls going into the queue the standard NHS Pathways wording should be used

Comfort Calls- Health Information

For use by SHA only after the clinical lead has scanned the case and determined the call is appropriate for a comfort call

Good Evening

My name is I am calling you back from NHS 111 – (check demographics) – I just want to apologise for the delay and explain that the service is extremely busy at the moment. Can I check do you have any symptoms that require an assessment or is it just the query you have about xxxx that needs answering?

- If the patient has symptoms then these should be assessed.
- If they do not have symptoms then, state, *"because we are so busy you may not get a call back today, for this reason I am just checking if you still need the call back or whether you would prefer to call us back another time."*
- If they would like a call back ask what is the latest time they would be happy for this call back to happen and **document** within the record. Tell the patient if we haven't got back to them by this time, we will close their case and they should call us back if needed. Then advise the caller they might also like to check if their query can be answered by nhs.uk
- Give worsening
- **To close the case – early exit, caller terminated the call, document ‘comfort call process used, no symptoms’ – caller agrees to either call the 111 service back or access nhs.uk**

Health Advisor attempts 3 call backs to patient and advises they are making a comfort call due to the 111 service being exceptionally busy today

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 245 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

COMFORT CALLS-ALL OTHER CASES

My name is I am calling you back from NHS 111 – (check demographics) – I just want to apologise for the delay and explain that the service is extremely busy at the moment. Can I check do you have any new or worsening symptoms that require an assessment?

1. If **yes** find what these symptoms are and follow the call back process for new or worsening symptoms (reassess if unconscious/life-threatening situation; attempt warm transfer if ABCs affected/seek clinician advice; flag case if other worsening symptoms)
2. If **no** worsening HA to apologise sincerely for the delay and explain we are very busy and the call back may not be for some time
 - HA to message designated Ops/SHA with case number to update with following note:
****HA (NAME) COMFORT CALLED PATIENT – NO WORSENING SYMPTOMS****
 - If patient states has have accessed another service and no longer requires a call back then HA to Early Exit – Caller decided no further advice required, document service accessed and give strong worsening advice
 - If the patient has not accessed another service and now declines a call back then advise the patient that you will make a note on the case and ask a clinician to review. Advise the patient they still may get a call back from a clinician if they are concerned about the case being closed. Flag the case and document ****HA (NAME) COMFORT CALLED PATIENT- PATIENT CANCELLED CALL BACK****
3. If 3 x attempts at comfort call backs and no answer HA to contact Clinical Lead (similar to the disconnected call process) for advice on whether to close case or leave for clinician input
4. Request number check from OSL/SHA if any issues with phone number when calling patient back

Clinical Lead only:

To review cancelled call back cases with reference to below safe and well procedure:

It is not safe to assume that all adults calling back to cancel their own appointment are capable of making a safe and sound judgment of their own medical condition at the time of re contact and it is DHU procedure that all appointment cancellations are confirmed by a member of the clinical team and reasoning clearly documented in the consultation notes that are passed to the GP surgeries.

If the clinician deems from the history already obtained that the cancellation is unlikely to result in any significant harm to the patient the reasons given are acceptable and the patient has capacity to make the decision then he/she can accept the patient's decision and close the case documenting his/her reasons. Consideration should always be given to if the patient is a vulnerable adult or in the at risk group of patients which includes the elderly, Learning Disabilities, Physical Disabilities, mental health issues.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 246 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F17 111 - Emergency Note on Adastra

For use by 111 Division

An emergency note on Adastra should be requested by 111 in the following circumstances:

- Emergency information regarding an address – information needs to be available on Adastra immediately
- Not to be used regarding an individual person (i.e. NOT a SPN)
- If in doubt, shift lead to clarify with 111 Tactical On Call.

Process

111 Operational or Clinical Shift lead:

1. rings Derbyshire Urgent Care Co-ordinator and requests they add the note to Adastra *
2. sends an email from dhu111.operations@nhs.net to Specialpatientnote.referrals@nhs.net informing that note has been added, include details of the request and original informant's contact details
3. sends an email to CQIDOS@DHUHealthCare.nhs.uk informing that an emergency note has been added. CAUTION – this is not a secure email – don't include any patient information.

The Patient Records and CQI/DoS teams will follow up during office hours

* *Derbyshire Urgent Care has a process for adding a note regarding an address*

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 247 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F18 Safeguarding – Contingency Referrals – All Divisions

For use by all DHU Divisions

- When Adastra or SystmOne is unavailable safeguarding referrals should be made via DHU's contingency safeguarding process.
- Ensure that the Datix number is added to your manual consultation form.
- This process is also used during normal working for referrals to areas which do not have an automated referral process.

Links to process, forms and contact numbers on DHU's Intranet:

[Contingency Safeguarding Referral Procedure](#)

[F4391 – East Midlands Safeguarding Contact Numbers](#)

[F4397 – West Midlands Safeguarding Contact Numbers](#)

[F3281 - Adult Care Concern Referral Form \(Contingency Only\)](#)

[F3283 - Adult Safeguarding Referral Form \(Contingency Only\)](#)

[F3284 - Child notification form Health Visitor School Nurse \(contingency only\)](#)

[F3285 - Child Safeguarding referral form Social Care \(Contingency only\)](#)

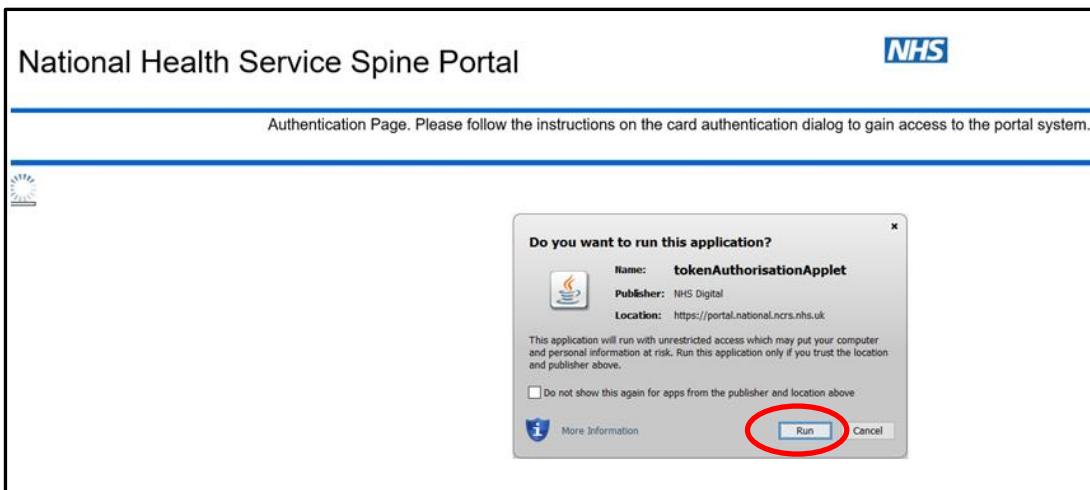
[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 248 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

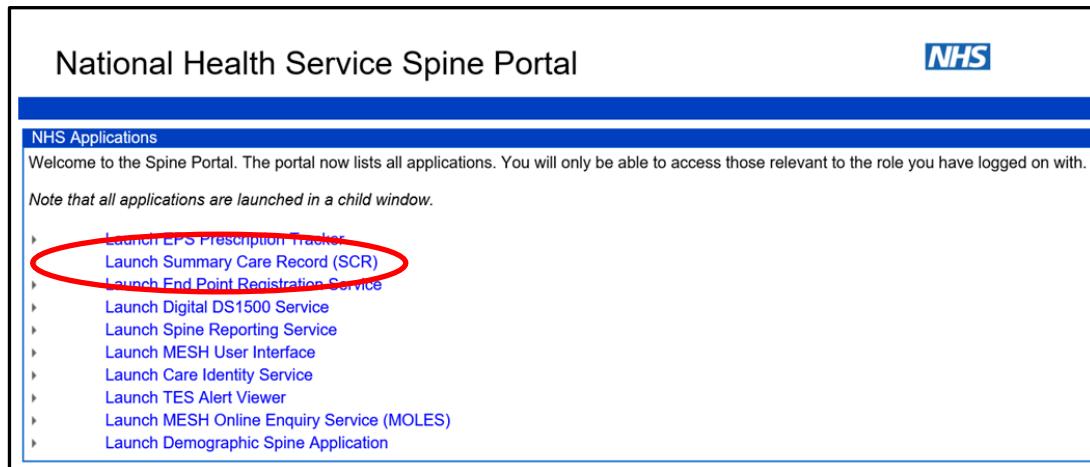
F19 Summary Care Records (SCR) – Manual Access – All Divisions

For use by clinicians in all DHU Divisions when embedded SCR is unavailable

1. Insert smart card & log in using pin
2. Open NHS SPINE PORTAL <https://portal.national.ncrs.nhs.uk/portal/dt>
3. Press run when pop up appears.

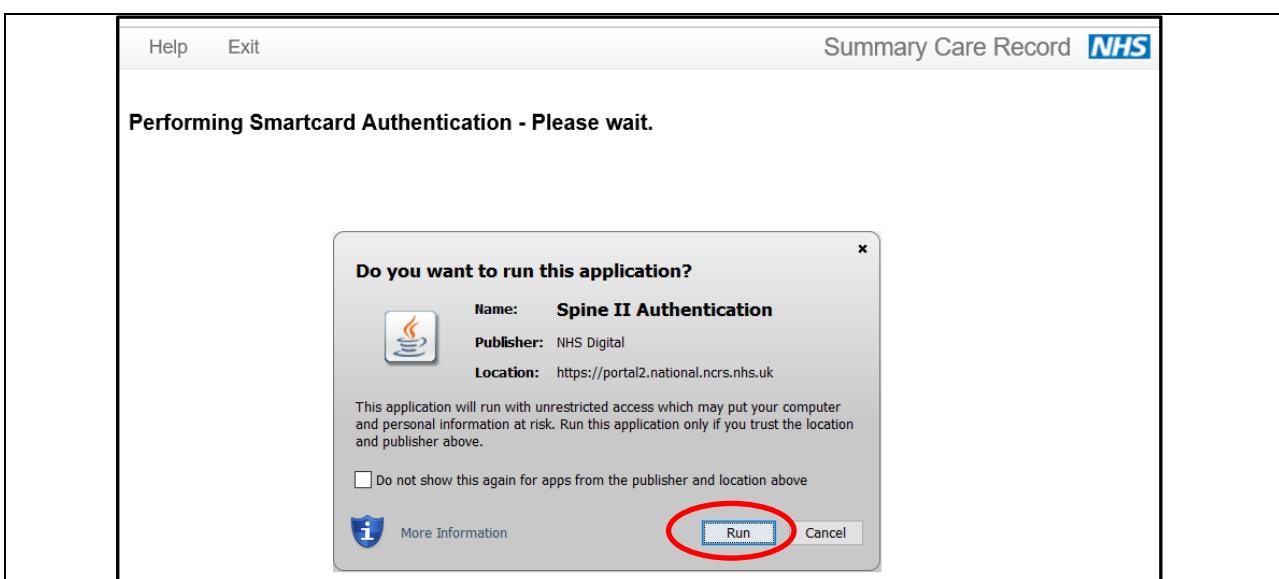


4. Click on Launch Summary Care Record (SCR)



5. A new pop up window will open showing “Performing Smartcard Authentication”
6. Press ‘Run’

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 249 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



** you may see a pop up saying the browser is not supported – ignore this

7. Search patient records.

Note you will need to enter a minimum of gender, surname and date of birth.

8. When you have accessed the patient's details, look in the top right-hand corner & click on yellow button "access SCR".



[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 250 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F20 111 - Delayed Patient Care

This process is an extract from P2124 Delayed Patient Care.

Note 1 - Delay, for the purposes of this procedure, is defined as where the timeframe of the disposition has been exceeded.

Duties and Responsibilities - Contingency Operating

On identification of any case sent to an incorrect provider where there is a delay ^{note 1} to patient care, the actions below must be carried out:

1. 111 Operational Shift Lead Actions

- Identify all cases that the error effects
- Create a folder in V: Remote Contingency folder using naming convention 'DO NOT USE- Case Errors- *Date and Description of error*
- Arrange to have copies of manual consultation forms saved into V: Remote Contingency\ 'DO NOT USE- Case Errors- *Date and Description of error*
- Download a Case Errors Log and [Case Errors Log F4664](#) save into V: Remote Contingency\ 'DO NOT USE- Case Errors- *Date and Description of error*
- Arrange for all patient information and Datix number to be added to a Case Errors Log and saved in folder in V: Remote Contingency\ 'DO NOT USE- Case Errors- *Date and Description of error*
- Discuss with Clinical Shift lead immediately to enact Duty of Candour calls
- Create one Datix entry even if multiple patients effected, with clear description of issue and actions taken.

Save all affected patient manual consultation forms to Datix (scan paper copies)

- Save Datix reference email confirmation to V: Remote Contingency\ 'DO NOT USE- Case Errors- *Date and Description of error* Add Datix number to Errors Log and Shift Log.
- Feedback to all involved in error, ensuring a statement is completed by staff member and feedback form is completed and saved to personal file
- Inform line manager that feedback has been given/ planned
- If the staff member is no longer on shift, then feedback must be planned in for the next working day
- Contact Tactical on Call, via email, to make aware of incident

2. 111 Clinical Lead Actions

On identification of any case that has been sent to an incorrect provider or failed to be sent, where there is a delay to patient care, the Clinical Shift Lead must:

- Have oversight of duty of candour process
- Liaise with Operational Shift Lead to ensure all cases have been saved to V: Remote Contingency\ 'DO NOT USE- Case Errors- *Date and Description of error*
- Ensure the Case Errors Log is completed in full
- Immediately enact the Duty of candour process
- Allocate a clinical manager or an experienced Clinician/s to re-contact the patient/ caller.

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 251 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

- Provide a full step by step handover of requirements to Clinician regarding process and where to find manual consultation forms and Case Errors log
- Ensure that the Clinician/s are aware of duty of candour script:
"I am contacting you again as there appears to have been an issue with the handover to the next service. I am sorry that this has happened, and an internal investigation has begun. Can I check if you have received any ongoing care?"
- Give clear instruction regarding safe and well process adherence to the clinician completing call backs
- Ensure that the clinician makes thorough and comprehensive notes on the Case Error spreadsheet
- If no contact is made, support the clinician to follow the safe and well process [Safe and Wellbeing Flowchart F3700-33](#)
- Ensure that no cases are closed if no contact made – retain in Case Errors folder
- If no contact is made after the safe and well process notify the following by email: Clinical Director, Deputy Clinical Director, Head of Clinical Development & Quality and Head of Clinical Performance & Quality.

