



## ON CALL POLICY

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## 1.0 Introduction

- 1.1 It is a requirement under the Civil Contingencies Act (2004), NHS Emergency Planning Guidance (2005), and the Arrangements for Health Emergency Preparedness, Response, and Resilience from April 2015, that on-call arrangements are in place to ensure 24 hours a day seven days a week to respond to critical, business continuity and major incidents.
- 1.2 NHS Lincolnshire Integrated Care Board (ICB) will support the Local Health System and The Local Resilience Forum (LRF) to mobilise, and where necessary co-ordinate the local NHS response in the event of a critical, business continuity or major incident. As commissioners of patient services, ICBs are required to have in place a robust process whereby providers with whom the ICB commissioned services can access someone (person on-call) from the ICB 24 hours a day seven days a week.
- 1.3 The ICB on call policy, covers two elements:
  - Incident declarations as stated within the EPRR framework
  - Escalations of extreme system pressure requiring an ICB coordinated response
- 1.4 The ICB may have staff who are required to undertake duties that do not require them to be formally on call but are part of a requirement to deliver services on an occasional basis outside normal office hours. In these circumstances the ICB reserves the right to agree suitable arrangements in accordance with the provisions set out in section 2 of Agenda for Change Maintaining Round the Clock Services.

## 2.0 Purpose

- 2.1 The purpose of this policy is to set out the on-call arrangements put in place by the ICB to ensure compliance with Emergency Preparedness Resilience and Response (EPRR), business continuity plan requirements and extreme system pressures. This policy has been developed in accordance with the principles for On-Call Arrangements in Annex 29 of the NHS Agenda for Change.
- 2.2 The ICB is a Category 1 responder under the Civil Contingencies Act 2004. Category 1 responders are at the core of emergency response. Under this legislation the ICB has a duty to cooperate and share information with other responders including NHS England/Improvement, UK Health Security Agency (formally Public Health England), Acute Trusts and Foundation Trusts, Community and Mental Health Providers and EMAS.
- 2.3 This Policy will detail how the ICB will maintain and discharge an on-call capability that allows the ICB to provide local NHS representation at any multi-agency tactical/strategic coordinating groups that may be established to meet the need of a major incident or emergency.

## 3.0 Scope

- 3.1 This policy applies to all ICB staff at Agenda for Change 8b and above who participate in the on-call rota.
- 3.2 VSM roles with on call included in terms and conditions, do not attract any additional payment for being on-call. However, the principles of this policy (apply to VSMS on-call, excluding any remuneration).

## 4.0 Principles

- 4.1 This policy will be communicated to staff via team meetings and will be available for staff on the intranet.
- 4.2 Training and support will be available to all Line Managers whose staff are required to be on- call in the implementation and application of this policy. The ICB EPRR team will also be available to provide on call development and competency.
- 4.3 The general principles will be that staff will be expected to undertake on call responsibilities. However, exemptions will be considered for individuals with exceptional personal circumstances signed off by the Director of System Delivery.

## 5.0 Definitions

- 5.1 On-call: A member of staff is on-call when, as part of an established arrangement with his/her employer, he/she is available outside his/her normal working hours – either at the workplace, at home or elsewhere. They will hold a reasonable state of readiness to respond to incident declarations or system escalations.
- 5.2 Work done: Work done as part of the on-call service will include time spent resolving queries either at the workplace, at home or elsewhere and will include travel time if required. It will include resolving calls over the telephone as well as on site (if required) but will not include referring telephone calls elsewhere (e.g., to another on-call worker) or providing advice on matters not related to the on-call matter unless the on-call matter cannot be resolved without this further intervention.

## 6.0 Impact Analysis

### 6.1 Equality

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation and an equality impact assessment has been completed

- 6.2 As a result of performing the analysis, the policy could have an adverse impact on ICB employees with protected characteristics, however a process exists for individuals to apply for exemptions; monitoring of these requests will form part of the review arrangements. The application of this policy will be monitored alongside employee demographic data to ensure fair application.

## 7.0 Monitoring and Review

- 7.1 The policy and procedure will be reviewed and audited periodically by the EPRR and HR Team in conjunction with the senior leadership team and with Trade Union representatives where appropriate.
- 7.2 Where review is necessary due to legislative change, this will happen immediately.
- 7.3 The implementation of this policy will be audited on an annual basis by the ICB Senior Manager's Operational Delivery Group.

