

## Operational On-Call Rota

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Reference Number: RDF1910-23

Date of Response: 01/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

### *Freedom of Information (FOI) Request:*

#### *1. Please provide information regarding your operational on-call rota:*

*a. How many members of staff are on the rota?*

Answer: Answer: 57.

*b. What is the most junior band/grade of staff on the rota?*

Answer: Band 8

*c. What is the remuneration for staff providing operational on-call?*

Answer: For Eastern Services: There will be a standard session payment of £20 per on call or £1.66 per hour of on call if variation from standard 12-hour period. For Northern Services: £1.86 – Telephone/on-site working paid at 8B or substantive rate if higher.

*d. Please share your on-call (ops) policy*

Answer: Please see Royal Devon's Eastern Services and Northern Services Policies attached. Local internal guidance is also created.

*e. Are all staff on the rota employed substantively in operational roles?*

Answer: Eastern Services: No, however by exception individuals will have current, previous or keen to develop, operational management experience. For the Northern Services: Yes.

#### *2. Please provide information regarding your Division/Care Group management structures:*

*a. Share Divisional/Care Group organogram*

Answer: Please see the links below:

- <https://www.royaldevon.nhs.uk/media/1pgpvvri/whos-who-in-north.pdf>
- <https://www.royaldevon.nhs.uk/media/csyhdltr/whos-who-in-east.pdf>

b. *What grade/band is the*

- i. *Divisional ops director/general manager -*
- ii. *Divisional Head of Nursing/Head of Nursing -*
- iii. *Clinical Director/Divisional director -*

*(noting that different titles are used in different Trusts, this question is regarding the most senior triumvirate members of the clinical care groups/divisions).*

Answer: The Trust can confirm that it holds information that you have requested. This information is exempt under Section 21 of the Freedom of Information Act because it is reasonably accessible to you. The information you requested can be accessed via the following link (from page 62):

- <https://royaldevon.nhs.uk/media/ppkdqkgz/royal-devon-annual-report-2022-23-final-version.pdf>

Section 21 of the Freedom of Information Act exempts disclosure of information that is reasonably accessible by other means. The terms of this exemption mean that the Trust does not have to consider whether or not it would be in the public interest for you to have the information.

c. *What PA (programmed activity) or time allowance does the Clinical Director for each Division/Care Group receive?*

Answer: Northern Services: 2 Pas. Eastern Services: *between 2 – 2.5 Pas.*

d. *Do any of the 3 roles attract an additional responsibility payment (ARP) and if so, what is the value of the payment*

Answer: No responsibility payments are made.

e. *How many Divisions/Care Groups are there in your Trust*

Answer: 7.

f. *How many services sit within each Care Group/Division*

Answer: Please see below.

Community Services (covers Eastern & Northern Services) - 24 services.

Eastern Services:

- Surgery – 19 services.
- Specialist Services – 27 services.
- Medicine – 33 services.

Northern Services:

- Surgery – 31 service.
- Medicine – 24 services.
- Clinical Support – 30 services.

<b>On-Call Policy</b>	
Post holder responsible for Procedural Document	██████████ Chief People Officer
Author of Policy	Employee Relations Manager
Division/ Department responsible for Procedural Document	Human Resources
Contact details	██████████
Date of original document	November 2021
Impact Assessment performed	Yes
Ratifying body and date ratified	People, Workforce, Planning and Wellbeing Committee- 13/11/2021
Review date	June 2026 (every 4.5 years)
Expiry date	January 2027
Date document becomes live	27 January 2022

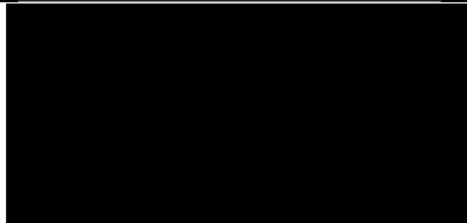
Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

<b>Monitoring Information</b>		<b>Strategic Directions – Key Milestones</b>	
Patient Experience		Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards – Regulation:		Infection Control	
Other ( <i>please specify</i> ):			
<b>Note:</b> This document has been assessed for any equality, diversity or human rights implications			

**Controlled document**

This document has been created following the Royal Devon and Exeter NHS Foundation Trust/Northern Devon Healthcare NHS Trust Policy for Procedural Documents. It should not be altered in any way without the express permission of the author or their representative.

