

On-call policy and procedure

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Document control sheet

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Target audience: On-call directors and managers, incident commanders, business continuity leads

Can this policy be released under FOI? Yes

Version control

Version number	Revision date	Revision by	Nature of revisions
1.1	21 August 2018	Insertion of administration of terms and conditions.	Head of HR
1.2	19 July 2021	On-call rota review and new 1-tier rota detail updated. Updated sections: duties, on-call operational arrangements and administration of terms and conditions. Changes to payment routine and amount throughout updated NHS England to NHS England and Improvement	EPRR manager
1.3	19 August 2021	Addition of escalation framework and move to director on call moving to 24/7 cover	EPRR manager
1.4	21 September 2021		Policy ratified by the Senior leadership team
1.5	October 2021	Head of EPRR	Final accessibility update completed

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1. Introduction

The NHS needs to plan for and respond to a wide range of incidents that could impact on health or patient care. These could be anything from extreme weather conditions, an outbreak of an infectious disease, or a major transport incident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS funded care, to show that they can deal with such incidents whilst maintaining services to patients.

This programme of work is referred to as emergency preparedness resilience and response (EPRR). Under the act, clinical commissioning groups (CCG's) are designated category 2 responders. These are co-operating bodies and their role will be to co-operate and share relevant information with category 1 responders. The NHS responsibility for response to major incidents sits with NHS England and NHS Improvement (NHSEI) and not CCGs; however, some delegation may take place.

As a result of guidance issued by NHS England, CCGs are required to have a 24-hour, 7-day, 365-day-a-year on-call rota in place.

This document outlines the on-call operating principles which will apply to staff when on-call.

2. Definition of on-call

A member of staff is on-call when as part of an established agreement with the CCG; they are available outside their normal working hours either at the workplace, at home or elsewhere, to work as part of the on-call service. It covers any work outside normal or contracted hours which is not overtime or unsocial hours. The on-call director is also the designated first point of contact for any significant business continuity incident within normal working hours. Information is available in our business continuity plan.

When a critical or major incident is declared and at system operational pressures escalation levels (OPEL) 4, there is an expectation that the CCG on-call director will be required to provide support and cover in hours as well as out of hours and may be required to chair meetings in accordance with the revised [surge and EPRR framework](#). This framework has been provisionally agreed but further work is expected, and it will inform our reviewed incident response plan.

In relation to the remuneration arrangements the requirements of the on-call rota distinguish between availability and work whilst on-call. Availability refers to the time outside of normal work hours in which the individual is expected to take or initiate phone calls or attend work as required but may not actually work. On-call work refers to occasions when calls or attendance have been required out of hours as part of the director on-call rota duties.

3. Duties

Individuals should be prepared to respond to the following:

- business continuity issues which directly affect the CCG
- incidents or performance issues that occur at providers which the CCG directly commissions care from, and which may damage the reputation of the NHS if not properly managed
- management of pressures affecting hospitals and providers across the local health economy which may lead to the activation OPEL framework
- requests to commission certain non-routine services out of hours which a CCG directly commissions, for example funding for emergency out of county acute psychiatric beds
- management of pressures affecting hospitals and providers out of hours across the local health economy because of the declaration of either a critical or major incident
- delegated responsibility from NHSEI in dealing with a major incident
- attending the tactical co-ordination group either virtually or physically following an invite from the NHS England on-call

4. Contacting the on-call director

Prior to calling the on-call director, all alternatives should have been pursued or considered if appropriate. When calling you should be able to describe the:

- situation
- background
- your assessment including what steps have been taken to resolve the issue or problem
- your recommendations
- what you require from the on-call director in supporting these

The on-call director will:

- respond as soon as is practicable (this will not ordinarily be longer than 15 minutes)
- support and work with you in addressing and resolving matters
- take on managerial responsibility in relation to any CCG issue
- delegate tasks and roles, as appropriate
- attend CCG premises if required, for example, in response to a major, critical or business continuity incident

5. On-call operational arrangements

On-call directors will be available throughout the period of on-call whether at work or at home.

The CCG rota commences at 10am Monday and ends at 10am the following Monday. The on-call director completing their rota on the Monday morning is responsible for emailing a handover summary to the next on-call director. This should report any incidents and actions taken over the weekend period. This should be copied to the EPRR email box kccg.EPRR@nhs.net.

