

On Call Policy

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

Document Reference Information

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Policy leads:	Accountable Emergency Officer and Chief Operating Officer
Author:	Corporate Services and Projects Manager
Directorate responsible:	Corporate
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Target audience:	All CCG employees

Version Control Record

Version	Description of change(s)	Reason for change	Author	Date
V1	Initial draft		Lynda Williams	26.3.18
V2	Comments from Emergency Planning Manager and Head of Governance incorporated		Lynda Williams	19.4.18
V3	Section 5.1 Rota updated to include responsibilities for responding to incidents during in hours. EPRR training strategy removed.	To clarify on call responsibilities during in and out of hours EPRR Training Plan now included in EPRR and Business Continuity Policy	Lynda Williams	12.11.18
V3.1	Appendix numbering updated	To correct errors in numbering of appendices	Lynda Williams	6.12.18

1. Introduction

It is a requirement under the Civil Contingencies Act (2004), NHS Emergency Planning Guidance (2005), and the Arrangements for Health Emergency Preparedness, Resilience and Response from April 2015, that on-call arrangements are in place to ensure a 24 hours a day, seven days a week response to significant and major incidents. The Worcestershire Clinical Commissioning Groups (CCGs) will support the NHS England Area Team (AT) to mobilise, and where necessary co-ordinate the local NHS response in the event of a major emergency or major incident.

As commissioners of patient services, CCGs are required to have in place a robust process whereby providers with whom the CCGs commission services can access someone (the person on-call) from the CCGs 24 hours a day, seven days a week.

2. Purpose

The purpose of this policy is to set out the on-call arrangements put in place by the Worcestershire CCGs to ensure compliance with Emergency Preparedness Resilience and Response requirements and business continuity plans.

This policy has been developed in accordance with the Principles for Harmonised On-Call Arrangements in Annex 3 of the NHS Agenda for Change Handbook and the NHS Staff Council Implementation Guidance.

The CCGs are category two responders under the Civil Contingencies Act 2004. Under this legislation the CCG has a duty to cooperate and share information with other responders including NHS England, Public Health England, Acute Trusts and Foundation Trusts, Community and Mental Health Providers which are category one responders. This Policy will detail how the CCGs will meet those duties including the on-call system that allows the CCGs to discharge their duties out of normal business hours and the required representation on the Local Health Resilience Partnership and any multi agency tactical coordinating groups that may be established to meet the need of a major incident or emergency.

3. Scope

This policy applies to all CCG staff at Agenda for Change Band 8c and above who participate in the on-call rota.

4. Responsibilities and Duties

4.1 Accountable Officer

- Be responsible for major incident and service/business continuity planning within the CCGs. The day to day implementation of this policy will be the responsibility of the Accountable Emergency Officer and Chief Operating Officer.
- Ensure they share information that may be cascaded from NHS England in relation to EPRR.
- Act as an escalation point for on-call employees and where appropriate raise concerns with providers where high volumes of inappropriate calls are received.

4.2 Chief Operating Officer – Clinical Lead

- Act as the joint lead for this policy with the Accountable Emergency Officer and be responsible for its implementation.
- Act as an escalation point for on-call employees and, where appropriate, raise concerns with providers where high volumes of inappropriate calls are received.
- Periodically review the information resources available to support on-call employees in carrying out their responsibilities.

4.3 Accountable Emergency Officer (Director of Partnerships and Change)

- Act as the joint lead for this policy with the Chief Operating Officer and be responsible for its implementation.
- Report on a quarterly basis to the Clinical Executive Committee, highlighting any issues or concerns in relation to the operation of this policy.

4.4 Urgent Care Lead

- Be responsible for providing up-to-date guidance and information resources to support on-call employees in carrying out their responsibilities.
- Provide training for staff with on-call responsibilities.

4.5 Emergency Planning Manager

- Interpret national policy, guidance and legislation relating to emergency planning, resilience and response, and design and deliver ways of implementing this to ensure the CCGs meet their statutory duties and responsibilities.
- Provide training for staff with on-call responsibilities and maintain training records
- Ensure the on-call resources on Resilience Direct are comprehensive and up-to-date.
- Maintain the Emergency Contacts Directory.