Full History		Status: Draft	
Version	Date	Author	Reason
1.0	06/11/2020	Employee Relations Manager	New Policy
2.0	01/11/2021	Employee Relations Manager	Alignment of RD&E Policy process and the NDHT Policy process including new rate of on-call pay

<b>Associated Trust Policies/ Procedural documents:</b>	Car Parking Policy Expenses Reimbursement Policy and Procedure Working Time Policy
<b>Key Words</b>	On-Call, Working Time, TOIL, Compensatory Rest
<b>In consultation with and date:</b> <i>Joint Policy Group 10.11.2021</i> <i>PWPW 18.11.2021</i> <i>PF 1.12.2021</i>	
<b>Contact for Review:</b>	Employee Relations Manager
<b>Executive Lead Signature:</b> <i>(Applicable only to Trust Strategies &amp; Policies)</i>	 Chief People Officer

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## **KEY POINTS OF THIS POLICY:**

This policy sets out the arrangements for the remuneration of, and the terms and conditions that apply to, all on-call staff on NHS Terms and Conditions of Service contracts (excluding Medical Staff).

This policy is written in line with the principles contained in Section 2 and Annex 29 of the National Health Service Terms and Conditions of Service Handbook.

## 1. INTRODUCTION

- 1.1 On-call systems exist as part of arrangements to provide appropriate service cover across the NHS.

A member of staff is on-call when, as part of an established arrangement with the Royal Devon and Exeter NHS Foundation Trust/Northern Devon Healthcare NHS Trust (hereafter referred to as the Trust), they are available outside of their normal working hours – either at the workplace, at home or elsewhere – to work as and when required. This definition emphasises that the core element of on-call is the agreement to be available outside normal working hours.

- 1.2 The guiding principles of this policy are in line with the Agenda for Change principles for harmonised on-call arrangements contained in Annex 29 of the NHS Terms and Conditions of Service, namely:

- To be consistent with the principles of equal pay for work of equal value.
- To provide a payment that reflects the availability for being called.
- To take account of the frequency of on-call availability.
- To specify payment for work done whilst on-call.
- To provide staff with the option to take time off in lieu (TOIL) rather than payment for work done.
- To allow for compensatory rest for work done, in accordance with Section 27 of the NHS terms and conditions of service handbook and as described in the Working Time Policy
- To specify the arrangements for payment of travel time and expenses.
- To specify the arrangements for covering public holidays.
- Where necessary, to specify sleeping in arrangements.
- To specify whether payments are pensionable or non-pensionable.
- To specify transitional arrangements for the movement of staff from current to future on-call payment systems where appropriate.

- 1.3 This policy will be subject to review as further guidance or amendments are issued by the government and further case law develops.

## 2. PURPOSE

- 2.1 The purpose of this document is to set out the arrangements for the remuneration of and the terms and conditions that apply to all on-call staff on NHS Terms and conditions of employment (excluding medical staff). This policy is in line with Section 2 Annex 29 of the NHS Terms and Conditions of Service Handbook.

## 3. DEFINITIONS

- 3.1 **On-call** – A member of staff is on-call when, as part of an established arrangement with the Trust, they are available outside their normal working hours to work as and when required. This includes arrangements where a member of staff chooses to remain on Trust premises/accommodation in order to fulfil their on-call requirements, but it is not a Trust requirement for them to remain on site.

3.2 **Sleeping In** - Sleeping In is not the choice of the individual but is a requirement due to the short notice of on-call response. A sleeping-in session will often incorporate the following elements:

- (a) hours of wakefulness;
- (b) sleep;
- (c) work done.

The term “sleeping-in” does not refer to individuals who are on-call from the workplace and are able to sleep between periods of work.