The EPRR team will maintain the Teams director on call channel, where key relevant information can be shared in real time. If an incident is declared formal email communication will be directed through the EPRR email account-kccg.EPRR@nhs.net.

On-call staff must remain within telephone contact, be able to respond to any messages and ensure their decision-making capability is not impaired.

On-call staff must be able to travel to CCG sites or the tactical command centre at County Hall, if required. They may also be required to attend in a physical space such as the Tactical Co-ordination Group or Strategic Co-ordination Group at Middlemoor or other venue, within the Devon, Cornwall and Isles of Scilly local resilience forum area, determined at the time.

On-call staff may exercise judgement in escalating matters to the chief officer or accountable emergency officer.

The on-call pack includes guidance and action cards. These are available within the EPRR and on-call folder within the shared drive.

As agreed with NHS England and all partners and in line with good practice and governance, Bodmin Switchboard provides the 24-hour, 7-day week single point of contact emergency telephone service for the CCG.

The on-call rota will be available within the EPRR and on-call folder within the shared drive. On-call staff are expected to negotiate rota changes with each other and communicate any changes to the rota administrator. The master copy will be kept in the EPRR and on-call folder within the shared drive.

As the CCG is a relatively small organisation and to ensure sufficient numbers to make it sustainable and not onerous, a single tier rota staffed by band 8ds and above with consideration given, on a case-by-case basis, to adding any band 8c's who express a preference to be on the rota.

Volunteers are sought to cover for May and August bank holidays, no longer just the easter and Christmas arrangements currently in place.

Flexibility, with line manager approval, for staff to change their working week, to accommodate weekend on-call requirements.

During their week on call, staff will be expected to join the Friday operational calls to familiarise themselves with the system pressures ahead of the weekend.

6. Training

Staff new to the role will consider their own training and development needs and must advise the head of EPRR if additional training is identified. Minimum training for on-call is to include:

- education on surge and capacity management (OPEL framework)
- strategic leadership in a crisis
- on-call folder review and access to systems check

7. Administration of terms and conditions

The responsibilities for administering the remuneration and terms and conditions relating to membership of the on-call rota are as follows.

Line managers

Line managers of colleagues who are part of the on-call rota are required to ensure that individuals take time off in lieu (TOIL) where appropriate to ensure sufficient rest breaks from work are taken. Line managers are responsible for ensuring that during recruitment processes the requirement to be part of the on-call rota is clearly communicated within the job description, advertising and discussed at interview. Line managers are responsible for ensuring that the appointment forms, or contract amendment forms (CAFS) are completed accurately.

People and organisational development (POD)

POD are responsible for providing any advice regarding the application of the employment terms and conditions referred to in the policy and carrying out appropriate pay benchmarking when reviewing the policy.

Colleagues

Individuals are responsible for monitoring their working time whilst on-call and taking TOIL and sufficient rest breaks as appropriate.

Colleagues appointed on fixed term contract roles or on secondment may also be included on the on-call rota.

Factors which might be considered as to whether these individuals should be involved could include whether:

- they are covering a substantive role that would otherwise be part of the rota
- their current skills set, and the training required to be part of the rota and the duration of the temporary position would justify the training needed to be included

For Agenda for Change (AfC) colleague's remuneration will be paid for availability at a fixed rate based on the number of weeks of on-call duty. To avoid unnecessary administration this will be made as an annual payment divided over 12 months.

The maximum rotation would be 1 in 13; currently 1 in 18. The frequency of on-call may vary from time to time due to vacancies or changing roles within teams.

There is the potential for band 8d and band 9's to be removed from the rota should sufficient staff exist to maintain a 1 in 13-week rota, acknowledging their terms and conditions of service will retain the on-call requirement should such a decision need to be reviewed later.

There is no additional remuneration for time worked however, both AfC and very senior managers (VSM) colleagues are permitted to take TOIL for time worked and to also ensure that they have sufficient rest breaks from work consistent with the requirements of working time directive set out in the AfC handbook as follows:

- all employees should receive an uninterrupted weekly rest period of 35 hours (including the 11 hours of daily rest) in each 7-day period for which they work for their employer. Where this is not possible, they should receive equivalent rest over a 14-day period, either as one 70-hour period or 2 35-hour periods
- employees should normally have a rest period of not less than 11 hours in each 24-hour period

Being available for on-call on bank holidays will entitle AfC and VSM colleagues to a day in lieu.