4.5 On Call Employees

- Be available and contactable 24 hours a day, seven days a week during the period of on-call in order to manage system resilience and system pressures
- Ensure that any changes in contact details are notified to the Business Support Officer (Corporate) and Emergency Planning Manager so that amendments can be made to the rota and emergency contacts directory
- Arrange own cover for any on call period where they are unable to carry out their on-call commitment and to advise the Business Support Officer (Corporate) immediately of the changes so that the rota can be amended. In the event of a last minute change to also notify the Worcestershire Acute Hospitals switchboards.
- Ensure they have access to the latest on-call information resources, including Resilience Direct
- Be able to respond appropriately to an emerging emergency situation should the need arise and give clear advice
- During the period of on-call, to maintain a log of calls, messages, decisions and actions and provide an appropriate handover to the next person on-call
- Undertake training and participate in emergency planning exercises
- Be aware of and act in accordance with the CCGs' Health and Safety Policy and Lone Working Policy.
- In the event of a declared major incident or emergency:
 - undertake the role of tactical commander and represent NHS services at Tactical Coordinating Group(s) (TCGs) if required
 - lead the establishment and operation of the CCG Incident Control Room (ICR)
 - lead the CCG Incident Management Team.

Full details of the role and responsibilities of the CCG in the event of a major incident can be found in the CCGs' Incident Response Plan.

4.6 Business Support Officer – Corporate

- Prepare, update and distribute the CCGs' on call rotas.

5. The Policy

5.1 Rota

The out of hours on-call service is provided between the hours of 5.00 pm – 8.00 am (Monday to Friday) and 24 hours a day on weekends and bank holidays.

In accordance with local agreement, the on-call rota will be split, covering the periods Monday to Thursday and Friday to Sunday, and arranged alphabetically (A to Z). The on-call individual will remain on-call between the hours stipulated above until rotation of the next on-call shift. This is with the exception of Bank Holidays and the

Easter and Christmas periods when a separate rota, arranged alphabetically (Z to A) will operate.

During in-hours, i.e. between 8.00am and 5.00pm, Monday to Friday, the responsibility for responding to major incidents, business continuity incidents or other emergency planning issues will sit with the Chief Operating Officer or Urgent Care Lead.

There is a primary 'on-call rota' identifying the employee who is on call during the period. On-call managers are allocated a 'CCG escalation point' on the on-call rota, who they must also notify if there is a requirement to travel to sites outside of normal working hours and who can be contacted in case of sickness.

The on-call rota will be available at least six months in advance, to allow individuals to plan ahead. Swapping on-call shifts is allowed but must be managed by the on-call staff within each rota. If an individual is unable to fulfil their slot, they will be expected to swap with a colleague directly and inform the Corporate team to ensure that management have access to the most up-to-date record of who is covering each shift. In the event of a last minute change individuals must also notify the Worcestershire Acute Hospitals switchboards at Worcestershire Royal Hospital (Tel: 01905 763333, s.skyrme@nhs.net) and the Alexandra Hospital (Tel: 01527 503030, wah-tr.ALX-Switchboard@nhs.net).

The CCGs are committed to ensuring a fair and consistent approach when implementing the on-call rota, however given the time commitment required from staff on-call and in recognition of the level of responsibility, the CCGs have made some exceptions that will apply to those Band 8c and above, exempting them from on-call responsibilities.

The exceptions are as detailed below:

- To be included in the on-call rota individuals must be working over 15 hours per week for the CCGs. Those working 15 hours or under are not included in the on-call rota.
- Only permanent staff are included on the on-call rota. Individuals working with the CCGs on zero hour contracts, fixed term contracts, or as contractors will not be included in the on-call rota.