3.3 **Emergency Call** – A member of staff may be called in for an emergency when not on an on-call rota, e.g. for a major incident.

3.4 **Normal Working Hours** – Hours which are regularly worked and/or fixed by the contract of employment. This does not include overtime.

3.5 **Working Time** – Working time means any period during which an employee is working, at their employer’s disposal and carrying out activities or duties. All these elements of this definition must be satisfied in order that time may be classed as working time.

For the purposes of this policy working time does not necessarily equate to paid time.

- Where employees travel to different sites during the working day, then this is classed as working time.
- Travel between home and the normal place of work at the start and end of the day is classed as working time ONLY when referring to On Call.
- - Where an employee sleeps on work premises but is seldom required to attend an incident during the night this would not equate to paid time.

3.6 **Compensatory Rest** – For the purposes of this policy the Trust has defined Compensatory Rest as a form of paid compensatory time that takes the effect of uninterrupted rest to make up for missed rest periods that must be taken **as soon as possible after the work that engenders it.** Compensatory Rest can be accrued for hours worked during rest breaks. It must be granted where rest is delayed or interrupted by work. In each situation the rest provided should make up for the rest missed (not the entirety of the period). It should be taken within a reasonable period and before returning to work where possible. Good practice is for it to be taken immediately after the end of the working period. See section 8.3 for full details on application.



## 4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 The **Trust Board** is responsible for:

- ✓ Endorsing and fully supporting this policy in its application.

4.2 The **Human Resources (HR) Department** is responsible for:

- ✓ Providing advice to managers and staff on the interpretation and application of this policy.
- ✓ Updating this policy in line with legislative changes.

4.3 The **Occupational Health and Safety Service** is responsible for:

- ✓ The provision of health assessments for on-call workers and advice should the on-call worker be identified as having a health issue that is being affected by on-call/night work.
- ✓ Provision of advice on risk assessments to identify 'special hazards' for on-call/night workers.

4.4 **Line Managers** are responsible for:

- ✓ Ensuring rest requirements for their rotas are set with regard to the needs of the service and the health and safety of their staff, taking in to account the frequency and intensity of calls.
- ✓ Ensuring that employees are aware of this policy and understand their responsibilities in relation to it.
- ✓ Ensuring that this policy is adhered to within their own area.
- ✓ Ensuring that rotas for out-of-hours' work meet the requirements of the service.
- ✓ Ensuring that rotas for out-of-hours' work are cost effective and kept within budget limits set by the department or Division.
- ✓ Ensuring that rotas for out-of-hours' work abide by the Working Time (Amendment) Regulations 2003, in particular rest periods, compensatory rest and health assessments for night work.
- ✓ Ensuring that local arrangements are agreed in writing, approved by [Departmental Senior Manager, with People Business Partners and Staffside involvement and reviewed on an annual basis.

4.5 **Employees** are responsible for:

- ✓ Undertaking on-call if the requirement to work on-call is specified in an employee's contract of employment or job description.
- ✓ Ensuring they are aware of and follow the local standard operating procedures relating to on-call.
- ✓ Informing their line manager if they believe they are exceeding the working hours outlined in the Working Time Regulations due to being on-call.
- ✓ Informing their line manager if there are difficulties preventing them from taking rest breaks, daily or weekly rest periods, or from taking compensatory rest due to frequency of being on-call.
- ✓ Ensuring that they are available at all times of the required on-call period, and that members of the Trust and switchboard are informed how to contact them whilst on-call.
- ✓ Ensuring that they are fit to attend work, must not present themselves for duty in an unfit state (e.g. through alcohol or drugs) and must remain in a fit state whilst on duty.

- ✓ Reporting any concerns about another employee's fitness to work, in confidence, to their line manager or to Human Resources, or refer to a more senior colleague on-site.
- ✓ Ensuring they are aware of the local arrangements for reporting any unavailability. Staff must ensure their on-call period is covered and revised cover arrangements are communicated appropriately.
- ✓ Ensuring any requests to come off an on-call rota for health reasons, for a temporary period or permanently is agreed with their line manager, taking Occupational Health advice as appropriate.