All cases linked to the incident must be identified immediately.

3. DHU 111 Clinician Actions

- Locate manual consultation forms saved in folder V: Remote Contingency 'DO NOT USE- Case Errors- *Date and Description of error*
- Open Errors Log Spreadsheet and review information required to be captured
- Contact patients and follow duty of candour script:
"I am contacting you again as there appears to have been an issue with the handover to the next service. I am sorry that this has happened, and an internal investigation has begun. Can I check if you have received any ongoing care?"
- If patient states they have had no follow up care, reassess ensuring new manual consultation form is completed
- Ensure thorough documentation is recorded on Errors Log spreadsheet and any new manual consultation form
- Onward refer to relevant service based on current clinical need
- Follow safe and well process if patient is not contactable [Safe and Wellbeing Flowchart F3700-33](#)
- Provide a handover to Clinical Lead following assessments, highlighting any patients that have not been contactable

4. Duty of Candour

It is imperative that the patient/ caller is informed that the incident has occurred, and their records have not been passed on to the service as per advised they would be during their assessment. A true account of the incident needs to be communicated with the known facts explained and an apology given with the reassurance that an internal investigation will take place.

Confirmation that an apology has been given to the patient/ caller on contact will act as the duty of candour call. If the patient/ caller is not contactable this will be reviewed by the senior clinical team regarding next steps. Please include information on outcome of safe and well assessment.

The senior clinical team will request duty of candour letters to be sent to any patients identified where there are clinical concerns, via Datix to the Clinical Governance Team

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 252 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F21 111 - Telephony – Closure of Site

For use by DHU 111 Tactical On Calls to “close” a site on NICE CX One telephony

Ring 02045870316

Enter pin (held by Tactical On Call team)

The system will give current state of all sites (i.e. which are open, and which are closed), it will then read out a list of sites with their reference number.

Input the number of the site you wish to change, and the system will change the status of the site (if the site is closed, it will open it. Or if the site is open, it will close it)

The system should then do the following:

Send an email to the following email address with an update of the changes –

- ! Silver On Calls - 111 [!SilverOnCalls-111@DHUHealthCare.nhs.uk](mailto:SilverOnCalls-111@DHUHealthCare.nhs.uk)
- ! DHU 111 Management Team [!D�U111ManagementTeam@DHUHealthCare.nhs.uk](mailto:DHU111ManagementTeam@DHUHealthCare.nhs.uk)

[Click here to return to CONTENTS PAGE](#)

F22 111 - Telephony –Technical Difficulties Message

For use by Operational Shift Leads and DHU 111 Tactical On Call team

to activate/deactivate the ‘Technical Difficulties’ (emergency) message if DHU 111’s telephony is experiencing technical problems

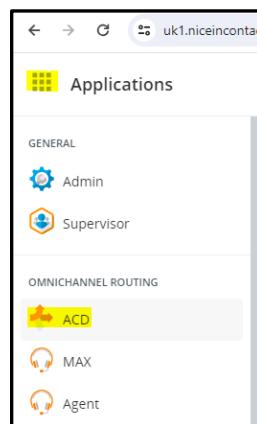
These actions will change the message heard by callers (as below) and disconnect the call.

“Thank you for calling 111. We are currently experiencing technical difficulties with our phone systems and are working to get this resolved. We apologise for any inconvenience. Please hang up and redial 111 to be connected to the next available advisor.”

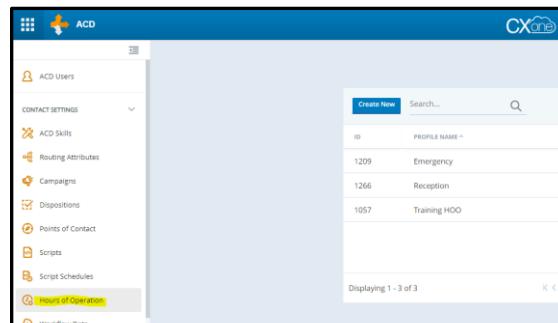
(for information – this functionality is also available to DHU 111 Senior Managers with access to edit NICE CXone Hours of Operation profile)

To ACTIVATE

1. Login to CXone and navigate to ACD



2. From ACD, select ‘Hours of Operation’



3. Click on the 1209 'Emergency' profile.

Click on 'Edit' and select the 'Emergency' Override Branch radio button

Emergency

Currently it is Wednesday, March 6, 2024 11:46 AM according to the business unit's time zone ((GMT) Greenwich Mean Time : Dublin, Edinburgh, Lisbon, London). Based on your Normal Hours of Operation, you are OPEN. However, be aware this is only an estimate since certain business unit configurations, such as custom scripting in Studio, can override this result and make it inaccurate.

Details	Holidays	Skills	Scripts	Notes	Audit History
<input type="button" value="Delete"/> <input type="button" value="Edit"/>					
Profile Information			Override Branches		
Profile ID	1209	<input type="radio"/> Normal <input type="radio"/> Weather <input type="radio"/> Meeting <input checked="" type="radio"/> Emergency <input type="radio"/> Other			<small>Note! To add functionality for the Weather, Meeting, Emergency and Other branches, modifications to the script in Studio must be made. If any of these branches are NOT wired up when that override branch is invoked, the Default branch will be taken.</small>
Profile Name	Emergency				
Description	Emergency HOO for Emergency Branch functionality				
			<small>Expiration Date</small> <input type="text"/> <input type="button" value="Calendar"/> <input type="text"/>		
<small>Note! If Expiration Date is left blank, the override must be turned off manually.</small>					

4. Click on 'Done' to immediately implement the emergency message across the DHU 111 organisation.

This will play the emergency message and disconnect the caller.

Note: weather, meeting and other options are not in use

Emergency

Currently it is Thursday, March 28, 2024 8:32 AM according to the business unit's time zone ((GMT) Greenwich Mean Time : Dublin, Edinburgh, Lisbon, London). Based on your Normal Hours of Operation, you are OPEN. However, be aware this is only an estimate since certain business unit configurations, such as custom scripting in Studio, can override this result and make it inaccurate.

Details	Holidays	Skills	Scripts	Notes	Audit History
<input type="button" value="Done"/> <input type="button" value="Discard Changes"/>					
Profile Information			Override Branches		
Profile ID	1209	<input type="radio"/> Normal <input type="radio"/> Weather <input type="radio"/> Meeting <input checked="" type="radio"/> Emergency <input type="radio"/> Other			<small>Note! To add functionality for the Weather, Meeting, Emergency and Other branches, modifications to the script in Studio must be made. If any of these branches are NOT wired up when that override branch is invoked, the Default branch will be taken.</small>
Profile Name *	<input type="text" value="Emergency"/>				
Description	<input type="text" value="Emergency HOO for Emergency Branch functionality"/>				
			<small>Expiration Date</small> <input type="text"/> <input type="button" value="Calendar"/> <input type="text"/> 12:00 AM		
<small>Note! If Expiration Date is left blank, the override must be turned off manually.</small>					

To DEACTIVATE

- Follow steps 1 and 2 above
- then
- reverse the selection from 'Emergency' to 'Normal'
 - click on 'Done'

This action will restore DHU 111's ability to receive calls.

Emergency

Currently it is Thursday, March 28, 2024 8:32 AM according to the business unit's time zone ((GMT) Greenwich Mean Time : Dublin, Edinburgh, Lisbon, London). Based on your Normal Hours of Operation, you are OPEN. However, be aware this is only an estimate since certain business unit configurations, such as custom scripting in Studio, can override this result and make it inaccurate.

Details	Holidays	Skills	Scripts	Notes	Audit History
<input type="button" value="Delete"/> <input type="button" value="Edit"/>					
Profile Information			Override Branches		
Profile ID	1209	<input checked="" type="radio"/> Normal <input type="radio"/> Weather <input type="radio"/> Meeting <input type="radio"/> Emergency <input type="radio"/> Other			<small>Note! To add functionality for the Weather, Meeting, Emergency and Other branches, modifications to the script in Studio must be made. If any of these branches are NOT wired up when that override branch is invoked, the Default branch will be taken.</small>
Profile Name	Emergency				
Description	Emergency HOO for Emergency Branch functionality				
			<small>Expiration Date</small> <input type="text"/> <input type="button" value="Calendar"/> <input type="text"/>		
<small>Note! If Expiration Date is left blank, the override must be turned off manually.</small>					

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 255 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

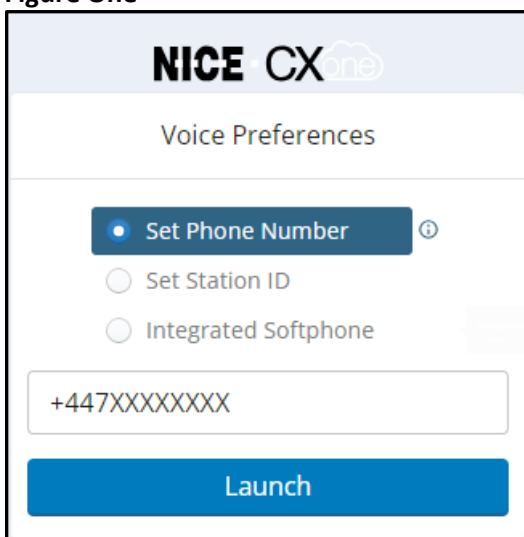
F23 111 - Telephony – Call Recording

For use by clinicians when DHU's Telephony, NICE CXOne Softphone is not available

This process enables call recording of mobile phones

- DHU's Telephone (NICE CXOne) automatically records phone calls while agents are using the NICE CXOne Softphone.
- In the event of a failure of the NICE CXOne Softphone agents would be unable to establish a connection to the CXOne system, preventing 111 staff from taking or making calls.
- Clinicians are still required to make outbound calls during an outage to provide advice to the patients in the 111 Pathways queue, and where possible, should make calls via a mobile phone in conjunction with CXOne to enable call recording.
- When a clinician logs in they have the choice to 'Set Phone Number' instead of the usual 'Integrated Softphone'.
- Note - this option should only be used when the Integrated Softphone is not available.

Figure One



- Select Set Phone Number
- Type the number of the mobile to be used
- Press Launch.
- Note this may incur a charge for an outbound call from CX One to DHU – the user's own mobile will not be charged.
- Using this process creates an inbound call from CX One to the advisor's mobile phone.
- Using a mobile phone changes the device used for the audio path from the PC to a phone and therefore headsets will not work.

- All other elements and controls to handle the call remain in CXOne (e.g. dialling a number, hangup)
- The advisor would need to answer each call on their mobile phone as the connection is established from CXOne.
- Advisors have permission to use their own earphones, if available.

- On recovery or end of shift, select ‘Integrated Softphone’ to remove the link to your mobile phone – see figure 1 – option 3.

NOTE

Where the above process of recording calls is not available staff are authorised to continue assessments with caution.

Ensure staff block their own number before dialling out – this can be enabled through a phone’s local settings

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 257 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

F24 111 - Adastra Retrospective Case Entry

“How To” Guide for Retrospective Case Entry (RCE)

For use by staff allocated to enter cases onto Adastra after an Adastra failure

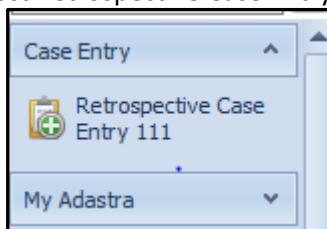
- 111 Admin Team, 111 Operations, 111 CQI/DoS/Trainers – other teams as allocated

Heads of Performance to ensure that the actions below are completed

- Receive email/message notifying that cases are available for retrospective case entry (RCE)
- Cases are saved in V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE – this folder contains:
 - Clinician assessments completed digitally
 - The HA assessment relating to cases with a clinician assessment
 - Scanned paper cases, either HA or HA + clinician, from the completed tray
- Within the folder for each day, create a sub-folder “Retro Case Entry – completed cases”
- Check the list of files. If any files do not have the correct name format, allocated to be amended to follow *Patient Initials DOB County e.g AA01012020 Nottingham*
- Cases need to be allocated in batches to nominated team members for completing the process below

PROCESS

- Log into Adastra using your Smartcard
- Select Retrospective Case Entry



IMPORTANT - some cases will have both a HA assessment + CA assessment as separate files (Word & PDF). Find both files before step 3.

Go to V:\Remote Contingency\6. OPS USE ONLY – DAILY ARCHIVE to find files

- Start with a HA Start with a HA assessment and input patient details into Retro Case Entry Screen
- Document ALL information from manual/digital consultation form onto the Retrospective Case Entry screen

Retrospective Case Entry 111

30-Nov-23 08:30:01 GMT 30-Nov-23 08:30:18 GMT Back date

Demographics **Details**

Forename* Surname* Sex* DOB* Age

Contact Home Current Location

Home: Mobile: Other:

Return Phone:

Postcode UPRN Map Ref

United Kingdom

Caller is patient?

Name: Relationship: Contact Phone:

Walk-in patient

Doctor

Registered

Area: Start typing to search... Doctor: Start typing to search... Surgery: Start typing to search...