5.2 Availability for work

During the period of an on-call shift, employees must be available to resolve calls in a timely manner. If the on-call employee is unable to answer a call, for example if driving, it is normally expected that voicemail messages will be returned within one hour. It will be the responsibility of the on-call employee to ensure that the voicemail tool is enabled. Employees must also ensure that they have access to the necessary equipment in order to respond to calls within an hour.

As part of the on-call requirements, the employee on-call will be expected to chair systems calls when required on Saturdays, Sundays and Bank Holidays, the detail of

this call should be recorded and feedback should be provided to the appropriate person on the next working day.

Currently all calls will be resolved remotely from the employee's home or other location. If in the future there is a requirement for on-call to include site visits, it is anticipated that the individual will be within a reasonable travel time distance based on employee's home and site location. Should this become a requirement the CCG will review and update this document in conjunction with employees included in the on-call rota.

If an on-call employee becomes unavailable to work outside of normal working hours for reasons such as sickness absence, they must telephone the on-call escalation point who will make appropriate arrangements. The on-call employee must also follow normal sickness reporting arrangements if they are still unable to work the next day.

5.3 Managing working hours whilst on-call/compensatory rest

The CCGs are committed to issuing the on-call rota six months in advance to allow for the individual on-call to plan and manage their work diary accordingly. When planning for on-call individuals will be responsible to ensure they get adequate rest periods. This may involve ensuring that meetings are not booked for first thing in the morning to ensure that if the individual has a busy night on-call, that they take their time back. Where high volumes of calls are received this should be reported within the handover and highlighted to both the Accountable Officer and Chief Operating Officer.

In accordance with Section 27 of Agenda for Change, on-call employees may not always have a daily rest period of 11 uninterrupted hours. However, where the employee's rest period has been interrupted to cause a total rest period of less than 11 hours, the employee will be able to take a compensatory rest period the following morning equivalent to the rest missed. The CCG will allow employees to take time back the following day when they have taken a call after midnight that lasts more than one hour. If an individual's working pattern is changing as a result of on-call activity then it will be their responsibility to inform their manager and any necessary team members, keeping their diary updated.

5.4 Payment for on-call

As part of the introduction of the single operating model for the Worcestershire CCGs, the CCG has ensured that, subject to the exceptions detailed in section 7.1, all posts Band 8c and above will be expected to participate in the on-call rota. As a result the rota normally consists of 18 individuals and consequently the CCGs do not currently pay on-call. The CCGs' expectation of on-call is that individuals are on-call 1 in 18, however the CCGs have supported individuals' wishes that the rota be split i.e. part week, on the understanding that this will not result in entitlement for on-call payment. The rota will be adjusted periodically to take account of staff leaving or joining the CCGs.

Although the CCGs do not pay on-call, individuals are expected to use flexible working patterns during and after being on-call to ensure they have sufficient rest periods, claiming

time back where appropriate. Should the expectation change in the future and individuals on-call are expected to attend work during on-call periods, then this policy will be reviewed and a decision will be made on how individuals will be reimbursed for their time.

5.5 Training

Training is required to ensure those on-call are aware of their roles and responsibilities and will focus on the following areas:

- theory and structure
- chairing of system-wide conference calls
- escalation plan & process
- handling major incidents
- using Resilience Direct as a repository of all information

All staff will be expected to attend all training modules once a year and compliance will be monitored by the Corporate team.

Any new staff required to undertake on-call duties will receive an induction delivered by the Urgent Care Lead and Emergency Planning Manager. They will be provided with a login and link to the resources maintained within the Resilience Direct system.

The Emergency Planning, Resilience and Response (EPRR) Training Plan, sets out the requirements the CCGs must meet in relation to their EPRR responsibilities. This forms part of the CCGs' EPRR and Business Continuity Policy.

On-call employees should participate in live and table top exercises as necessary and undertake additional training as outlined in the CCGs' EPRR Training Plan.

5.6 On call information folder/Resilience Direct

Access to a Resilience Direct account will be provided to on-call Directors/Managers which will contain up to date incident and business continuity plans, contact numbers, action cards, log sheets, a list of trained loggists, and any other on-call documentation.