## 5. HEALTH AND SAFETY RESPONSIBILITIES

- 5.1 As on-call and working time is a health and safety related issue, this policy shall complement the Trust's [Health and Safety Policy](#). Control on working hours should be regarded as an integral element of managing health and safety at work and promoting health at work.
- 5.2 There is a general responsibility under health and safety law for the Trust and its employees to protect as far as is practicable the health and safety at work of all employees. All employees have a legal obligation to take reasonable care for the health and safety of themselves and others at work and to adhere to the provisions of this policy.

## 6. ON-CALL

- 6.1 Those employees who are required to be on-call shall be regarded as working from the time that they are contacted to attend work until the time that they return home directly from work or begin another activity at the end of the work related call.
- 6.2 Those instances whereby employees who are on-call are contacted at home by telephone regarding work-related matters, but where there is no requirement to attend work, shall be classed as working time for the duration of the telephone call(s).
- 6.3 Where employees are on-call but otherwise free to pursue time as their own, this will not count towards working time.
- 6.4 When employees are on-call for the Trust they must be available to attend for work within the constraints of section 7 of Appendix 1 below.
- 6.6 On-call payment arrangements for staff on NHS terms and conditions of employment can be found at **Appendix 1**.

## 7. DEPARTMENTAL/DIVISIONAL ARRANGEMENTS

- 7.1 Within the principles set by this Policy, departmental on-call arrangements will be specified for each service/Division to reflect the service needs of individual departments/Divisions. All departmental/Divisional arrangements must be in writing and held within each Divisional Senior Management Team including oversight by the HR/ Workforce Business Partners. Please see line management responsibility at section 4.4 (link to be inserted).

## 8. WORKING TIME REGULATIONS AND REST PERIODS

8.1 For the purposes of this policy, working time is defined as the time staff are required to work whilst on-call.

The principles of the Working Time Regulations and rest periods, including compensatory rest, are also detailed in the Trust's Working Time Policy.

8.2 The Working Time Regulations provide for rest periods of:

- 20 minutes after 6 hours work
- 11 hour daily rest period
- 24 hours rest in any 7 day period, or;
- 48 hours rest in any 14 day period

All staff should have a minimum of 90 hours rest per week on average. This is the total number of a worker's entitlement to daily and weekly rest periods.

### 8.3 Compensatory Rest

8.3.1 Compensatory rest is granted in lieu where the prescribed rest breaks are encroached upon and is an equivalent period to the hours lost.

8.3.2 A full-time employee has a right to a minimum of 90 hours rest in a week (6 x 11 hours daily rest plus 24 hours weekly rest). This may be averaged over a 14 day period. This rest may be taken in a different pattern, or the periods of rest may be interrupted subject to the employee receiving compensatory rest. The principle is that the employee receives the minimum 90 hours rest to which they are entitled, though some of it may be slightly deferred.

8.3.3 Where possible, the on-call rota should provide for 11 hours' rest between periods of work done whilst on-call and working normal shifts. However, if this is not possible due to the needs of the service, the remainder of the daily rest requirement will be taken as compensatory rest at a time to be agreed with the line manager. Please note Compensatory rest period may be agreed between the Employee and the Line Manager after the On Call has taken place, as it may not be possible for this to be agreed in advance.

Staff should also discuss with their manager whether they would like to take their compensatory rest at the start or end of their shift, if the service can accommodate this.

As an example, where a member of staff returns home from a period of call-out, their start time in work the next day is later by an equivalent time to their call-out period to allow for compensatory rest e.g. a 2 hours later start time following a 2 hour call-out period to ensure the member of staff is safe to work. However members of staff should be paid as per their originally proposed start time and the end time of the shift should **not** be extended (as this was compensatory rest to protect the health and safety of the individual). This is a Trust provision and not a requirement of the Working Time Regulations.

8.3.4 Compensatory rest to make up for missed rest periods must be taken as soon as the period of work ends or as soon as reasonably possible. If a member of staff's following shift falls on a day off or leave day, then the owed compensatory rest should be taken at the next available opportunity, as agreed with line management, and whilst remaining mindful of service need and cover.