If colleagues wish to share a week with another colleague, they must make their own arrangements and ensure that the on-call rota administrator is kept informed. The overall commitment to working 1 week in 13 must be maintained; however, this is made up and split.

There may be circumstances for individuals when there may be a need to discuss options regarding the requirement to be on-call, for example where caring responsibilities or religious belief may make it more difficult to commit to being available to work outside of normal working hours. If line managers or individuals think this may need to be considered, they should seek advice from the POD team.

8. Policies referred to in this document

- [Business continuity plan](#)
- [The Civil Contingencies Act 2004](#)

Appendix 1: Equality impact assessment

An equality impact assessment is used to establish how a policy or similar document may impact on individuals, communities, or equality groups to identify and minimise or remove any disproportionate impact. A full impact assessment should be undertaken for policies, strategies, procedures, or projects which are anticipated to have an impact on members of the public. [Read guidance on how to complete this document](#).

Name of policy or service to be assessed: On-call policy and procedure

Department or section: People and corporate services

Date of assessment: 19 August 2021

Person(s) responsible for the assessment: Claire Penellum

Is this a new or existing policy? Existing

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.

The on-call policy and procedure outlines the operating principles which will apply to staff when on-call.

Who is intended to benefit from this policy, and in what way?

On call staff, business continuity leads, responding partner agencies. It provides clear guidance on roles and responsibilities.

What outcomes are wanted from this policy?

24/7 emergency response capability and the co-ordination of business continuity and major incidents.

What factors or forces could contribute or detract from the outcomes?

Failure to follow policy and procedure.

Who are the main stakeholders in relation to the policy?

NHS Kernow on-call staff and EPRR team.

Who implements the policy, and who is responsible for the policy?

On-call staff. The EPRR team are responsible for the policy.

Differential impacts

Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impact be mitigated?

None. The policy provides guidance to staff regardless of BAME status.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?

None. The policy provides guidance to staff regardless of gender. However, those who have responsibility for caring for dependents may find it difficult to find alternative caring arrangements to allow them to be available for on-call out of hours. This may be the case for single parents where the other parent is not available to care for dependents out of hours.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?

None. The policy provides guidance to staff regardless of disability. However, those who have responsibility for caring for disabled relatives may find it difficult to find alternative caring arrangements to allow them to be available for out of hours calls. Any staff member who has a disability that impedes their ability to undertake on-call duties should discuss this with their manager to see what reasonable adjustments can be made. Where this is not possible the policy allows for staff to be exempt from on-call duties, on a case-by-case basis.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?

None.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?

The policy provides guidance to staff regardless of age.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?

There is a need to consider whether religious beliefs may restrict the availability of individuals to be available for on-call on days or festivals. Consideration should be given to employees' safety during periods of fasting and arrangements should be made with line managers to ensure all needs are met.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?

None

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?

None

Does this have a positive or negative impact on people who are pregnant, breast-feeding mothers, or those on maternity leave? How will any negative impact be mitigated?

Consideration should be given to new mums returning to work for the first 12 months.
The policy allows for the removal from the on-call requirement on a case-by-case basis.

Are they any other identified groups? How will any negative impact be mitigated?
None.

Human rights values

How have the core [human rights values](#) of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?

The policy and procedure gives guidance to staff in implementing and in support of these values.

Which of the human rights articles does this document impact? No human rights are impacted by this policy.

- ☐ To life
- ☐ Not to be tortured or treated in an inhuman or degrading way
- ☐ To liberty and security
- ☐ To a fair trial
- ☐ To respect for home and family life, and correspondence
- ☐ To freedom of thought, conscience, and religion
- ☐ To freedom of expression
- ☐ To freedom of assembly and association
- ☐ To marry and found a family
- ☐ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
- ☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
This is an existing policy

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
Not applicable.

Public Sector Value Act 2020

NHS Kernow is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.

Prompt incident response and recovery is cost effective and minimises harm, damage, and loss.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.

Not applicable.

Describe how the policy contributes towards advancing equality of opportunity.

Not applicable.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.

Not applicable.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.

Not applicable.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.

Not applicable.

Signed (completing officer): Claire Penellum

Date: 20 August 2021

Signed (head of department or section): Jess Child

Date: 20 August 2021

Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.