To ensure consistency, and that the most up to date information is available at all times, Resilience Direct should be used as the central depository system for all on call information. If individuals require hard copies, these should be printed directly from the system before their on-call slot.

The information on Resilience Direct will be reviewed at regular intervals by the Emergency Planning Manager, the Urgent Care Lead and the Chief Operating Officer as the on call Clinical Lead.

5.7 Resolving calls

Currently all on-call issues will be dealt with remotely via telephone and there will not be requirement to travel to sites unless a multi-agency Tactical Coordinating Group is established and face-to-face meetings are requested. If this does become an expectation, communication will be sent to staff and the CCGs will make a decision as to how staff will be reimbursed for their time.

All on-call employees will be provided with the required equipment to respond to calls remotely, it will then be the responsibility of the employee to raise any issues with their equipment with the appropriate department.

It is important that those on-call are only dealing with appropriate calls and feel confident in redirecting inappropriate calls to the right place. As a result the CCGs have produced a table of escalation (included as Appendix A), to ensure clear guidance on what the identified individual on-call from the providers should be dealing with and that CCG employees do not feel pressured to offer resolutions to operational questions.

It is expected that the individual on-call will use this to determine if the call should be dealt with, redirected or escalated. Where individuals receive high volumes of inappropriate calls this should be reported back to the Accountable Officer and Chief Operating Officer via email for concerns to be raised as appropriate.

5.8 Keeping a record of calls

Employees on-call should keep a record of the number and type of calls they are receiving from each provider. The purpose of this is to ensure effective handover information can be provided and feedback can be escalated where inappropriate calls are being received. The call record sheet template can be found in Appendix B.

Where individuals receive inappropriate calls they should keep a note of the provider, the issue raised and the redirection instructions provided by the on-call employee. This is to ensure the escalation point can highlight patterns of behaviour and ensure providers are clear on the appropriate use of the CCG on-call information.

5.9 Handover and Reporting Issues

When commencing an on-call shift, it will be the responsibility of the starting employee to identify who is the escalation point for on-call and who they will hand over to the following week by checking the most up-to-date rota. They must also ensure they have access to the On-Call Employee documentation.

On completion of an on-call shift, it will be the responsibility of the finishing employee to fully handover to the next on-call employee. This will include informing them of the nature of any resolved or unresolved calls, areas of concern or query. The Handover Document template can be found in Appendix C.

6. Implementation and dissemination

Following approval, a copy of the policy will be distributed to all employees involved in the on-call arrangements and the Emergency Planning Manager. It will also be published on the CCG websites and on Resilience Direct.

7. Policy Review

This policy will be reviewed after twelve months and then every two years, or when required.

8. Equality Impact Assessment

Please see Appendix D.

9. Associated Documentation

- Incident Response Plan
- Business Continuity Plan
- Emergency Contacts Directory
- Health and Safety Policy and Procedures
- Lone Working Policy

10. Appendices

- A Escalation and Alerting
- B Call Record Sheet
- C Handover document
- D Equality Impact Assessment