8.3.5 There may be circumstances where, because of the demand of the call-out period, a member of staff does not feel safe to be in work at their next shift. They should discuss this with their manager and alternative arrangements may be agreed.

However, managers must ensure that the principle of minimum 90 hours' rest per week on average is adhered to.

**9. ARCHIVING ARRANGEMENTS**

The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

**10. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY/ STRATEGY**

10.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
All departmental/divisional arrangements must be in writing and held within each Divisional Senior Management Team.	Minuted regular formal reviews.	Line managers and service leads to review on regular basis to be reassured on-call arrangements working in best interest of service and staff.
Volume of queries on the application and interpretation of this policy to include any outliers and discrepancies.	ER tracker/ helpdesk ticket logs	Bi- annual reporting by Head of HR Service Centre to <i>People, Workforce, Planning &amp; Wellbeing Committee</i>

## 11. REFERENCES

- The National Archives, Statutory Instruments, 1998 No. 1833; Terms and Conditions of Employment: *The Working Time Regulations 1998* [online]. Available at: <http://www.legislation.gov.uk/ukSI/1998/1833/introduction/made> [Last accessed 1<sup>st</sup> October 2020].
- The National Archives, Statutory Instruments, 2003 No. 1684; Terms and Conditions of Employment: *Working Time (Amendment) Regulations 2003* [online]. Available at: <http://www.legislation.gov.uk/ukSI/2003/1684/introduction/made> [Last accessed 1<sup>st</sup> October 2020].
- The National Archives, Statutory Instruments, 1999 No. 3242; Health and Safety: *Management of Health & Safety at Work Regulations 1999* [online]. Available at: <http://www.legislation.gov.uk/ukSI/1999/3242/introduction/made> [Last accessed 1<sup>st</sup> October 2020].
- *Equality Act 2010* (c.15). London: Stationery Office. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Last accessed 1st October 2020]
- NHS Employers (Amendment Number 41). NHS terms and conditions of service handbook (Agenda for Change) [online]. Available at: [https://www.nhsemployers.org/employershandbook/tchandbook/afc\\_tc\\_of\\_service\\_handbook\\_fb.pdf](https://www.nhsemployers.org/employershandbook/tchandbook/afc_tc_of_service_handbook_fb.pdf) Last accessed 1<sup>st</sup> October 2020].
- NHS Employers COVID-19 guidance for NHS workforce and leaders, Working hours and working time regulations. Available at:  
• <https://www.nhsemployers.org/covid19/staff-terms-and-conditions/working-hours-and-working-time-regulations> [Last accessed 1<sup>st</sup> October 2020].

**APPENDIX 1: ON-CALL PAYMENT ARRANGEMENTS (NHS TERMS AND CONDITIONS RD&E CONTRACTED STAFF ONLY)**

Royal Devon and Exeter  
NHS Foundation Trust



**ON-CALL PAYMENT ARRANGEMENTS**  
June 2012

- 1. SEPARATE PAYMENTS WILL BE MADE FOR AVAILABILITY AND FOR WORK DONE**
- 2. AVAILABILITY PAYMENT**

An availability payment will reflect the availability for being called out. This will be a flat rate available to all staff as follows:

There will be a standard session payment of for all bands of staff (excluding medical staff) of £20 per on call or £1.66 per hour of on call **if variation from standard 12 hour period**. Sessions may vary in length and this enhanced payment is made per session, irrespective of the length of session covered.

This payment will cover the inconvenience of being contactable and available to work, and where appropriate being able to attend work within a given time period. For each on-call service the acceptable response and attendance time will be determined by the service need, and in consultation with the staff involved. Annual review will be in line with NHS terms and conditions annual pay awards.

For on-call purposes, the working week (including weekend days) is split into 9 sessions.

- a) Monday to Friday – 1 session (i.e 1 x £20) each occasion for a length of time within a 24 hour period (total of 5 sessions)
- b) Saturday and Sunday – 2 sessions (i.e 2 x £20) for each 24 hour period.
- c) Public Holidays – 2 sessions (i.e 2 x £20) for each 24 hour period.