Patient Check Lookup

NHS Number:

Next >

Retrospective Case Entry 111

30-Nov-23 08:30:59 GMT 30-Nov-23 08:33:53 GMT Back date

Demographics **Details**

Test Case -- 10-Dec-78 (44 years) 01234 564566

Symptoms - Health Advisor
Headache

Symptoms - Clinician Advisor
Headache, fever, dizziness

Retrospective Case - Timings

Health Advisor - End of Call
Clinician - Start of Call
Clinician - End of Call

Multiple case

DHU 111 Contract Selection

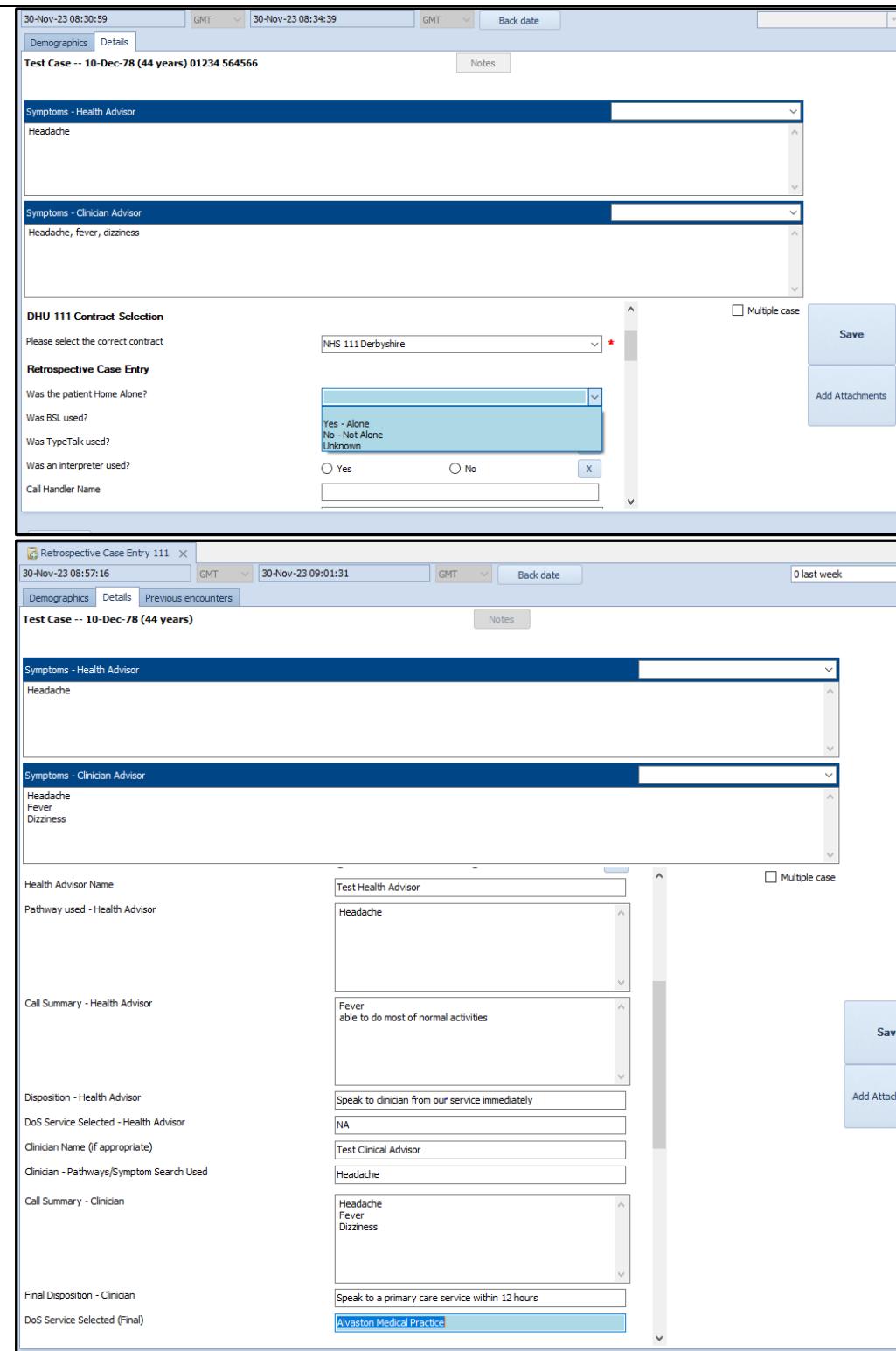
Please select the correct contract

Retrospective Case Entry

Was the patient Home Alone?

< Back

Save Add Attachments



The image displays two side-by-side screenshots of a clinical assessment software interface. Both screens show a header with dates (30-Nov-23 08:30:59, 30-Nov-23 08:34:39), time zones (GMT), and a 'Back date' button. The top screen is titled 'Test Case -- 10-Dec-78 (44 years) 01234 564566'. It contains sections for 'Demographics' (selected), 'Details' (selected), and 'Notes'. Under 'Symptoms - Health Advisor', it lists 'Headache'. Under 'Symptoms - Clinician Advisor', it lists 'Headache, fever, dizziness'. A 'DHU 111 Contract Selection' section asks 'Please select the correct contract' with a dropdown menu showing 'NHS 111 Derbyshire' (marked with a red asterisk). A 'Multiple case' checkbox is unchecked. On the right, there are 'Save' and 'Add Attachments' buttons. The bottom screen is titled 'Retrospective Case Entry 111'. It has similar header and demographic sections. Under 'Symptoms - Health Advisor', it lists 'Headache'. Under 'Symptoms - Clinician Advisor', it lists 'Headache, Fever, Dizziness'. It includes sections for 'Health Advisor Name' (set to 'Test Health Advisor'), 'Pathway used - Health Advisor' (set to 'Headache'), 'Call Summary - Health Advisor' (set to 'Fever able to do most of normal activities'), 'Disposition - Health Advisor' (set to 'Speak to clinician from our service immediately'), 'DoS Service Selected - Health Advisor' (set to 'NA'), 'Clinician Name (if appropriate)' (set to 'Test Clinical Advisor'), 'Clinician - Pathways/Symptom Search Used' (set to 'Headache'), 'Call Summary - Clinician' (set to 'Headache, Fever, Dizziness'), 'Final Disposition - Clinician' (set to 'Speak to a primary care service within 12 hours'), and 'DoS Service Selected (Final)' (set to 'Alvaston Medical Practice'). It also features 'Save' and 'Add Attachments' buttons.

- Enter information from Clinical Assessment form

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 260 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

- Upload/Save PDF into Adastra case.

IMPORTANT – FOR CASES WITH BOTH A NON-CLINICAL & CLINICAL ASSESSMENT – UPLOAD 2 DOCUMENTS

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 261 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

The screenshot shows the Adastra software interface for case entry. A modal dialog box titled 'Add Attachments' is open, prompting the user to choose a file to attach. The file 'P1TC 10121978 Derbyshire.docx' is selected. The main window displays patient information: 'Test Case -- 10-Dec-78 (44 years) 01234 564566'. Under 'Symptoms - Health Advisor', 'Headache' is listed. In the bottom right corner of the main window, there are 'Save' and 'Add Attachments' buttons.

- Save the Adastra case

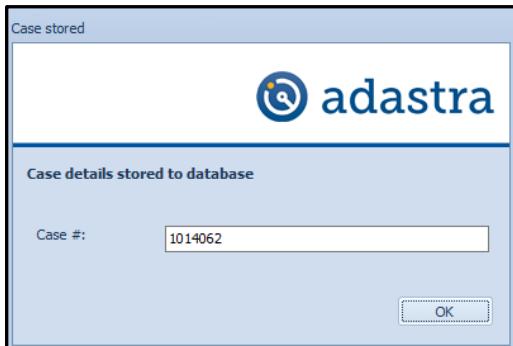
The screenshot shows the Adastra software interface after saving the case. The 'Save' button is highlighted in yellow. The main window displays patient information: 'Test Case -- 10-Dec-78 (44 years) 01234 564566'. Under 'Symptoms - Health Advisor', 'Headache' is listed. Under 'Transmitted by', 'Patient to call own GP' is selected. The 'Save' button is highlighted in yellow.

- Backdate to original case date & time

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 262 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



- Select next & close
- Confirmation of Adastra case ID



- Move the document(s) which you have uploaded into Adastra into sub-folder “Retro Case Entry – completed cases”

When all cases have been input into Adastra notify Heads of Performance and Tactical On Call by email.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 263 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

G Escalation Triggers and Action Plans - INDEX

G	Escalation Triggers & Action Plans - INDEX	Applicable to
G1	OPEL Escalation Triggers – 111 Division	111
G2	Escalation Action Plans – OPEL Status 2, 3 & 4 – 111 Division	111
G3	Excessive Demand on Service/Available Resources – Urgent Care Divisions	UEC Division
G4	Escalation Action Plans (Amber, Red, Black) – Urgent Care Divisions	UEC Division

[Click here to return to CONTENTS PAGE](#)

G1 OPEL Escalation Triggers – 111 Division

For use by DHU 111 Shift Leads, Tactical On Calls and Management Team

Excessive Demand on Service/Available Resources

Excessive demand may result from a variety of causes but in general will be due to increased & sustained demand and/or DHU operational issues. Causes could include:

- shortage of staff
- severe weather conditions
- winter pressures
- loss of premises
- major incident/accident or epidemic/pandemic, etc.

Performance Measures and Trigger Points - overview

Excessive demand on NHS 111 call-handling and/or clinical advice will become apparent through a sustained reduction in performance against the key performance indicators.

Performance is monitored 24/7/365 identifying an OPEL level against agreed parameters (below)

DHU's OPEL Status aligns with OPEL Status in use across the NHS ([Appendix D1](#) shows OPEL definitions

OPEL Status
1
2
3
4

OPEL Status Reports

Shift leads, Tactical On Calls and DHU 111 Management team receive an OPEL Status report, hourly, by email. The report shows the overall OPEL status, and a breakdown based on the parameters shown below.

Tactical On Calls should review OPEL status and confirm as accurate for the situation.

Refer to [Appendix G2](#) / [Form F3060](#)

OPEL Status metrics

Four OPEL metrics are shown below.

FRONT END OPEL METRICS	Opel Points			
	1	2	3	4
Abandonment - % abandoned over last 3 hours combined (rolling) Total calls offered/abandoned	3% and under	Above 3% – under 20%	20% - under 40%	40% and above
Average speed to answer Measured over last 12 hours	20 secs and below	Above 20 seconds - 180 seconds	Above 180 seconds - 300 seconds	Above 300 seconds
CLINICAL OPEL METRICS	Opel Points			
	1	2	3	4
Cases to clinician ratio All cases in queue (includes Dental & CAL clinicians are included in numbers) IUC Pathways Clinician cases at most recent hour / Average clinical staffing over next complete hour	Less than 11 calls per clinician	11 to less than 21 calls per clinician	21 to less than 31 calls per clinician	31 & above calls per clinician
Performance measure – breached P1 & P2s Breached P1 & P2 cases as a % of total P1 & P2 cases over most recent 3 hours (excludes locked cases)	Less than 26%	26% - less than 51%	51% - less than 76%	76% and above

The individual OPEL status, with corresponding OPEL points, feed into DHU 111's OPEL Matrix, as below, to determine an OPEL level for each of Front End and Clinical Performance levels.

DHU 111's Overall OPEL status is declared at an AVERAGE of the Front End and Clinical Performance Status.

Matrix – OPEL Status for Front End and Clinical Performance measures

		Front-end OPEL Status						Clinical OPEL Status			
		Abandonment OPEL Level & Points						Cases to clinician ratio OPEL level & Points			
		1	2	3	4			1	2	3	4
Average speed to answer OPEL Level & Points	1	2	3	4	5	% of Breached P1 & P2 cases OPEL Level & Points	1	2	3	4	5
	2	3	4	5	6		2	3	4	5	6
	3	4	5	6	7		3	4	5	6	7
	4	5	6	7	8		4	5	6	7	8

The points from each of the Front End and Clinical Performance levels (above) feed into DHU 111's Overall OPEL Matrix, as below, to determine the OPEL level for the whole DHU 111 service.

DHU 111 OVERALL OPEL LEVEL								
AVERAGE of front-end and clinical performance points								
		Total Front-end OPEL Points						
		2	3	4	5	6	7	8
Total Clinical OPEL Points	2	2	2.5	3	3.5	4	4.5	5
	3	2.5	3	3.5	4	4.5	5	5.5
	4	3	3.5	4	4.5	5	5.5	6
	5	3.5	4	4.5	5	5.5	6	6.5
	6	4	4.5	5	5.5	6	6.5	7
	7	4.5	5	5.5	6	6.5	7	7.5
	8	5	5.5	6	6.5	7	7.5	8

Key
 OPEL 1
 OPEL 2
 OPEL 3
 OPEL 4

ExampleFront End Performance

- Average Speed to Answer = level 2 = 2 points
- Abandonment = level 1 = 1 point

Total Front End level and points = 3 points

Clinical Performance

- % Breached P1 & P2s = level 3 = 3 points
- Cases to clinician ratio = level 1 = 1 point

Total Clinical level and points = 4 points

Average of Front End and Clinical OPEL Points = 3.5

DHU 111 Overall OPEL Status is declared at OPEL 1

The above metrics, matrix and OPEL levels were approved on 23rd October 2024 by DHU 111 Managing Director and Deputy Managing Director.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 268 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

G2 Escalation Action Plans – OPEL Status 2, 3 & 4 – 111 Division

The escalation action plans on the following pages summarise the main actions to be considered/taken when DHU 111 Division OPEL Status is level 2, 3 or 4.

Actions included in the escalation action plan are also relevant to IT or telecoms failure and site evacuation planning; refer to separate appendices.

Actions should be recorded on a printed version of the plan. This should be scanned and stored with the Datix event.

Blank Action Plans are stored electronically in DHU's Business Management System as Form F3060.

Ctrl + Click here [F 3060](#) for link to printable full page escalation action plan



FORM F3060		Printable escalation action plan - DHU 111 Division		
	Escalation Action Plan	Status OPEL 2	111 DIVISION	
	Action by : 111 Shift Lead on duty in liaison with Tactical On Call (as below)			
	Purpose : to manage various scenarios including, but not limited to, high patient volumes, high volume lack of resource, IT or Site issues, unexpected incidents which the shift lead feels empowered to deal with (not force majeure/pandemic)			
	Actions to consider:		Actioned by	Time
1	Ensure all available call taking trained staff are taking calls (Shift Leads, Managers, Trainers, Coaches & Clinicians trained in Adastra/Pathways)			
2	Ask staff to start early/finish late and withdraw from breaks			
3	Shift Lead to inform Tactical On Call			
4	Tactical On Call to review OPEL 2 status and confirmed as accurate for the situation			
5	Adastra Instant Message to appropriate staff on duty – “OPEL 2 ALERT (Title)” with brief details of reason for escalation and include instructions as appropriate from actions below			
6	During OOH period Shift Lead to liaise with ALL DHU Urgent Care Division Clinical Leads/Shift Supervisors/Co-ordinators notifying them that 111 is on Amber Alert & assess issues across Divisions/sites (see conference call – next action)			
7	If issues affect other Divisions, Tactical On Call to consider initiating a conference call/ MS Teams Meeting between Tactical On Calls for UEC areas (Appendix F11), agree who will lead on issue, establish frequency of further conference calls			
8	Liaise with DHU UEC areas to free up any 111 trained staff – e.g. Service Advisor, Pathways Trained Staff, Clinician Support or Admin Support			
9	Deploy Clinical establishment: 1) Front End, 2) Urgent WT, 3) Call Backs, 4) CAT 3, 5) Floor Walking			
10	Deploy non-Clinical staff: 1) Front ending, 2) Non-Clinical Advice Line, 3) Floor Walking			
11	Liaise with Tactical On Call to request DHU UEC areas to provide clinical advice to 111 cases. (24/7 for some Divisions) Shift Lead/Clinical Lead to agree a plan with Clinical Lead from Urgent Care Division(s) Note – UEC areas will need to select case from All IUC Queue. Refer to Appendix F5			
12	Send SMS text to appropriate staff groups via text local website for additional staff or staff to attend early. <i>“OPEL 2 ALERT- all available staff please call the Rota/Resource team on 0300 1000 413 to confirm availability”</i>			
13	Shift Lead to contact external Urgent Care (OOH) Providers to ask them to take streamed calls (refer to Appendix F6) Tactical On-call/Senior manager to request National Contingency support to be reduced/switched off			
14	Tactical On Call to amend the IVR message, appropriate to the issue – 111 telephony platform escalation process – Appendix E2			
15	Shift Lead to contact external OOH Providers (non DHU) to ask them to invoke streamed calls (refer to Appendix F6)			