Appendix A

		Escalation and Alerting		Coordinating Organisation	NHS Incident Level
Provider	and Primary Care	<ul style="list-style-type: none"> Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the provider A business continuity incident that threatens the delivery of patient services Responding to a declared major incident or major incident standby A media or public confidence issue that may result in local, regional or national interest A significant operational issue that may have implications wider than the provider e.g. public health outbreak, suspect Ebola, security incident, Hazmat incident 	Provider with CCGs	1	
CCGs	Spec. Comm.	<ul style="list-style-type: none"> Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by local CCGs A business continuity incident that threatens the delivery of essential patient services (in line with ISO 22301) Responding to a declared major incident or major incident standby A media or public confidence issue that may result in local, regional or national interest A significant operational issue that may have implications wider than the local health economy e.g. public health outbreak, suspect Ebola, security incident, Hazmat/CBRN incident 	CCGs with NHS England	2	
NHS England Regional team local office		<ul style="list-style-type: none"> Capacity and demand reaches, or threatens to surpass, a level that requires regional coordination or NHS mutual aid e.g. ECMO, PICU, Burns, other specialist function A business continuity incident that threatens the delivery of an NHS England function A business continuity incident impacting on more than one providers' essential services Responding to a declared major incident and/or the establishment of an NHS England Incident coordination centre (ICC) A media or public confidence issue that may result in regional or national interest A significant operational issue that may have implications wider than the remit of the local office of the regional team e.g. public health outbreak, suspect Ebola, security incident, CBRN/Hazmat incident, Critical National Infrastructure (CNI) An incident that may require the request and activation of a military MAC A An incident that may require the activation of the National Ambulance Coordination Centre (NACC) 	NHS England Regional team	3	
NHS England Regional team		<ul style="list-style-type: none"> Capacity and demand reaches, or threatens to surpass, a level that requires national coordination or NHS mutual aid e.g. ECMO, VHF, Burns, other specialist function A business continuity incident that threatens the delivery of an essential NHS England function or a protracted incident effecting one or more NHS England sites A business continuity incident with the potential to impact on more than one region A declared major incident which may have a significant NHS impact and/or the establishment of an NHS England Incident coordination centre (ICC) A media or public confidence issue that may result in regional, national or international interest A significant operational issue that may have implications wider than the remit of the regional team e.g. flooding, security incident, Hazmat/CBRN incident, Critical National Infrastructure, collapse of a commissioned supplier that provides services to more than one region An incident that may require the request and activation of a military MAC A 	NHS England Regional team	3	
NHS England National team		<ul style="list-style-type: none"> Capacity and demand reaches, or threatens to surpass, a level that requires international coordination e.g. ECMO, VHF, Burns, other specialist function Invocation of central government emergency response arrangements Issues that may require invocation of 'Emergency Powers' to be invoked under the CCA 2004 or measures under Sections 252A or 253 of the NHS Act 2006 A business continuity incident with the potential to impact on significant aspects of the NHS e.g. NHS Supply Chain, NHS Blood and Transplant A business continuity incident with the potential to impact on significant aspects of the delivery of NHS England A declared major incident which may have national and/or international implications e.g. CBRN, MTF A A media or public confidence issue that may result in national or international interest A significant operational issue that may have implications wider than the remit of the NHS e.g. Critical National Infrastructure An incident that may require the request and activation of a military MAC A 	NHS England National team	4	
Department of Health		<ul style="list-style-type: none"> An incident that may require the request and activation of a military MAC A 			

Appendix B

Call Record Sheet

Name of Caller:		
Position:		
Organisation:		
Contact Information:	Tel:	Email:
Call Received:	Time:	Date:
Nature of Incident:		
Reason for Notification:	<input type="checkbox"/> For Information Only/Stand-by	<input type="checkbox"/> For Action
Location of incident		
Current hazards/Casualties		
Potential hazards		
Hospitals/ other health services involved		
Name		
Job Title		
Signature		
Log of Action Taken Include: <ul style="list-style-type: none"> • Date and Time • When you are making decision record the rationale for the course of action you have taken • Include names and job titles of people you have spoken to 		
Lessons/Issues Please record anything that you feel we can learn from to make future incidents easier to manage, so things that you feel could have been done better		

Appendix D

Equality analysis initial assessment

Title of the change proposal or policy:

On-Call Policy

Brief description of the proposal or policy:

The policy sets out the on-call arrangements put in place by the Worcestershire CCGs to ensure compliance with Emergency Preparedness Resilience and Response requirements and business continuity plans.

Name(s) and role(s) of staff completing this assessment:

Lynda Williams, Corporate Services and Projects Manager

Date of assessment: 17th April 2018

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes, it will affect CCG employees at Agenda for Change Band 8c and above.

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

From an initial assessment of this policy and consideration of employees with protected characteristics under the Equality Act 2010 there is no anticipated detrimental impact on any equality group. There are no statements or conditions within this policy or requirements of this policy that disadvantage any particular group of people with a protected characteristic.