To receive a 2 session payment for availability over weekend days (Saturday and Sundays) or Public Holiday, the individual must be on-call for the whole 24 hour period.

The start and finish time of on-call sessions will be determined at department/Divisional level by the senior manager and will be specific to the particular needs of the service/Division and shift patterns.

Below sets out the current pattern for covering on calls (including where two periods are covered then two payments are due):

Outline of General On Call (out of hours) session timings*					
	Start	Finish	2 <sup>nd</sup> Shift start	2 <sup>nd</sup> Shift finish	Total shifts
Monday	8PM	8AM			9 sessions per week
Tuesday	8PM	8AM			
Wednesday	8PM	8AM			
Thursday	8PM	8AM			
Friday	8PM	8AM			
Saturday	8AM	8PM	8PM	8AM	
Sunday	8AM	8PM	8PM	8AM	
Bank Holidays	Midnight	Midday	Midday	Midnight	2 sessions per bank holiday

### 3. PAYMENT FOR WORK DONE WHEN CALLED IN

Work done on site or remotely e.g. via an IT system or telephone.

For each on-call service, it will be determined by managers and staff what level of seniority/ responsibility is required to provide the on-call cover.

Staff who are called in to work during a period of on-call or who undertake work through an IT system e.g. MS Teams or via telephone remotely whilst on call, will receive a minimum payment of 1.5 hours for the period they are required to work inclusive of travel time.

Alternatively, staff may choose to take time off in lieu (see Section 10).

The rate of pay for all staff will be either:

- The individual staff member's standard hourly rate, calculated at time and a half, other than bank holidays when payment will be at double time
- Or time off in lieu (TOIL) at plain time rate
- For staff whose hourly rate falls below the band agreed for On-Call work, they would be paid at lowest point or crossover/transition point of the On-

Call Band.

In those areas where there is a need for on call services to be delivered by a team, and the roles differ in levels of responsibility there will be a requirement to allocate the on call rota accordingly.

The period used to calculate payment will start when the member of staff takes the call request and will end when they finish the work. For travelling time, see section 6 below.

The full period for payment will be rounded up to the nearest 5 minutes. If a second request for work is received within the initial period, both requests will be considered as one period of work.

The general principles of the on call scheme must be applied consistently Trust-wide and cannot be changed to favour particular staff or occupation groups over others.

#### **4. PAYMENT FOR WORK DONE BY PHONE/MS TEAMS/REMOTE SOFTWARE**

On call work, completed from home, is considered work for the purpose of this policy. An auditable worksheet must be used to record and claim for all calls/requests received.

As part of the on call payment, there is an expectation that where work completed is less than 15 minutes duration, whether one call or several separate ones, no work from home claim will be made. Thereafter, any additional work can be claimed, rounded to the nearest 5 minutes and claimed in 15 minute intervals. If a second phone call is received within the initial 15 minute period, both calls will be considered as one period of work.

#### **5. PAYMENT FOR EXCEPTIONAL 'SLEEPING IN' REQUIREMENTS**

As a result of the acceptable response times agreed for each service (as described at 7 below which may be affected by extreme weather or pandemic response) where employees live in an area where it is not possible to perform On Call from home, some groups of employees may be required to 'sleep in' on site to enable them to achieve such response times. If agreed by the line manager it may be possible for staff who are on-call to sleep on site in hospital-provided accommodation.

The Trust wide position on sleeping-in is that any such pre-existing arrangements will be subject to review and approval and that if required to continue then payment will be made in line with NHS terms and conditions principles.

#### **6. TRAVELLING TIME**

Travelling time will be included in the minimum period for payment as detailed in section 3 above. Where a member of staff needs to attend their work base, they will be paid the travelling time from their home to their work base.

*On-call policy*

Ratified by: PWPW 13/11/2021

Review date: June 2026



Where a member of staff needs to attend a site which is not their work base, they will be paid the travelling time from home to that site.

## **7. ACCEPTABLE RESPONSE TIME**

For each on-call service the acceptable response and attendance time will be determined by the service need, the nature of the call and in consultation with the staff involved.