DOCUMENT REFERENCE:	P112	ISSUE NO:	011	ISSUE DATE:	02-2025	PAGE 270 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Procedure P112 – Business Continuity Plan

Appendix G2111 DivisionEscalation Action Plans – OPEL Status 2, 3 or 4

16	Consider suspension of Urgent Warm Transfers – NOT Emergencies					
17	Tactical On Call to cancel all non-urgent training and meetings to free up staff to cover the service					
	OPEL 2 Status Actions continue on next page					
Escalation Action Plan	Status	OPEL 2		111 DIVISION	Actioned by	Time
18	OPEL Reporting – Tactical On Call to consider updating OPEL status					
19	Continual re-evaluation of processes, key pressure points, key performance indicators, keeping close contact with Tactical On Call regarding decision to continue, escalate to RED ALERT or resume usual service delivery					

DOCUMENT REFERENCE:	P112	ISSUE NO:	011	ISSUE DATE:	02-2025	PAGE 271 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

Escalation Action Plans – OPEL Status 2, 3 or 4

FORM F3060

Escalation Action Plan		Status OPEL 3	111 DIVISION	Actioned by	Time
Action by : 111 Shift Lead on duty + Tactical On Call (Senior Manager in office hours) in liaison with Strategic On Call (as below)					
Purpose : to manage various scenarios including, but not limited to, high patient volumes, high volume lack of resource, IT or Site issues, unexpected incidents which the Tactical on Call feels empowered to deal with (not force majeure/pandemic)					
Actions to consider :					
1	Tactical On Call to review OPEL 3 Status and confirmed as accurate for the situation– use judgement when assessing status & take into account all factors in addition to escalation triggers.				
2	OPEL Reporting – Tactical On Call to consider updating Opel status				
3	Ensure all OPEL 2 actions are complete & re-considered in light of OPEL 3 status				
4	Shift Lead - Adastra Instant Message to appropriate staff on duty – “OPEL 3 (Title)” with brief details of reason for escalation and include instructions as appropriate from actions below				
5	Shift Lead – contact Tactical On Call to request suspension of support to London 111 Service (LAS) and if supporting other 111 areas through national contingency, request ceasing support				
6	During OOH period Shift Lead to liaise with All DHU Urgent Care Division Clinical Leads/Shift Supervisor/Co-ordinator notifying them that 111 is in OPEL 3 & assess issues across Divisions/sites (see conference call)				
7	Notify Ambulance Services/Acute Providers of effect of demand				
8	Tactical On Call to cancel ALL training and meetings to free up staff to cover the service for the next 24 hours				
9	Tactical On Call to consider putting NHS 111 online into capacity management on DoS (i.e. turning off) Refer to Appendix F1 to request				
10	Tactical On Call to consider putting 111 ED Validation all areas into capacity management on DoS (i.e. turning off) Refer to Appendix F1 to request				
11	Tactical On Call to consider initiating a conference call with external organisations – if applicable				
12	Tactical On Call to attend appropriate site if applicable				
13	Tactical On Call to request Senior Managers attend site - if applicable				
14	Re-assess staff welfare & consider refreshments				
	OPEL 3 Status	Actions continue on next page			
Escalation Action Plan		Status	OPEL 3	111 DIVISION	Actioned by
15	Consider transport for staff – if appropriate. Liaising with Urgent Care Division for transport or use of taxis				
16	Send SMS text to ALL DHU STAFF via text local website for Health Advisor and Clinical staff <i>“OPEL 3 ALERT – Assistance Required - Please attend (Site Name) Immediately”</i>				
17	Consider requesting remote workers to attend base				
18	Consider incentives for staff				
DOCUMENT REFERENCE:		P112	ISSUE NO:	011	ISSUE DATE: 02-2025 PAGE 272 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.				



Procedure P112 – Business Continuity Plan

Appendix G2111 DivisionEscalation Action Plans – OPEL Status 2, 3 or 4

19	Tactical On Call to notify Strategic On Call of situation		
20	Tactical on call to liaise with Strategic On Call for purchase of equipment required e.g. mobile phones & headsets (outgoing calls)		
21	Continual re-evaluation of processes, Key Pressure Points, key performance indicators, OPEL 3 to continue, escalate to OPEL 4, downgrade to OPEL 2 or resume usual service delivery		
22	Clinical and/or Operational Lead to consider activating the long wait for call back & comfort call process – escalate to Tactical On Call (Appendix F16)		
23	Ensure On Call report is completed including timeframes and actions		

DOCUMENT REFERENCE:	P112	ISSUE NO:	011	ISSUE DATE:	02-2025	PAGE 273 of 331
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FORM F3060

	Escalation Action Plan	Status OPEL 4	111 DIVISION	Actioned by	Time
	Action by : Strategic On Call, Tactical On Call, Shift Lead				
	Purpose : to manage various scenarios including but not limited to high patient volumes, high volume lack of resource, IT or Site issues, unexpected incidents including force majeure, major sickness outbreaks and pandemic (pandemic – also refer to Appendix D7)				
	Actions to consider:				
1	Strategic On Call to review OPEL 4 Status and confirmed as accurate for the situation				
2	Ensure all OPEL 2 and 3 actions are complete				
3	Strategic On Call to alert DHU's Communications Team of potential need for support Appendix D8				
4	Strategic On Call to attend site				
5	Tactical On Call to invoke National Contingency if appropriate Appendix F4				
6	Tactical On Call to amend the IVR message, appropriate to the issue – 111 telephony platform escalation process – Appendix E2				
7	OPEL Reporting – Tactical On Call to update Opel status				
8	Decide if relocation is required – see guidance D2b Relocation & Return				
9	Tactical On Call to email DHU Director responsible for Business Continuity to inform of situation & email updates as appropriate				
10	Send SMS text to ALL DHU STAFF via text local website for more staff <i>"OPEL 4 ALERT – Attendance Required – Please Attend (Site Name) Immediately"</i>				
11	Tactical On Call to record on Datix & tick Business Continuity Event box				
12	Strategic On Call to review pressures and capacity across all DHU Divisions to identify areas of support				
13	Strategic on Call to discuss with 111 Clinical Lead re approach for implementing of Early Exiting calls at the end of module 0				
14	Strategic On Call to plan for forthcoming days re cancellation of ALL training and meetings to free up staff to cover the service				
15	Corporate management and staff to take on operational roles				
16	Refuse all requests for short notice annual leave and consider a request for staff to cancel pre booked annual leave for the coming week				
17	111 Senior Management to apply to NHSE & Commissioners for reduction in audit requirements				
18	Strategic On Call to consider convening Business Continuity Management Team - refer to Appendix A				
19	Strategic On Call to notify ICBs following DHUs escalation process via this link - refer to 8.4 Escalation Process				
20	In the event of a sustained pandemic the BCMT should review each escalation action in the light of the current situation				
21	Ensure On Call report is completed including timeframes and actions				

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	011	ISSUE DATE:	02-2025	PAGE 274 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



Procedure P112 – Business Continuity Plan

Appendix G2

111 Division

Escalation Action Plans – OPEL Status 2, 3 or 4

DOCUMENT REFERENCE:	P112	ISSUE NO:	011	ISSUE DATE:	02-2025	PAGE 275 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

G3 Escalation Triggers – Urgent Care Divisions

Excessive demand may result from a variety of causes but in general will be due to increased & sustained demand and/or DHU operational issues. Causes could include:

- shortage of staff
- severe weather conditions
- winter pressures
- major incident/accident or epidemic/pandemic, etc.

Performance Measures and Trigger Points - overview

Staff leading an Urgent Care Division shift or service at a DHU location need to be aware of the escalation trigger points below and the escalation plan which should be followed.

DHU's Alert Status aligns with OPEL Status in use across the NHS ([Appendix D1](#) shows OPEL definitions) as follows:

DHU Status	OPEL Status
Green	1
Amber	2
Red	3
Black	4

The escalation action plan is triggered when

any ONE of the performance measures (tables below) enters amber, red or black

Please note:

Escalation triggers apply to the whole service for each Division, e.g. home visit triggers apply to volumes for ALL home visits within a Division.

Triggers apply to Urgent Care Divisions separately, e.g. Leicestershire, Derbyshire and Northamptonshire Urgent Care Divisions could be at different escalation levels.

Tactical On Call and Strategic On Call should use their judgement when assessing the status level and take in account factors in addition to the escalation triggers.

Performance Measures and Trigger Points

DHU - Urgent Care Divisions	
Demand on Telephone Clinical Advice	
AVERAGE Number of Calls Waiting PER Clinician *	Escalation Status
0 to 5	Green
6 to 10	Amber
11 to 15	Red
16+	Black

Applies to combined volumes in all queues for telephone clinical advice for whole Division

* To Calculate the Average Number of Calls Waiting Per Clinician Use either :

A. Divisions with a clinician workforce dedicated to Telephone Advice

Applies to **Leicestershire Division**

Calculate Escalation Status

Calls Waiting for Advice	Clinicians on advice queue	Average Calls Waiting	Status
60	5	12	Red

B. Divisions with a clinician workforce responsible for both Tel Advice AND base appointments

Applies to **Derbyshire & Northamptonshire Divisions**

Step One

Calculate No of Clinicians, e.g.

	No.	Multiply by:	Counts as:
Clinicians dedicated to Telephone Advice	3	x 1	3
Clinicians doing Tel Advice + Base Appointments	4	x 0.25	1
Total Clinicians (used for calculating escalation status)			4

Step Two

Calculated Escalation Status

Calls Waiting for Advice	Clinicians (no. from step one)	Average Calls Waiting	Status
48	4	12	Red

DHU - Urgent Care Divisions		
Demand on Home Visits		
Priority - 6 hours (routine)		
No. of Patients where the home visit cannot be scheduled within required time		Escalation Status
0	Green	Green
1 to 2	Green	Green
3 to 5	Green	Green
6 to 10	Amber	Yellow
11 to 19	Amber	Yellow
20+	Red	Red

DHU - Urgent Care Divisions		
Demand on Home Visits		
Priority - 2 hours (urgent)		
No. of Patients where the home visit cannot be scheduled within required time		Escalation Status
0	Green	Green
1 to 2	Green	Green
3 to 5	Amber	Yellow
6 to 10	Red	Red
11 to 19	Red	Red
20+	Black	Black

DHU - Urgent Care Divisions		
Demand on Home Visits		
Priority - 1 hour (emergency)		
No. of Patients where the home visit cannot be scheduled within required time		Escalation Status
0	Green	Green
1 to 2	Amber	Yellow
3 to 5	Red	Red
6 to 10	Red	Red
11 to 19	Black	Black
20+	Black	Black

DHU - Urgent Care Divisions		
Demand on Booked Appointments		
Priority - 6 hours (routine)		
No. of Patients where there are no appointments within required time required time		Escalation Status
0	Green	
1 to 2	Green	
3 to 5	Green	
6 to 10	Amber	
11 to 19	Amber	
20+	Red	

DHU - Urgent Care Divisions		
Demand on Booked Appointments		
Priority - 2 hours (urgent)		
No. of Patients where there are no appointments within required time required time		Escalation Status
0	Green	
1 to 2	Green	
3 to 5	Amber	
6 to 10	Red	
11 to 19	Red	
20+	Black	

DHU - Urgent Care Divisions		
Demand on Booked Appointments		
Priority - 1 hour (emergency)		
No. of Patients where there are no appointments within required time required time		Escalation Status
0	Green	
1 to 2	Amber	
3 to 5	Red	
6 to 10	Red	
11 to 19	Black	
20+	Black	

DHU - Urgent Care Divisions
Demand on Bases - Walk In Services
Patients waiting more than 1 hour

No of patients waiting at centre	Escalation Status	
0	Green	Green
1 to 2	Green	Green
3 to 5	Green	Green
6 to 10	Amber	Yellow
11 to 19	Amber	Yellow
20+	Red	Red

DHU - Urgent Care Divisions
Demand on Bases - Walk In Services
Patients waiting more than 2 hours

No of patients waiting at centre	Escalation Status	
0	Green	Green
1 to 2	Green	Green
3 to 5	Amber	Yellow
6 to 10	Red	Red
11 to 19	Red	Red
20+	Black	Black

DHU - Urgent Care Divisions
Demand on Bases - Walk In Services
Patients waiting more than 3 hours

No of patients waiting at centre	Escalation Status	
0	Green	Green
1 to 2	Amber	Yellow
3 to 5	Red	Red
6 to 10	Red	Red
11 to 19	Black	Black
20+	Black	Black

DHU - Urgent Care Division - Leicestershire
Loughborough Urgent Care Centre
Walk In Service

No of patients in the department waiting to be seen - PER CLINICIAN	Escalation Status	
0	Green	Green
1 to 3	Green	Green
4 to 6	Amber	Yellow
7 to 9	Red	Red
10 +	Black	Black

Escalation Action Plans for Urgent Care Divisions

Refer to [Appendix G4](#) – Form F3061

[Click here to return to CONTENTS PAGE](#)

G4 Escalation Action Plans (Amber, Red, Black) – Urgent Care Divisions

The escalation action plans on the following pages summarise the main actions to be considered/taken when any DHU Urgent Care Division performance status is in amber, red or black.

Actions included in the escalation action plan are also relevant to IT or telecoms failure and site evacuation planning; refer to separate appendices.

Actions should be recorded on a printed version of the plan. This should be scanned and stored with the Datix event.

Blank Action Plans are stored electronically in DHU's Business Management System as Form F3061.