## 8.0 Key Points

- 8.1 The on-call function will be delivered 24/7 during the individuals rostered time on call. On call tactical and strategic commanders will respond to escalations where required and any incident declarations.
- 8.3 The on-call rota will be available at least 6 months in advance and usually longer to allow individuals to plan. Swapping on-call shifts is allowed but will be managed by the on-call staff within each rota. Individuals will be responsible for updating the rota manager accordingly so staff have access to the most up to date record of who will be on each shift.
- 8.4 For part-time employees, all terms, conditions, and rotas will be applied on a pro-rata basis.

## 9.0 Resolving Calls

- 9.1 Where possible, on-call issues will be dealt with remotely via telephone to avoid the need to travel.
- 9.2 Employees on-call will be provided with kit to respond to calls remotely wherever possible. It will be the responsibility of each employee to raise any issues with their agile kit or make requests for additional equipment to their line manager.
- 9.3 For the safety and security of staff, should the 1<sup>st</sup> tactical on call or strategic on call be required to deploy to an incident command centre (ICC) or other coordinating group out of hours, they must notify the 2<sup>nd</sup> tactical on call. Should the 2<sup>nd</sup> tactical on call require deployment, they will notify 1<sup>st</sup> Tactical on call.
- 9.4 All on-call employees must be aware of and act in accordance with all other ICB Health and Safety policies; particularly, the ICB Lone Worker policy, including awareness of the escalation process where an employee has concerns about their own or another individual's health and safety.

## 10.0 Handover

- 10.1 On completion of an on-call shift, it will be the responsibility of the finishing employee to fully handover to the next on-call manager. This will include informing them of the nature of any calls resolved and any unresolved calls, areas of concern or query. Staff will use their own work office equipment (laptops, mobiles etc.) as part of the on-call rota, with a pager switched on at all times during an on-call shift.
- 10.2 When commencing an on-call shift, it will be the responsibility of the employee on call to establish which other employees and deputy within the system will be on-call that week by checking the most up-to-date rota. They must also ensure they have access to the on-call employee documentation.
- 10.3 The On-Call Employee Handbook will be continually updated to serve as a reference point for individuals while on-call. The handbook will be version controlled and will be the responsibility of the ICB Emergency Preparedness Officer, or a delegated representative of the senior management team in their absence. Staff covering the rota will be responsible for obtaining the latest version of the handbook from the network once notified of any updates. It may include but is not limited to names and useful telephone numbers and webpage links, relevant updates.

## 11.0 Availability for work

- 11.1 While on-call, employees must be available to resolve calls in a timely manner.
- 11.2 When the on-call manager is paged, it is normally expected that messages will be responded to within 30 minutes. It will be the responsibility of the on-call employee to ensure that their pager device is in working condition. Any device issues should be reported to a member of the ICB EPRR team.
- 11.3 Whilst on-call, managers must ensure they have access to remote working facilities within one hour of incident notification or escalation. This includes, although not limited to; access to emails, remote video conference and policy / guidance.
- 11.4 Where possible, calls will be resolved remotely from the employee's home or other location. If a site visit is required to resolve a call, it is expected that the individual will be within a reasonable travel time distance based on employee's home and site location.
- 11.5 If a tactical on-call employee becomes unavailable to work outside of normal working hours for reasons such as sickness absence, they must contact the 2<sup>nd</sup> tactical on call counterpart. The 2<sup>nd</sup> on call will then take primary tactical on call responsibility. The on-call employee must also follow normal sickness reporting arrangements if they are still unable to work the next day.
- 11.6 If a strategic on-call employee becomes unavailable to work outside of normal working hours for reasons such as sickness absence, they must attempt contact another commander on the strategic cadre. If this is not possible NHSE Midlands 1<sup>st</sup> on call should be contacted along with the ICB 1<sup>st</sup> tactical on call. The on-call employee must

also follow normal sickness reporting arrangements if they are still unable to work the next day.

- 11.7 Should a tactical or strategic on call become unavailable during office hours, they must contact the on-call rota manager along with the lead EPRR officer. The on-call employee must also follow normal sickness reporting arrangements if they are still unable to work the next day.
- 11.8 Employees must be available to work while on-call and maintain a fitness to discharge on call duties. They must ensure that throughout the duration of the on-call period they are able to respond to calls and are able to drive a vehicle legally. Under no circumstances should an employee drive a vehicle whilst under the influence of alcohol or any other drug that may inhibit their ability to comply with the requirements of the Road Traffic Act.