## **8. TRAVELLING EXPENSES**

Appropriate travel expenses incurred in order to carry out work on-call will be reimbursed in line with the Trust Expenses Reimbursement Policy and Procedure and be paid at HMRC rates.

Staff will use the most appropriate form of transport for their journey to and from work, depending on the time of the call, personal safety and cost.

Car parking on Trust land is subject to the requirements of the Trusts Car Parking Policy.

The Trust will not be liable for the payment of any parking fines incurred whilst staff undertake on-call duties. Staff are expected to follow the rules of the road and the Trust will not be liable for any offence committed by members of staff (e.g. speeding fines) whilst travelling to or from an on-call shift.

Departmental Managers may wish to provide options such as having a Departmental Car Parking Permit to be used for staff On Call.

Travelling expenses incurred in order to carry out work on-call will be reimbursed at the rate applicable to the individual's mileage rate.

## **9. PENSIONABLE STATUS OF PAYMENTS**

All availability payments will be pensionable and all payments for work done on call (including travelling time) will not.

## **10. TIME OFF IN LIEU (TOIL)**

Where an individual decides to take TOIL instead of payment under the provision of work done whilst On Call, it should be agreed at a departmental level where possible. If a period of on-call falls on a weekend day, a further additional day of TOIL would not be applicable or provided.

If, for Operational reasons, TOIL cannot be taken within 3 months, payment should be made at the applicable rate.

## **11. BANK/PUBLIC HOLIDAYS AND TOIL**

In line with section 13.4 of the NHS Terms and Conditions of Employment Handbook, staff who are on call on a general public holiday are entitled to equivalent time to be take off in lieu at plain time rates, in addition to the appropriate pay for the duties undertaken. The time in lieu awarded for being available to work on-call between midnight and midnight on a Bank/Public Holiday will equivalent to the time spent on call, up to a maximum of 7.5 hours (or the length of the shift if longer) for full time staff, pro-rata for part-time staff.

## **12 CLAIMING ON-CALL PAYMENTS**

In order to claim On-Call payments, Roster Managers must approve 'on call' shifts via the Health Roster system. For staff/departments not using health roster, the line manager should complete an ESAR form and submit to Payroll.

## APPENDIX 2: COMMUNICATION PLAN

### COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

<b>Staff groups that need to have knowledge of the strategy/policy</b>	All managers and staff engaging in and managing on-call arrangements.
<b>The key changes if a revised policy/strategy</b>	Separated from Working Time policy into its own separate policy and revised rate of pay update.
<b>The key objectives</b>	<p>To set out the arrangements for the remuneration of, and the terms and conditions that apply to, all on-call staff on NHS Terms and Conditions of Service contracts (excluding Medical Staff).</p> <p>This policy is written in line with the principles contained in Section 2 and Annex 29 of the National Health Service Terms and Conditions of Service Handbook.</p>
<b>How new staff will be made aware of the policy and manager action</b>	<p>Uploading onto HUB and Bob and inclusion in the Trust's Must Reads.</p> <p>Dissemination by Managers to staff.</p>
<b>Specific Issues to be raised with staff</b>	<i>none</i>
<b>Training available to staff</b>	<i>n/a</i>
<b>Any other requirements</b>	<i>none</i>
<b>Issues following Equality Impact Assessment (if any)</b>	<i>none</i>

Location of hard / electronic copy of the document etc.	On HUB/BOB Held within Employee Relations/Policy drive
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**APPENDIX 3: EQUALITY IMPACT ASSESSMENT TOOL – To be completed when content confirmed**

Name of document	On-Call Policy
Division/Directorate and service area	People Directorate
Name, job title and contact details of person completing the assessment	██████████
Date completed:	17/01/2022

**The purpose of this tool is to:**

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

**1. What is the main purpose of this document?**

To set out the arrangements for the remuneration of, and the terms and conditions that apply to, all on-call staff on NHS Terms and Conditions of Service contracts (excluding Medical Staff).