Ctrl + Click here [F 3061](#) for link to printable full page escalation action plan



FORM REF 3061 Ctrl + Click here F 3061 for link to printable full page escalation action plan – reviewed 23.05.2024		
Business Continuity Plan Actions	Status AMBER (OPEL 2)	URGENT CARE DIVISIONS
Action by : Person Leading the Shift - Shift Leader (Supervisor, Coordinator, Despatch Controller) + Tactical On Call (Senior Manager in office hrs) Actions are for person leading the shift unless otherwise stated		
<i>Purpose : to manage various scenarios including, but not limited to high patient volumes, high volume lack of resource, IT or Site issues, unexpected incidents which the shift lead feels empowered to deal with (not force majeure/pandemic)</i>		
Actions to consider :	Actioned by	Time
1 Adastral & Systm One Instant Message to appropriate staff on duty – “AMBER ALERT (Title)” with brief details of reason for escalation and include instructions as appropriate from actions below		
2 Review workload over whole Division & identify key pressure points. Can clinicians be redeployed to work on other queues?		
3 Inform Duty Manager (if on duty) and/or Tactical On Call (may be already aware if a continuing status)		
4 Duty Manager (if on duty) and/or Tactical On Call to review AMBER Alert Status and confirm as accurate for the situation (may be a continuing status)		
5 Ask clinicians to start early/finish late and withdraw from breaks		
6 Liaise with 111 Division and other DHU Urgent Care Divisions notifying them that your Division is on Amber Alert & assess issues across Divisions/sites (see conference call – next action)		
7 If issues affect other Divisions, Tactical On Call to consider initiating a conference call between Tactical On Calls for other Divisions (Appendix F11 , agree who will lead on issue, establish frequency of further conference calls		
8 Liaise with other DHU Divisions to free up any trained staff - admin, clinical, drivers		
9 Consider changing DOS to reflect current status – refer to Appendix F2		
10 Contact Clinicians (including Home Triage Clinicians) to support where required		
11 Deploy managers, admin staff, non-clinical shift staff (eg supervisors, co-ordinators, drivers)		
12 Comfort Call as soon as timeframes are exceeded		
13 Request support from DHU 111 Division to provide tel. advice to cases in the IUC Shared Advice queue refer to Appendix F5		
14 Request support from other DHU Urgent Care Divisions clinicians to provide telephone advice to cases in the IUC Practitioner Cases queue – all areas section (cases for your Division) refer to Appendix F5		
15 Consider sending SMS text to appropriate staff groups for more staff “AMBER ALERT- all available staff please call (enter appropriate tel no) to confirm availability”		
16 Continual re-evaluation of processes, key pressure points, key performance indicators, keeping close contact with Tactical On Call regarding decision to continue, escalate to RED ALERT or resume usual service delivery		
17 OPEL Reporting – Tactical On Call to consider updating OPEL status		

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 283 of 331
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FORM REF 3061						
Business Continuity Plan Actions		Status RED (OPEL 3)	URGENT CARE DIVISIONS			
Action by : Staff Member Leading the Shift (Shift Lead) + Tactical On-Call (Senior Manager in office hours)						
<i>Purpose : to manage various scenarios including, but not limited to, high patient volumes, high volume lack of resource, IT or Site issues, unexpected incidents which the Tactical On Call feels empowered to deal with (not force majeure/pandemic)</i>						
Actions to consider :				Actioned by Time		
1	Tactical On Call to review Red Alert Status and confirmed as accurate for the situation – use judgement when assessing status & take into account all factors in addition to escalation triggers.					
2	Consider closing DOS for affected areas (capacity management) refer to Appendix F2 (not Northants as all sites are covered by one DoS profile)					
3	Ensure all Amber actions are complete & re-considered in light of Red Alert & repeat actions if required					
4	Shift Lead to liaise with 111 Division and other DHU Urgent Care areas notifying them that your area is on Red Alert & assess issues across Divisions/sites					
5	Shift Lead – Adastra/System One Instant Message to appropriate staff on duty – “RED ALERT (Title)” with brief details of reason for escalation and include instructions as appropriate from actions below					
6	Notify EMAS/Acute Providers of effect of demand via Tactical On Call – OPEL reporting system					
7	Review emergency appointments/home visits as a priority and call 999 if necessary					
8	Clinician to review home visits prior to despatch – if necessary re-assess					
9	Ask clinicians who are willing to do so to carry out home visits in own vehicle (must have insurance business cover). Ensure disclaimer is signed					
10	Implement telephone advice from DHU vehicles or deploy to nearest base to undertake advice (relevant for Derbyshire only)					
11	Implement telephone advice from bases – relevant for Leicestershire					
12	Increase triage / telephone advice from remote clinicians					
13	Tactical on Call to attend appropriate site if applicable					
	Consider transport for staff – if appropriate		Consider use of taxis			
14	Tactical On Call to consider initiating a conference call with external organisations – if applicable					
15	Call in all Senior Managers if applicable					
16	Send SMS text to Clinical staff “RED ALERT – if able to support please ring xxxx”					
17	Re-assess staff welfare & consider refreshments					
18	Tactical On Call to cancel all non-urgent training and meetings to free up staff to cover the service					

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 284 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



	Red Alert Actions Continue on next page			
19	Tactical On Call to notify Strategic On Call of situation			
20	OPEL Reporting – Tactical On Call to consider updating Opel status			
21	Tactical on call to liaise with Strategic On Call for purchase of equipment required e.g. mobile phones and headsets (outgoing calls)			
22	Continual re-evaluation of processes, Key Pressure Points, key performance indicators, Red Alert to continue, escalate to BLACK ALERT, downgrade to AMBER ALERT or resume usual service delivery			

FORM REF 3061		
Contingency Plan Actions	Status BLACK (OPEL 4)	URGENT CARE DIVISIONS
Action by : Strategic On Call, Tactical On Call, Shift Lead		
<i>Purpose : to manage various scenarios including but not limited to high patient volumes, high volume lack of resource, unexpected incidents including force majeure, major sickness outbreaks and pandemic (pandemic – also refer to Appendix D7)</i>		
Actions to consider :	Actioned by	Time
1 Strategic On Call to review Black Alert Status and confirmed as accurate for the situation		
2 Ensure all Amber and Red actions are complete & repeat as required.		
3 Strategic On Call to alert DHU's Communications Team of potential need for support Appendix D8		
4 Send SMS text to for more clinical and non-clinical staff "BLACK ALERT – if able to support, please contact xxxxxx"		
5 Strategic On Call to review pressures and capacity across all DHU Divisions to identify areas of support		
6 Strategic On Call to cancel ALL training and meetings to free up staff to cover the service		
7 Corporate management and staff to take on operational roles		
8 Refuse all requests for short notice annual leave and consider a request for staff to cancel pre booked annual leave for the coming week		
9 Strategic On Call consider convening BCMT (Business Continuity Management Team) see Appendix A		
10 In the event of a sustained pandemic the BCMT should review each escalation action in the light of the current situation		
11 Strategic On Call to notify ICB director on call for Division affected - refer to Contacts Directory Appendix K		
12 Suspend local quality standards with agreement from Commissioners – force majeure		
13 OPEL Reporting – Tactical On Call to consider updating Opel status		

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 285 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

H Recovery

For use by all Divisions

Initial actions

The Business Continuity Management Team (BCMT) leader/Strategic On Call/Tactical On Call should establish an initial recovery timetable for:

- stabilisation of the situation
- restoration of essential services

and make plans for restoration of normal service delivery

Post incident – stand down

At the end of any incident, the Tactical On Call, Strategic On Call or BCMT Leader is responsible for officially declaring 'stand-down' and ensuring that the stand-down is communicated to all staff and external parties, including Commissioners, as appropriate. Reference should be made to post failure action plans in appendices within section E (where relevant).

This marks the end of the incident response phase and the handover to the recovery phase. (It should be noted that the recovery phase may commence during the incident response phase and may not be completed for some time, depending on the severity and type of the incident.)

Post incident – recovery

Actions necessary to aid recovery shall be considered from the beginning of an incident. Once the formal recovery phase is implemented, the Tactical On Call, Strategic On Call or BCMT Leader is responsible for assigning a Business Continuity Recovery Team and creating a recovery plan appropriate to the incident that has occurred. Please refer to post failure action plans in appendices in section E for specific Divisions/failures.

Staff may be redeployed from their normal duties to assist with the recovery phase and external parties may be involved, e.g. specialist service providers. The allocation of staff to the team shall be sympathetic to the needs of the workforce, who may themselves need to recover from the incident.

The Tactical On Call, Strategic On Call, BCMT Leader shall designate a venue (or arrange virtual meetings) from which to control and manage the recovery process.

The BCMT leader/Strategic On Call/Tactical On Call shall consider and allocate resource as appropriate to the following :(this list is not exhaustive):

1. The resources needed to return to normal service levels
2. Staff welfare and the provision of support to staff (if needed) is an overriding priority
3. The time it will take to return to normal service levels, with reference to DHU's recovery time objectives (P111 – Business Continuity Procedure – 7.10)
4. Keeping relevant parties informed of any strategic actions and progress at a timescale suitable to the event & severity
5. Monitoring the progress of recovery and instigating escalation if required
6. Relevant staff and external parties, as appropriate, are informed that the situation is resolved (stood down) and returned to business as usual. Communication can be by verbal message, email, or internal system instant message (Adastral) (refer to post failure action plans in appendices in section E where relevant)
7. The recovery of lost information (if relevant)

Debriefing Process

This document provides basic information to help deal with urgent, difficult or emergency situations that may arise within DHU.

The formal debrief process would be followed for a serious interruption.

Follow ups from a minor interruption would be handed over by Tactical On Calls to be progressed by the relevant operational team.

These instructions may not encompass every eventuality but are designed to help with the most likely scenarios. As such, it is important that when a situation does arise, a structured debrief is held post event to see whether the contingency plan worked. The debrief can be used to cascade lessons learnt and will inform any necessary revisions or additions that may be required within this document.

Debriefing also allows for the capture of events which may not be contained in this document that should be.

The debrief should capture:

- What happened?
- When it happened
- Who was involved?
- How the situation was resolved?
- Any issues that came up during the contingency
- How they were resolved
- How can the situation be avoided in the future?
- Did you work well as a team?
- What went well and should be repeated in future events?
- What went amiss and should be avoided in future events?
- What would you do differently (add/modify) the next time?
- What are your insights / personal observations that could help others?
- Amendments to procedures to reflect learning from the incident (this action may take place during the Business Continuity event in the case of an event of long duration)

The debrief should be held as soon as possible after resolution of the event to make sure that those involved can reflect on the success of the contingency.

Click here for link to [F4660 Debrief Template](#) A record of the debrief should be added to Datix

Completion of Business Recovery

The completion phase would be followed for serious interruptions only.

Follow ups from a minor interruption would be progressed and actioned by the relevant operational team.

Following the successful conclusion of a business interruption incident the Tactical On Call, Strategic On Call or BCMT Leader will compile a Business Interruption Report. This will detail all aspects of the incident and the associated recovery process. The report will be presented to the Executive Team and all interested parties. All associated documents which were completed during the incident will be filed with the report & uploaded to Datix.

A review of the business interruption and recovery process will be undertaken by relevant staff to:

- discuss the effectiveness of the Business Recovery Process used,
- identify any preventive action which can be implemented to prevent further occurrences of this type of incident,
- identify any lessons learned.

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 287 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

I Forms - INDEX

Forms & Escalation Action Plan Checklists (click on link below to show form)		Applicable to
I1a	I1a Site Closed Notice – Public Entrance - F3062	All Divisions
I1b	I1b Site Closed Notice – Staff Entrance - F3066	All Divisions
I1c	I1c Area Closed – Do Not Enter Notice F3072	All Divisions
I2		
I3a	I3a Manual Consultation Form – 111 Division – F3068 - handwritten	111
I3b	I3b Manual Consultation Form – 111 Division – F3069 - digital	111
I4	I4 Manual Consultation Form – All Urgent Care Divisions – F3493	UCDs
I5	I5 Manual Consultation Transmission Log – Incoming F3059	All Divisions
I6	I6 Manual Consultation Transmission Log – Outgoing F3063	111
I7	I7 Contingency Appointment Form – Urgent Care Divisions – F4095	UCDs
I8	I8 111 Contingency Hourly Cases Tracker – 111 Division – F4663	111
I9	I9 111 Errors Log – 111 Division – F4664	111

[Click here to return to CONTENTS PAGE](#)

I1a Site Closed Notice – Public Entrance - F3062

Click here [**F3062**](#) for link to full page printable form on DHU's Intranet (GP Teamnet)

P112 – Appendix I1a

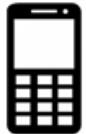
DHU
Healthcare

STOP



This site is closed

Please ring the NHS 111 service



111

B	Form No: F3062	Issue No: 1.2	Date: 15/07/2022
V:\Business Continuity - 2019 onwards\Forms\Site Closed Notice – Public Entrance F3062			

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 289 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

I1b Site Closed Notice – Staff Entrance - F3066

Click here [**F3066**](#) for link to full page, printable form on DHU's Intranet (GP Teamnet)



[Click here to return to CONTENTS PAGE](#)

I1c Area Closed – Do Not Enter Notice F3072

Click here [**F3072**](#) or link to full page, printable form on DHU's Intranet (GP Teamnet)



[Click here to return to CONTENTS PAGE](#)

I2 Not in Use

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 292 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

I3a Manual Consultation Form – 111 Division – F3068 - handwritten

Click here [F 3068](#) for link to full page, printable form on DHU's Intranet (GP Teamnet)

NHS 111 Manual Consultation Record					
Name of Advisor					
Date of Call	/ /20				
Start + End : to :				
Time of Call (24 hrs)					
Contract Selection	B'ham/Solihull [] LLR [] Northants []	Black Ctry [] Lincs [] Notts []	Cov/Warwick [] London N.E. [] Out of Area []	Derbys [] London S.E. [] Shrop/Telf/Wrekin []	Here'd/Worcs [] Milton K [] Staffs []
BSL [] Type Talk [] Interpreter [] State language:					
Verified by Clinician					
Phone Number calling from			Best number, if disconnected		
Patient's DOB			Gender	Male [] Female []	
Patient's Full Name					
Home Address Including Postcode					
Current Location (if not at home)					
Patient's GP Surgery					
Caller Is ...	Is patient []	At Same Address []	At Different Address []		
Caller's Name (if not patient)			Relationship		
Is the patient alone?	Yes []	No []			
School attended (if applicable)					
Health Advisor Assessment		Clinician Assessment			
Symptoms / Comments					
	Form No: F3068	Issue No: 2.2	Date: 10.10.2024		
V:\Business Continuity - 2019 onwards\Final Documents - including forms\BCP Forms\F3068 - 111 Manual Consultation Form - handwritten					