## 12.0 Recording work done

- 12.1 All calls taken during the on-call shift must be recorded, regardless of whether these were resolved. These will be used as a record of the work done by employees during an on-call shift. This record will be used for audit purposes together with any payroll documentation.
- 12.2 On-call employees who are eligible to claim overtime must complete an Overtime Payments form in order to claim payment for any work done during the on-call shift. This form (PR1) can be found by accessing the on-call director file on the O Drive and is available on the intranet. The overtime form must be signed by the line manager and director and submitted to payroll.

## 13.0 Compensatory Rest

- 13.1 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.
- 13.2 Employees will be able to take time back the following day when they have taken a call after midnight that lasts more than one hour.
- 13.3 In both circumstances the employee will be responsible for contacting their line manager to advise the time that they will be in work the following morning.

## 14.0 Remuneration

- 14.1 On-call pay enhancement

Employees on the on-call rota will receive an on-call pay enhancement exclusive of payments made to reimburse on-call employees for work done. This enhancement recognises their availability to provide cover.

14.2 The on-call pay enhancement will be paid as a percentage of employee's basic salary dependent on the frequency that they are expected to be on-call, as follows:

Frequency on call	Value of enhancement as % of basic pay
1 in 3 or more frequent	9.5%
1 in 7 or more frequent but less than 1 in 3	4.5%
1 in 9 or more frequent but less than 1 in 7	3%
1 in 12 or more frequent but less than 1 in 9	2%
Less than 1 in 12	1.5% (by local agreement where other alternative pay arrangements have not been put in place)

Table 1: On-call pay enhancements by frequency

14.3 In accordance with Agenda for Change, on-call payments are calculated on basic pay only (plus any long-term recruitment/ retention premium where in place) and therefore will not include any pay protection arrangements.

14.4 The ICB reserves the right to amend payments according to the frequency of on call or any other established guidance set out in agenda for change that may supersede these arrangements.

## 15.0 Remuneration for work done

15.1 For those eligible employees, (up to and including band 9) payment for planned work done out of normal hours Monday to Sunday will be remunerated at time and a half, with the exception of work on contracted Public Holidays which will be paid at double time (in accordance with section 2.45 & 3.1 of Agenda for Change Terms & Conditions). VSMS are not eligible for on call enhancements (other than time off for compensatory rest)

15.2 Unplanned activity undertaken whilst on call may only be claimed after 30mins of cumulative work during that period on-call. The following table shows the thresholds for rounding TOIL. All unplanned work must be claimed as flat rate TOIL. This is to support on-call manager resilience.

### Payments for those staff on call

Payments for unplanned on call activity up to and including Band 9			
Round to 30 minutes	Round to 45 minutes	Round to 1 hour	Repeat for amount of unplanned work completed
30 – 37 minutes	38 – 52 minutes	53 – 67 minutes	

Payments for planned call activity		
Payments	Sat	Sunday
Lump Sum (one off payment)	% as per frequency of on call.	
Known Planned On call required attendance on system calls. <b>This may be paid on an overtime claim form</b>	1.5 hours	1.5 hours

15.3 Staff have the option to take Time Off in Lieu (TOIL) at flat rate rather than payment for planned work done and this is the preferred option as this ensures resilience, but this can only be with the agreement of the member of staff. It must be agreed in advance of the on-call shift with their line manager and must be taken in line with paragraph 3.5 of the NHS Terms and Conditions of Service Handbook.

15.4 Planned work is allocated for the weekends as it is expected the on-call manager will chair system escalation calls along with the development and dissemination of the system OPEL report.

15.5 Public Holidays

Staff required to work or to be on-call on a public holiday are entitled to equivalent time to be taken off in lieu of flat time rates, in addition to the appropriate payment for the duties undertaken (see Section 2 (a) (England) and Annex A3 of NHS Terms and Conditions of Service Handbook).

## 16.0 Minimum Occupational Standards for Emergency Preparedness, Resilience and Response (EPRR)

16.1 The minimum national occupational standards that health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles.

- 16.2 These standards are applicable to all ICB staff to are part of either tactical or strategic on call cadres.
- 16.3 Training will be provided and focused on the specific roles and requirements to an individual, aligned to a training needs analysis.
- 16.4 Individuals who are part of any on call command cadre must demonstrate competence against the required standards every three years as a minimum.
- 16.5 Staff undertaking an EPRR role must maintain a CPD portfolio.
- Exercise participation and reflection
  - Incident Response and reflection
  - Training (Webinars, Courses, etc.)
- 16.6 Staff undertaking an EPRR role should complete a EPRR Training Needs Analysis (TNA) every two years. This is detailed within the Lincolnshire ICB Policy and Framework.