NHS 111 Manual Consultation Record			
REPEAT Patient's Full Name			
Pathway Used / PaCCS Symptom Search			
Call Summary (Please document all Positive Answers & Not Sure Answers)			
Disposition			
Any safeguarding/ care concerns identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give brief details	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details	What action did you take? Datix no
Was advice sought	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	What action did you take? Datix no
Document advice given (if given)			
Advice by (name) If applicable			
Patient referred to:	111 Pathways Clinician []	111 Dental Call Back []	111 Pharmacy Call Back []
GP Surgery []	Urgent Care (OOH) []	No further action []	Other
Reviewed by CSL	Name :	Priority	
To DHU Queue :	Paper [] or Digital []	Date & Time	
MUST BE Completed by person sending the onward referral			
Transmitted:	Scan + NHS mail [] Copy + handover of paper []	Telephone [] Not applicable []	By (Name):
	Form No: F3068	Issue No: 2.2	Date: 10.10.2024
V:\Business Continuity - 2019 onwards\Final Documents - including forms\BCP Forms\F3068 - 111 Manual Consultation Form - handwritten			

[Click here to return to CONTENTS PAGE](#)

I3b Manual Consultation Form – 111 Division – F3069 - digital

Click here [F3069](#) for link to digital form on DHU's Intranet (GP Teamnet)

NHS 111 Manual Consultation Record – digital				
Name of Advisor	Click here to enter text.			
Date of Call	Click here to enter a date.			
Start + End Time of Call (24 hrs)	Click or tap here to enter text.	to	Click or tap here to enter text.	
Name of Clinician	Click here to enter text.			
Date of Call	Click here to enter a date.			
Start + End Time of Call (24 hrs)	Click or tap here to enter text.	to	Click or tap here to enter text.	
Contract Selection	B'ham/Solihull <input type="checkbox"/>	Black Ctry <input type="checkbox"/>	Cov/Warwick <input type="checkbox"/>	Derbys <input type="checkbox"/>
	Here'd/Worcs <input type="checkbox"/>	LLR <input type="checkbox"/>	Lincs <input type="checkbox"/>	London N.E. <input type="checkbox"/>
	London S.E. <input type="checkbox"/>	Milton K <input type="checkbox"/>	Northants <input type="checkbox"/>	Notts <input type="checkbox"/>
	Out of Area <input type="checkbox"/>	Shrop/Telfd/Wrekin <input type="checkbox"/>	Staffs <input type="checkbox"/>	
BSL <input type="checkbox"/>	Type Talk <input type="checkbox"/>	Interpreter <input type="checkbox"/>	State Language	Click here to enter text.
				Verified by clinician
Telephone number calling from	Click here to enter text.		Best number if disconnected	Click here to enter text.
Patient's DOB	Click or tap to enter a date.		Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Patient's Full Name REPEAT at end of form	Click here to enter text.			
Home Address Including Postcode	Click here to enter text.			
Current Location (if not at home)	Click here to enter text.			
Patient's GP Surgery	Click or tap here to enter text.			
Caller's Relationship	Is patient <input type="checkbox"/> At Same Address <input type="checkbox"/> At Different Address <input type="checkbox"/>			
Caller's Name (if not patient)	Click here to enter text.	Relationship	Click here to enter text.	
Is the patient alone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
School attended (if applicable)	Click here to enter text.			
Health Advisor Assessment				Clinician Assessment
Symptoms/Comments	Click here to enter text.			Click here to enter text.
Pathway Used / PACCS Symptom Search	Click here to enter text.			Click here to enter text.
Form No: F3069	Issue No: 2.2	Date: 10.10.2024	V:\Business Continuity – 2019 onwards\Final Documents – including forms\BCP Forms\F3069 NHS 111 Manual Consultation Record - digital	

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 295 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					

<u>NHS 111 Manual Consultation Record – digital</u>					
Call Summary (Positive Answers & Not Sure Answers)	Click here to enter text.		Click here to enter text.		
Disposition	Click here to enter text.		Click here to enter text.		
Any safeguarding/ care concerns identified?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, give brief details Click here to enter text. What action did you take? Click here to enter text. Datin No? Click here to enter text.	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, give brief details Click here to enter text. What action did you take? Click here to enter text. Datin No? Click here to enter text.			
Was advice sought?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Document advice given (if given)	Click here to enter text.		Click here to enter text.		
Advice by (name) If applicable	Click here to enter text.		Click here to enter text.		
Patient referred to:	111 Pathways Clinician <input type="checkbox"/>	111 Dental Call Back <input type="checkbox"/>	111 Pharmacy Call Back <input type="checkbox"/>		
GP Surgery <input type="checkbox"/>	Urgent Care (OOH) <input type="checkbox"/>	No further action <input type="checkbox"/>	Other: Click here to enter text.		
Reviewed by CSL	Name : Click here to enter text.	Priority	Click here to enter text.		
To DHU Queue	Paper <input type="checkbox"/> or Digital <input type="checkbox"/>	Date Click or tap to enter a date.	Time Click or tap here to enter text.		
MUST BE Completed by person sending the onward referral					
Transmitted:	Scan + NHS mail <input type="checkbox"/> Copy + handover of paper <input type="checkbox"/>	Telephone <input type="checkbox"/>	Not applicable <input type="checkbox"/>		
Passed on by (name):	Click here to enter text.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Patient's Full Name</td> <td>Click here to enter text.</td> </tr> </table> <p>Note - Patient's name is repeated here in case pages are separated when printed</p> <hr/>				Patient's Full Name	Click here to enter text.
Patient's Full Name	Click here to enter text.				
	Form No: F3069	Issue No: 2.2	Date: 10.10.2024 V:\Business Continuity - 2019 onwards\Final Documents - including forms\BCP Forms\F3069 NHS 111 Manual Consultation Record - digital		

[Click here to return to CONTENTS PAGE](#)

I4 Manual Consultation Form – All Urgent Care Divisions – F3493

Click here [F3493](#) for link to full page, printable form on DHU's Intranet (GP Teamnet)

<u>Urgent Care Manual Consultation Record</u>					
Date	Form Completed By				
					
Patient Name					
Contact Numbers					
Address & Postcode	Home Address		Current Location		
Date of Birth		Gender			
Own GP		Surgery			
School					
Presenting Complaint					
Is the Caller the Patient?	Y <input type="checkbox"/>	If No – Callers Details			
PCC Location		Home Visit		Phone Assessment	
Patient Time of Arrival		Time of arrival at Address		Time of Call	
Disposition	Emergency		Urgent		Routine
Clinicians Name					
OBSERVATIONS					
BP	<input checked="" type="checkbox"/>	Pulse	<input type="checkbox"/>	Respiration Rate	<input type="checkbox"/>
BM	<input type="checkbox"/>	Temp	<input type="checkbox"/>	SpO2	<input type="checkbox"/>
ECG Recorded:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnancy Test <input type="checkbox"/>		
URINALYSIS					
Leucocytes	<input type="checkbox"/>	Blood	<input type="checkbox"/>	HCG	<input type="checkbox"/>
Nitrites	<input type="checkbox"/>	Specific Gravity	<input type="checkbox"/>	Urobilinogen	<input type="checkbox"/>
Ketones	<input type="checkbox"/>	Protein	<input type="checkbox"/>	Bilirubin	<input type="checkbox"/>
pH	<input type="checkbox"/>	Glucose	<input type="checkbox"/>		
 Form No: F3493 Issue No: 6.2 Date: 21/12/22					

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 297 of 331
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Consultation Start Time:		Consultation Finish Time:	
PC			
HPC			
Past Medical History			
Medication			
Allergies			
Social History			
Examination Findings			
Safety Netting Advice			
SAFEGUARDING Has a safeguarding issue been identified YES / NO Datix Number If YES - What action has been taken?			
Retrospective Adastra or S1 Number Entered by: Completed Form Passed to:		Date of Entry	
<input style="border: 1px solid red; width: 20px; height: 20px;" type="button" value="Print"/>	Form No: F3493 Issue No: 6.2 Date: 21/12/22		

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61
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I5 Manual Consultation Transmission Log – Incoming F3059

Click here [F3059](#) for link to full page, printable form on DHU's Intranet (GP Teamnet)

[Click here to return to](#) [CONTENTS PAGE](#)



I6 111 Manual Consultation Transmission Log – Outgoing F3063

[Click here](#) [F3063](#) for link to full page, printable form on DHU's Intranet (GP Teamnet)

[Click here to return to CONTENTS PAGE](#)

I7 Contingency Appointment Form – Urgent Care Divisions – F4095

Click here [F4095](#) for link to full page form on GP Teamnet

 Contingency Appointment Form - Page One					
Note: If more than one clinic running use multiple sheets					
Location:		Day:	Date:		
Time	Temp Call Number	Patient Surname	Patient First Name	Patient Arrival Time	Appointment Time Booked
08:00					
08:15					
08:30					
08:45					
09:00					
09:15					
09:30					
09:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
11:30					
11:45					

[Click here to return to CONTENTS PAGE](#)

**I8 111 Contingency Hourly Cases Tracker – 111 Division – F4663**

Click here [F4663](#) for link to full page form on GP Teamnet

111 Contingency Hourly Cases Tracker					Note : This form prints on A3					Date				
Please enter Allocated & Unallocated					OR enter ALL in UNALLOCATED as TOTAL will auto-calculate									
ORBIS			ASHGATE		ANSTEY FRITH			OLDBURY		REMOTE		TOTAL		
CLA	Allocated	Unallocated	Total Clinical Cases	Ped Nurse	Pharmacists	MHN	Dental Nurse	Dental Cases	CLA	Allocated	Unallocated	Total Clinical Cases	Ped Nurse	
00:00	0		0						0	0		0	0	0
01:00	0		0						0	0		0	0	0
02:00	0		0						0	0		0	0	0
03:00	0		0						0	0		0	0	0
04:00	0		0						0	0		0	0	0
05:00	0		0						0	0		0	0	0
06:00	0		0						0	0		0	0	0
07:00	0		0						0	0		0	0	0
08:00	0		0						0	0		0	0	0
09:00	0		0						0	0		0	0	0
10:00	0		0						0	0		0	0	0
11:00	0		0						0	0		0	0	0
12:00	0		0						0	0		0	0	0
13:00	0		0						0	0		0	0	0
14:00	0		0						0	0		0	0	0
15:00	0		0						0	0		0	0	0
16:00	0		0						0	0		0	0	0
17:00	0		0						0	0		0	0	0
18:00	0		0						0	0		0	0	0
19:00	0		0						0	0		0	0	0
20:00	0		0						0	0		0	0	0
21:00	0		0						0	0		0	0	0
22:00	0		0						0	0		0	0	0
23:00	0		0						0	0		0	0	0

B Form F4663 Issue 3.0 Date 25.04.2023 V:\Business Continuity - 2019 onwards\Final Documents - includings forms\BCP Forms\F4663 - 111 Contingency Hourly Cases Tracker

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 302 of 331
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**I9 111 Errors Log – 111 Division – F4664**

Click here [Case Errors Log F4664](#) for link to full page form on GP Teamnet

A	B	C	D	E	F	G	H	I	J	
1	B	ERRORS LOG	Date 20.04.2021 F4664 - Issue 1.0	V:\Business Continuity - 2019 onwards\Final Documents - including forms\BCP Forms\F4664 - 111 Errors Log						
2	For follow up call	Patient Name	DOB	Area	Postcode	Date of original call	Original Dx code	Referred to?	Call back time and date	Did they get a call back from previous case ?
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
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31										
32										
33										

[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 303 of 331
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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 304 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



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J Section Not In Use[Click here to return to CONTENTS PAGE](#)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 305 of 331
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**K CONTACTS DIRECTORY – Also on TeamNet F3065**

Click here for link to [F3065 Contacts Directory](#) stand-alone version

DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
Ambulance Service					
Ambulance Service	East Midlands		EMAS		0115 884 5810
Ambulance Service	East Midlands		EMAS	OOH	0115 9761500
Ambulance Service	East Midlands		EMAS	Control Room/HCP booking	0115 967 5099
Ambulance Service	East Midlands		EMAS	On Call Director	07880 744558
Ambulance Service	East of England		EoE	Emergency number	01234 716100
Ambulance Service	Isle of Wight		IoW		01983 232232
Ambulance Service	London		LAS For LAS Urgent Care CAS refer to Urgent Care Section		0203 162 7511 0203 162 7525
Ambulance Service	North East		NEAS		0191 414 8846
Ambulance Service	North West		NWAS	Preston	01772 867720

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 306 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
Ambulance Service	North West		NWAS	Manchester	0161 866 0623
Ambulance Service	North West		NWAS	Liverpool	0151 261 4320
Ambulance Service	South Central		SCAS CAS contingency email scas.111interlinkage@nhs.net	<u>Team Leaders:</u> Milton Keynes Northern House Southern House	Main landline numbers (hunt group) 01869 817069 01869 817070 01869 817071 0300 303 8690 <i>for use by DHU Tactical On Call only – phone preferred – email not routinely monitored</i> 111teamleaders@scas.nhs.uk 111shiftmanagers@scas.nhs.uk 111oncall@scas.nhs.uk
Ambulance Service	South Central		SCAS	<u>Team Leaders:</u> Milton Keynes Northern House Southern House	Back up mobiles: 07557 485040 07766 800160 07919 542507
Ambulance Service	South West		SWAST	Bristol / Exeter	0300 369 0093 Option 1 – North Hub Management Line Option 2 – EMD Team Leader
Ambulance Service	West Midlands		WMAS	111 re Live Cases 111 Manual Tnsfr 111 Scene Safety	01384 679040 01384 679037 01384 679038

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 307 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Ambulance Service	Yorkshire		YAS		03306 784 120

Bed Bureau

Bed Bureau	Leicestershire		UHL Bed Bureau		0116 258 4858
------------	----------------	--	----------------	--	---------------

Car Breakdown

Car Breakdown	Derbyshire & Leicestershire		Toyota Assist		0800 246 824
Car Breakdown	All		Autoglass Through Allianz	Policy No: BV/29250378	0333 999 0100
Car Breakdown	Derbyshire		Windshield & Accident Claims QBE Insurance	Policy No: Y146657FLT0122A	0330 053 0405
Car Breakdown	Derbyshire		Enterprise Rentacar Assistance		0800 316 0977
Car Breakdown	Derbyshire		RAC		0800 616 300
Car Breakdown	Derbyshire		RAC Breakdown Fleet – Admin line		0330 1590784
Car Breakdown	Northamptonshire		Honda Care Assistance		0800 521 728

Commissioning Support Units (CSUs)

CSU	Derbyshire		North England CSU (NECSU)		0191 301 1300
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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 308 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
CSU	Lincs & Milton Keynes		NHS Arden & GEM CSU		0300 123 1020
CSU	Leicestershire		Midlands and Lancashire CSU		01332 401 821
CSU	Northamptonshire		North East London CSU		03003 035 035

Coroner

Coroner	LLR	In-Hours (09:00- 15:00) OOH	Coroner for Rutland and North Leicestershire	Miss Louise Pinder	01332 623700 (ask for DCHS On call manager or DCHS On call director) 07394 844488 - OOH
---------	-----	--	---	--------------------	---

DCHS

DCHS	Derbyshire		Derbyshire Community Health Services NHS Foundation Trust DCHS	On call team	01332 623700 (ask for DCHS On call manager or DCHS On call director)
------	------------	--	--	--------------	--

DHU - for information re DHU Sites please refer to Site Information Table – BCP – P112 Appendix C

DHU	All Divisions	24/7	Business Continuity Incident Response Line – for use by external agencies	To notify DHU of external issues	0300 1000 414 Option 3 (answered by 111 Operational Shift Lead)
DHU	111 Division		111 Shift Lead	East Midlands	0300 1000 414 Option 3 - 1
DHU	111 Division		111 Shift Lead	West Midlands	0300 1000 414 Option 3 - 2

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 309 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
DHU	111 Division		111 Shift Lead	Orbis	07966 872 096
DHU	111 Division		111 Shift Lead	The Quad	07766 838 474
DHU	111 Division		111 Shift Lead	Birch House – primary	07435 059 489
DHU	111 Division		111 Shift Lead	Birch House – secondary	07435 401 477
DHU	111 Division		111 Clinical Service Lead	Orbis	07745 208 805
DHU	111 Division		111 Clinical Service Lead	The Quad	07745 208 806
DHU	111 Division		111 Clinical Service Lead	Oldbury	07745 208 807
DHU	Derbys UEC		Urgent Care Co-ordinator		0300 1000 414 Option 1 Internal ext 73237
DHU	Derbys UEC		Urgent Care Co-ordinator	Orbis	07514 948 208
DHU	Derbys UEC		Urgent Care Co-ordinator	Ashgate	07514 948 210
DHU	Derbys UEC		Urgent Care Clinical Lead		0300 1000 414 Option 2
DHU	Derbys UEC		Urgent Care Despatcher		0300 1000 414 Option 4
DHU	Derbys UEC		District Nursing Shift Manager		0300 1000 414 Option 8
DHU	Derbys UEC		Royal Derby Hospital UTC	RDH Lead Mobile RDH Lead Room	07500 976 516 01332 787 066
DHU	Derbyshire	In Hours	Site Services - In Hours - 08:00-18:00		0300 1000 404 or ext 77777
DHU	Derbyshire	OOH	Site Services - OOH - 18:00-08:00		0300 1000 414 Option 1
DHU	Leics UEC		DHU Leicestershire	Anstey Frith	0300 3230 670
DHU	Leics UEC		DHU Urgent Care (Leicestershire)	Business Manager mobile	07920 190621

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DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
DHU	Leics UEC		DHU Urgent Care (Leicestershire)	Health Care Professionals Line	0300 323 0672
DHU	Leics UEC		DHU Urgent Care (Leicestershire)	Home Visiting Despatcher	0300 1000 414 Option 7
DHU	Leics UEC		DHU Urgent Care (Leicestershire)	Shift Leader /Supervisor	0300 1000 414 Option 6 07596 894044 (mobile)
DHU	Leics UEC		Loughborough Urgent Treatment Centre		01509 568800 / 07738 698349
DHU	Northants UCD	In Hours	DHU Northants	Danetre HQ	Contact Tactical On Call for UCD Northants
DHU	Northants UCD	OOH	DHU Northants	Dispatch Controller	01604 544124 / 07732 684102
DHU	Northants UCD	PLT	PLT contact numbers		07860 838852 03000273399
DHU FAX NUMBERS					
DHU	Bassetlaw UEC			Urgent Care	01909 571 589

ON CALL - DHU & DHU Medical Director On Call Group				
Emails				
DHU - On Call	See Rota	DHU IT On Call	Chris Wood	07442 562068
DHU - On Call	See Rota	DHU IT On Call	Liam Green	07584 025051
DHU - On Call	See Rota	DHU IT On Call	Wajid Hussain	07584 025122
DHU - On Call	See Rota	DHU IT On Call	Ayhan Shakir	07384 542283

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 311 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

DHU Business Continuity - Contacts Directory - F3065					Updated January 2025
Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					
Category	Area	Hours	Detail	Detail	Contact
DHU - On Call	See Rota	DHU IT On Call		Viny Singh	07900 784092
DHU - On Call	See Rota	Strategic (Director) On Call		Stephen Bateman	07808 249412
DHU - On Call	See Rota	Strategic (Director) On Call		Aqib Bhatti	07971 820986
DHU - On Call	See Rota	Strategic (Director) On Call		Pauline Hand	07969 990647
DHU - On Call	See Rota	Strategic (Director) On Call		Zahra Leggatt	07368 555134
DHU - On Call	See Rota	Strategic (Director) On Call		Jenny Tilson	07918 709357
DHU - On Call	See Rota	Strategic (Director) On Call		Paul Tilson	07912 158111
DHU - On Call	See Rota	Tactical On Call - 111		Cynthia Clayton	07795 539910
DHU - On Call	See Rota	Tactical On Call - 111		Kerry Collins	07827 461286
DHU - On Call	See Rota	Tactical On Call - 111		Kim Davis	07741 852558
DHU - On Call	See Rota	Tactical On Call - 111		Matt Fellows	07733 128478
DHU - On Call	See Rota	Tactical On Call - 111		Stacey Howard	07918 034592
DHU - On Call	See Rota	Tactical On Call - 111		David Hurn	07825 542034

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DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
DHU - On Call	See Rota	Tactical On Call - 111		Asif Khan	07917 275334
DHU - On Call	See Rota	Tactical On Call - 111		Charlotte Whalley	07714 687928
DHU - On Call	See Rota	Tactical On Call - 111		Susan Williamson	07435 400037
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Mic Dryden	07384 542285
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Susan Fallon	07817 957902
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Joanne Finney	07970 805173
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Tracy Fudge	07966 940629
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Caroline Hannan	07799 249476
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Kirsty Osborn	07813 702162
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Rachel Revill	07826 392440
DHU - On Call	See Rota	Tactical On Call - U.C.D. Derbyshire		Ian Ware	07393 187696
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire		Reiss Bond	07741 593409
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire		Gary Bonser	07384 542287

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DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Sarah Cherry		07395 247432
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Rob Haines		07920 190621
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Malcolm King		07824 877457
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Adele Peck		07719 325789
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Jane Petcher		07732 684120
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Martin Reeves		07727 629707
DHU - On Call	See Rota	Tactical On Call - U.C.D. Leicestershire	Rob Robertson		07384 542282
DHU - On Call	See Rota	Tactical On Call - U.C.D. Northants	Stuart Higgins		07732 684118
DHU - On Call	See Rota	Tactical On Call - U.C.D. Northants	Karen Saunders		07938 735580
DHU - On Call	See Rota	Tactical On Call - U.C.D. Northants	Catriona Strickland		07741 593417
DHU - On Call	See Rota	Tactical On Call - U.C.D. Northants	Gary Wood		07714 271040
ON CALL GROUP EMAILS					
!GoldOnCallDirectors@DHUHealthCare.nhs.uk					
!SilverOnCalls-111@DHUHealthCare.nhs.uk					
!SilverOnCalls_UrgentCareDerbys@DHUHealthCare.nhs.uk					

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 314 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
					!SilverOnCalls_UrgentCareLeics@DHUHealthCare.nhs.uk
					!SilverOnCalls_UrgentCareNorthants@DHUHealthCare.nhs.uk

DoS * In hours changes - please contact DHU CQI/DoS team first CQIDOS@DHUHealthCare.nhs.uk

DoS	Black Country	In hours	Dudley, Sandwell, Wolverhampton, Walsall	Scott Harris	07557 078 288 scott.harris4@nhs.net
DoS	Birmingham & Solihull	In hours		Vacancy Contact WM Lead	Vacancy bcicb.wmdosleads@nhs.net 01902 928266
DoS	Coventry & Warwickshire	In hours		Emma Williams	07917 959123 emma.williams184@nhs.net
DoS	Derbyshire	In Hours *	Derbyshire DoS Lead	Gill Hancox	07920 595933 Gillian.hancox@nhs.net
DoS	East Midlands	In Hours *	East Midlands Regional DoS Lead	Jacqui Calladine	07469 912646 England.eastmidlandsdos@nhs.net
DoS	Leicestershire	In Hours *	Leicestershire DoS Lead	Gayle Anderson Shared mailbox	07780 228107 Gayle.anderson4@nhs.net llricb-llr.doss poc@nhs.net
DoS	Lincolnshire	In Hours *	Lincolnshire DoS Lead	Katy Axon	07974 259362 Katy.Axon@nhs.net
DoS	Milton Keynes	In Hours *	Milton Keynes DoS Lead	Dee Bricknell	07810 858020 denise.bricknell1@nhs.net

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DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
				Ali Hussain Shared mailbox	07341 026138 ali.hussain4@nhs.net blmkicb.dos@nhs.net
DoS	National	24/7	Dos Team On Call	Emergencies only	0300 0200 363
DoS	Northamptonshire	In Hours * * * *	Northamptonshire DoS Lead	Maria Dwyer	07810 856282 maria.dwyer@nhs.net
DoS	Nottinghamshire	In Hours * * * *	Nottinghamshire DoS Lead	Laura Tomlinson Gemma Beaumont	07766 366995 Laura.tomlinson2@nhs.net 0115 8839552 gemma.beaumont@nhs.net
DoS	South Yorkshire & Bassetlaw	In hours	DoS Manager	Jill Phillips Joint mailbox	07778 272 118 jill.phillips1@nhs.net yorkshireandhumber.dos@nhs.net
DoS	Staffordshire	In Hours	Dos Lead	Richard Topping	07919 627184 richard.topping@nhs.net
DoS	West Mercia	In hours	Hereford & Worcester, Shropshire, Telford & Wrekin DoS Lead	Samuel Goodman	07917 959140 samuel.goodman@nhs.net
DoS	Whole West Midlands	OOH	In box is monitored Mon-Fri 08:00 – 16:00 hours OOH – Contact WM ICB On-Call		bcicb.wmdosleads@nhs.net 0651 928266

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 316 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Updated

January 2025

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					
Category	Area	Hours	Detail	Detail	Contact
Hospitals					
Hospital	Bordering Health Communities		Stepping Hill Hospital, Stockport		0161 483 1010
Hospital	Bordering Health Communities		Tameside and Glossop Acute Trust		0161 331 6000
Hospital	Derbyshire		Ash Green Learning Disabilities		01246 565000
Hospital	Derbyshire		Babington Hospital, Belper		01773 824171
Hospital	Derbyshire		Burton Hospitals NHS Trust		01283 566333 (Queens Hospital)
Hospital	Derbyshire		Cavendish Hospital Buxton		01298 212800
Hospital	Derbyshire		Cavendish Hospital Buxton	Fenton Ward	01298 212831
Hospital	Derbyshire		Chesterfield Royal Hospital NHS Foundation Trust	On-call Director	via the Chesterfield Royal Hospital switchboard 01246 277271
Hospital	Derbyshire		Clay Cross Community Hospital		01246 252900
Hospital	Derbyshire		Derby Hospitals NHS FT	On-call Director	07799 337721 or 01332 265500 & 01332 340131 Ask for the on-call Director
Hospital	Derbyshire		Ilkeston Community Hospital		0115 9305522
Hospital	Derbyshire		Ripley Hospital		01773 743 456
Hospital	Derbyshire		Walton Hospital, Chesterfield		01246 515 151
Hospital	Derbyshire		Whitworth Hospital	Switchboard	01629 580 211
Hospital	Leicestershire		Leicester Royal Infirmary	Switchboard	0300 303 1573

DOCUMENT REFERENCE:

P112

ISSUE NO:

5.61

ISSUE DATE:

02-2025

PAGE 317 of 331

B

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DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Hospital	Lincolnshire		Lincoln County Hospital, Lincoln	Switchboard	01522 512 512
Hospital	Northamptonshire		Kettering General Hospital	Switchboard	01536 492000
Hospital	Northamptonshire		Northampton General Hospital	Switchboard	01604 634700
Hospital	Nottinghamshire		Kings Mill Hospital, SFHT	Switchboard	01623 622515
Hospital	Nottinghamshire		City Hospital, Nottingham	Switchboard	0115 969 1169
Hospital	Nottinghamshire		Queens Medical Centre, Nottingham	Switchboard	0115 924 9924

ICBs / Commissioners

ICB	Bordering Health Communities		Barnsley		01226 730 000
ICB	Bordering Health Communities		Kirklees		01484 464 000
ICB	Bordering Health Communities		NHS Vale Royal (Cheshire)		01270 917 912
ICB	Bordering Health Communities		Rotherham		03330 410 021

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 318 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
ICB	Bordering Health Communities		Sheffield		03330 410 021
ICB	Bordering Health Communities		Stockport		0161 426 9900
ICB	Bordering Health Communities		Tameside and Glossop		0161 342 5500
ICB	Derbyshire	24/7	Derbyshire (& interim EPRR Commissioner for NHS111 Midlands)	First on-call	01332 215313
ICB	Leicestershire	24/7	Leicester, Leicestershire & Rutland ICB	Escalation and On Call	0330 321 6894
ICB	Leicestershire	In Hours	Leicester, Leicestershire & Rutland ICB	Office Hours	Amita Chudasama – Acting Head of EPRR amita.chudasama@nhs.net 0777 554 1930 or Rachel Dewar 07788 324566
ICB	Lincolnshire	On Call	Lincolnshire	via pager	07623 515 284
ICB	Milton Keynes		Milton Keynes Commissioners for NHS111 service to Milton Keynes	On Call	01603 481 270 24/7 SPA eprr.blmk@nhs.net
ICB	Northamptonshire		Northamptonshire	Director on Call	07939 238990

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DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
ICB	Northamptonshire		Northamptonshire	Director on Call	Pager 07623 508845
ICB	Nottinghamshire		Bassetlaw		01777 274400
ICB	Nottinghamshire	In hours	Nottingham & Nottinghamshire ICB Urgent Care Team	Notifications by email only	nnicb-nn.urgentcareteam@nhs.net
ICB	Nottinghamshire	Out of Hours	Nottingham & Nottinghamshire ICB	Tactical on Call	0300 456 4957
ICB	Staffordshire		North Staffordshire		03003 730 849
ICB	West Midlands	24/7	West Midlands – for NHS 111 performance, BC related escalations & invoking national contingency. On Call will ring you back	On Call	01902 928 266 Ask for West Midlands NHS111 Escalation

ICBs SCC (System Coordination Centre) for escalation/SBAR reporting

ICB	Derby/Derbyshire ICB			SCC	ddicb.ddsc@nhs.net
ICB	Black Country ICB			SPOC	Bcicb.s poc@nhs.net
ICB	Birmingham & Solihull ICB			SCC	Nhsbsolicb.emergencyplanning@nhs.net (in-hours) ucic@nhs.net (OOH)

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 320 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
ICB	Coventry & Warwickshire ICB			SPOC	Cwicb.s poc@nhs.net
ICB	Herefordshire & Worcestershire ICB			SCC	Hw.icsoc@nhs.net
ICB	Leicester, Leicestershire & Rutland ICB			SCC	Llricb-llr.imt@nhs.net
ICB	Lincolnshire ICB			SPOC	Licb.s poc@nhs.net
ICB	Northamptonshire ICB			SPOC	Northantsicb.s poc@nhs.net
ICB	Nottingham & Nottinghamshire ICB			SCC	Nnicb-nn.nottinghamshiresystemcontrolcentre@nhs.net
ICB	Shropshire, Telford & Wrekin ICB			SCC	Stw.scc@nhs.net
ICB	Staffordshire & Stoke-on-Trent ICB			SCC	SSOTSCC@staffsstoke.icb.nhs.uk
Insurer					
Insurer			Site/Employer & Public Liability Insurers for DHU	Towergate - claims line	01438 739731

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 321 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
IT/Telecoms Support					
IT/Telecoms Support	111 Nat. Contingency	24 /7	1. Adrian Price	Head of Telephony IUC - NHS E & I	07885 430 538 Home 01663 735 374 adrian.price@nhs.net
IT/Telecoms Support	111 Nat. Contingency	24 /7	2. Alam Chowdhury	NHS E Telephony Team	07730 379 563
IT/Telecoms Support	111 Nat. Contingency	24 /7	3. John Lucas	NHS E Telephony Team	07730 371 341
IT/Telecoms Support	111 Nat. Contingency	24 /7	4. Steve Allsop	Telephony Support Manager IUC - NHS E & I	07736 484 319 stephen.allsop@nhs.net
IT/Telecoms Support	111 Nat. Contingency	24 /7	5. Stuart Babb	NHS E Telephony Team	07824 801 683
IT/Telecoms Support	DHU		Arena Group Service and supplies for MFDs (printer/copier) at Orbis, Ashgate and Anstey		0344 863 8008 sales@arenagroup.net
IT/Telecoms Support	DHU		Clarity (Teamnet) – DHU Intranet		0191 287 5800 teamnet@agiliosoftware.com
IT/Telecoms Support	DHU		Datix		020897 11971
IT/Telecoms Support	Derbyshire	In Hours	Chesterfield Royal Hospital IT Services		01246 512646 Opt 1 crft.servicedesk@nhs.net
IT/Telecoms Support	Derbyshire	OOH	Chesterfield Royal Hospital IT Services		01246 277271
IT/Telecoms Support	Derbyshire	In Hours	Royal Derby Hospital IT Services		01332 785777 uhdb.itselfservice@nhs.net

DOCUMENT REFERENCE:

P112

ISSUE NO:

5.61

ISSUE DATE:

02-2025

PAGE 322 of 331

B

This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.



DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
			Support for network and major IT issues at RDH		
IT/Telecoms Support	Derbyshire	OOH	Royal Derby Hospital IT Services	via switchboard	01332 340 131
IT/Telecoms Support	DHU	07:00-19:00	DHU IT		0300 1000 415 <i>Internal 88888</i>
IT/Telecoms Support	DHU	19:00-07:00	DHU IT	See On-Call Section & On-Call Rota	Initial contact via Little Fish
IT/Telecoms Support	Derbyshire		Arden & GEM (Derby Health Informatics Service) Support for GEM equipment at Derbys peripheral sites		03001 231020 agcsu.itsericedesk@nhs.net
IT/Telecoms Support	Leicestershire		Leics Health Informatics (LHIS) Support for Leics desktop, installation, servers		0116 295 3500 servicedesk@leics-his.nhs.uk
IT/Telecoms Support	Leicestershire	OOH (excl Sat 0800-1300)	Leics Health Informatics (LHIS)		0116 295 1328
IT/Telecoms Support	Leicestershire	Mon-Fri 0700-2030, Sat 0800-1300	Leics Health Informatics		01162 953500
IT/Telecoms Support	National	24 / 7	Adastra Helpdesk (One Advanced)		01233 722707 AHCsupport@advancedcomputersoftware.com

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DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
IT/Telecoms Support	DHU 111	24/7	NICE CXone incident reporting	For opening an incident with technical support (P1 or P2 cases)	Technical Support - (833) 773 -9156 Business Unit Number: 4607325
IT/Telecoms Support	All DHU	In hours	Wavenet (Excell) Telephony Mitel phones, infrastructure, contact centre client	Service desk	03701 665566 assure@wavenetuk.com
IT/Telecoms Support	All DHU	Out of Hours	Wavenet (Excell) Telephony Mitel phones, infrastructure, contact centre client	Out of hours support team	01223 505050 assure@wavenetuk.com
IT/Telecoms Support	All DHU		Wavenet (Excell) Eclipse special support (CCM, CCC, Micollab)		08444 889911 support@misupportdesk.co.uk
IT/Telecoms Support	National		NHS Digital Support for National applications		0300 3035 035 ssd.nationalservicedesk@nhs.net
IT/Telecoms Support	National		Nhs net Support for nhs mail issues		0333 200 1133 helpdesk@nhs.net
IT/Telecoms Support	National	M-F 0700-1900	Redbox Recorders Support for Redbox Voice Recorders		0115 9377100 (option 2) support@redboxrecorders.com
IT/Telecoms Support	National	M-F 08:30-17:15	SystmOne TPP (Phoenix Partnership)		0113 20 500 95
IT/Telecoms Support	National		Vodafone		0800 092 8947

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 324 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
IT/Telecoms Support	Northamptonshire	M-F 07:00-19:00	Kettering General Hospital IT Services		01536 492106 itservicedesk@kgh.nhs.uk
IT/Telecoms Support	Northamptonshire	OOH	Kettering General Hospital IT Services	via switchboard	01536 492 106
IT/Telecoms Support	Northamptonshire		Northampton General Hospital IT		itservicedesk@ngh.nhs.uk
IT/Telecoms Support	Northamptonshire	M-F 07:00-19:00	Northamptonshire Healthcare F.T.		01604 63 8777 servicedesk.nhft@nhs.net
IT/Telecoms Support	Northamptonshire	OOH	Northamptonshire Healthcare F.T.	via switchboard	01602 638 777

Local Authority

Local Authority	Derbyshire		Derby City council	IH via emergency planning team	01629 538 364
Local Authority	Derbyshire		Derby City Social Services	Senior Manager Cover	01332 256 066
Local Authority	Derbyshire	In Hours	Derbyshire County Council Emergency Planning Division		01692 538 364
Local Authority	Derbyshire	OOH	Derbyshire County Council Emergency Planning Division		07074 737 451 or 07074 737 452
Local Authority	Derbyshire		Derbyshire County Council Social Services	Out of Hours	01629 532 600 & 01629 533 190

DOCUMENT REFERENCE:

P112

ISSUE NO:

5.61

ISSUE DATE:

02-2025

PAGE 325 of 331

B

This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C

Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Local Authority	Leicestershire				
Local Authority	Lincolnshire				
Local Authority	Milton Keynes				
Local Authority	Northamptonshire	OOH	Social Services		01604 626 938
Local Authority	Northamptonshire		NCC Director on Call		07885 292 851 07659 145 277
Local Authority	Northamptonshire		Emergency Planning Team		03001 261 012
Local Authority	Nottinghamshire	In Hours	Nottingham City Council		0115 876 2987
Local Authority	Nottinghamshire	OOH	Nottingham City Council		0115 4769777
Local Authority	Nottinghamshire		Nottinghamshire County Council		0115 977 3471

Locum Agency

Locum Agency	Leicestershire		Ces Locums		020 8204 3131
Locum Agency	Leicestershire		Hallam Medical		0333 8000 395
Locum Agency	Leicestershire		Locum Meds		01923 594002

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DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Locum Agency	Leicestershire		Logistical Support		01664 823877
Locum Agency	Leicestershire		Medacs		0116 264 3922
Locum Agency	Leicestershire		My Medic		0330 0432464

NHS England

NHSE	Regional	On Call	Whole Midlands	First On Call	07623 515942
NHSE	Regional	In Hours	NHS East Midlands	Emergency Planning Lead	England.midlands-epr@nhs.net

Poisons Info

Poisons Info	National		National Poisons Information Service NPIS		0344 892 0111
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Police

Police	Derbyshire				0345 123 3333
Police	Leicestershire				0116 222 2222
Police	Lincolnshire				01522 532 222
Police	Milton Keynes				101
Police	Northamptonshire		Control Room -ask for 'Oscar 1' for Major Incidents		03000 111 222 or 101
Police	Northamptonshire		Control Room Inspector		01604 888 005
Police	Nottinghamshire				101

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 327 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Taxi					
Taxi	Derbyshire		City Taxis	Account = DE217 Password = Avon PO-022005 (year 2023/24)	01332 757575 or 01246 222222
Taxi	Leicestershire		No taxi account		
Taxi	Northamptonshire		No taxi account		
111 Providers (excludes ambulance services)					
111 Provider	N/A		Contact for cases passed to DHU 111 in error	IC24 Service Managers	01473 320515
Urgent Care Provider (OOHs) – Not DHU					
Urgent Care Provider	BaNES, Swindon & Wiltshire (BSW)		Medvivo, Fox Talbot House, Chippenham	Shift Manager & Clinical Lead	0300 111 4008 07384 116241 mg.outofhours@nhs.net
Urgent Care Provider	London – North East		LAS CAS (North East London)	Operations Supervisor, 111	0203 203 5184 07901 998197 Londamb.barking111referral@nhs.net
Urgent Care Provider	London – South East		LAS CAS (South East London)	Operations Supervisor, 111	0207 981 0651 07557 565895 londamb.nhs111opssupervisor@nhs.net
Urgent Care Provider	Lincolnshire		Lincolnshire OOHs / CAS	Urgent Care Duty Manager	0300 1234 868 option 2
Urgent Care Provider	Milton Keynes		Milton Keynes UCS	Shift Lead	01908 303030 option 7 Emergency Mobile 07740 401 262

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 328 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
Urgent Care Provider	Nottinghamshire		NEMS	Admin	0115 846 2388
Urgent Care Provider	Nottinghamshire		NEMS	Admin	0115 846 2395
Urgent Care Provider	Nottinghamshire		NEMS	Director on Call	0115 846 3295 or 07788 710678
Urgent Care Provider	Nottinghamshire		NEMS	Shift Lead	07788 710678
Urgent Care Provider	South Central		SCAS (CAS) CAS contingency email scas.111interlinkage@nhs.net	On Call Manager	0300 303 8690 <i>for use by DHU Tactical On Call only – phone preferred – email not routinely monitored</i> 111oncall@scas.nhs.uk
Urgent Care Provider	Yorkshire		YAS (CAS)	Supervisor	03306 784120
Urgent Care Provider	West Midlands		Badger (B'ham, Solihull, Erdington)	0121 766 2116	badger.systemfailure@nhs.net
Urgent Care Provider	West Midlands		Malling (Dudley, Sandwell, W B'ham, Walsall) + (Herefordshire SPEAK TO dispositions))	0161 850 7901	Sandwell.oohs@nhs.net
Urgent Care Provider	West Midlands		Malling (Herefordshire border – SPEAK TO dispositions)	01432 364228	Sandwell.oohs@nhs.net
Urgent Care Provider	West Midlands		PPG (Coventry, Rugby, Warwickshire)	01926 359 401	ppg.operational.warwickshire@nhs.net

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 329 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065 Information for DHU Sites - refer to Site Information Table – BCP – P112 Appendix C					Updated January 2025
Category	Area	Hours	Detail	Detail	Contact
Urgent Care Provider	West Midlands		PPG (Worcestershire)	01905 678071	Operational.worcestershire@nhs.net
Urgent Care Provider	West Midlands		RWT (Wolverhampton)	01902 481799	nx.utcopsstaff@nhs.net
Urgent Care Provider	West Midlands		Shropdoc (Shropshire)	01743 454920	Shropdoc.England@nhs.net
Urgent Care Provider	West Midlands		Shropdoc (Wales border)	01743 454920	shropdoc.powys@nhs.net
Urgent Care Provider	West Midlands		Taurus (Herefordshire CONTACT dispositions)	01432 364228	Herefordshire.ooh@nhs.net
Urgent Care Provider	West Midlands		Taurus (Herefordshire border CONTACT dispositions)	0300 0854999	Herefordshire.ooh@nhs.net
Urgent Care Provider	Vocare OOH		Staffordshire GP OOH Operations	0300 123 0812 – option 3	sduc.teamleaders@nhs.net
UK Health Security Agency (previously Public Health England)					
UKHSA	Bordering Health Communities		Greater Manchester UK Health Security		0344 225 0562 (Opt 3) / 0151 434 5819 - On Call
UKHSA	Bordering Health Communities		UK Health Security North West		0344 225 0562 (Opt 3) / 0151 434 5819
UKHSA	BSW – Avon, Glos & Wilts		UK Health Security, Avon, Glos & Wilts	phe.swhpt@nhs.net	0300 303 8162 OOH 0344 257 8195

DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 330 of 331
B	This document is electronically stored in a controlled status. Any printed copies of this document shall be treated as uncontrolled.					



DHU Business Continuity - Contacts Directory - F3065

Information for DHU Sites - refer to Site Information Table – BCP – [P112 Appendix C](#)Updated
January 2025

Category	Area	Hours	Detail	Detail	Contact
UKHSA	BSW - Bristol		UK Health Security, South West Centre, Bristol	swhpt@phe.gov.uk	0300 303 8162 option 1, then option 2 OOH 0300 303 8162, option 2
UKHSA	Milton Keynes		UK Health Security East of England		0300 303 8537 Opt 0 OOH 01603 481 221
UKHSA	East Midlands (Derbys, Leics, Lincs, Notts, Northants)		UK Health Security East Midlands		0344 225 4524 Opt 1 OOH 01603 481 221
UKHSA	West Midlands		UK Health Security West Midlands		0344 225 3560 - Opt 1 OOH 01384 679031

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DOCUMENT REFERENCE:	P112	ISSUE NO:	5.61	ISSUE DATE:	02-2025	PAGE 331 of 331
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