This policy is written in line with the principles contained in Section 2 and Annex 29 of the National Health Service Terms and Conditions of Service Handbook.

**2. Who does it mainly affect?**

Carers  Staff  Patients  Other (please specify)

**3. Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)**

**Please insert an “x” in the appropriate box (x)**

Protected characteristic	Relevant	Not relevant
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion / belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

n/a

5. **Do you think the document meets our human rights obligations?**

*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

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.

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.

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.

Consideration should be given to new mums returning to work for the first 12 months. Removal from the on-call requirement may be of benefit on a case-by-case basis and as advised by Occupational Health.

**7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**

<b>"Protected characteristic":</b>	
<b>Issue:</b>	
<b>How is this going to be monitored/ addressed in the future:</b>	
<b>Group that will be responsible for ensuring this carried out:</b>	

<b>On Call Policy for On call Managers and Directors in the Northern Service</b>	
Post holder responsible for Procedural Document	██████████ Emergency Preparedness Resilience & Response (EPRR) Officer
Author of Policy	██████████ Emergency Preparedness Resilience & Response (EPRR) Officer
Division/ Department responsible for Procedural Document	RDUH Operations Division North
Contact details	██████████
Date of original document	November 2014
Impact Assessment performed	<b>Yes/ No</b>
Ratifying body and date ratified	EPRR Group 7 <sup>th</sup> September 2023
Review date	1 <sup>st</sup> February 2024
Expiry date	1 <sup>st</sup> December 2024
Date document becomes live	25 <sup>th</sup> September 2023

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

<b>Monitoring Information</b>		<b>Strategic Directions – Key Milestones</b>	
Patient Experience		Maintain Operational Service Delivery	✓
Assurance Framework	✓	Integrated Community Pathways	✓
Monitor/Finance/Performance	✓	Develop Acute services	
CQC Fundamental Standards - Regulation:		Infection Control	
Other ( <i>please specify</i> ):			
<b>Note:</b> This document has been assessed for any equality, diversity or human rights implications			

**Controlled document**


This document has been created following the Royal Devon University Healthcare NHS Foundation Trust. It should not be altered in any way without the express permission of the author or their representative.



Full History		Status: Draft or Final	
Version	Date	Author	Reason
0.1	Nov 2014	Divisional Director Medicine Northern	Initial version for consultation for on-call Executives
1.0	Dec 2014	Divisional Director Medicine Northern	FINAL Approved by the Trust EPRR Board and Trust Executive Team
1.1	Apr 2014	Divisional Director Medicine Northern	Minor amendments
1.2	Oct 2016	Divisional Director Medicine Northern	Updated to reflect TCS
1.3	Feb 2021	EPRR Officer Northern	Policy updated and reviewed, inclusion of an on call issues & lead documents, on call managers sign off checklist, EPRR Training needs analysis, Resilience Direct and use of generic on call email accounts. Removal all references to the on call Secure area pages of the trust website.
1.4	March 2021	EPRR Officer Northern	Shared with on call staff for consultation
1.5	March 2021	EPRR Officer Northern	Revised Appendix 3 Training needs Analysis to include social distance alternatives
1.6	March 2021	EPRR Officer Northern	Feedback from Directors on call and On call managers
1.7	May 2021	EPRR Officer Northern	Change of rota management.
2.0	June 2021	EPRR Officer Northern	FINAL Approved at the EPRR Group on the 10 <sup>th</sup> June 2021
2.1	Oct 2021	EPRR Officer Northern	Additional of agree opal status in On call Director
3	Sept 2023	EPRR Officer Northern	FINAL Policy updated to reflect changes of the On call managers MOC completed in July/ August 2023 and test of change implemented from the 25 <sup>th</sup> September 2023.

<b>Associated Trust Policies/ Procedural documents:</b>	Northern On call Handbook <a href="#">Northern Incident Response Plan</a> Northern Business Continuity Policy <a href="#">Northern Business Continuity Plan</a>
<b>Key Words</b>	Emergency Planning, on –call, Silver, Gold command, Business Continuity, Operational, Tactical, Strategic Command.



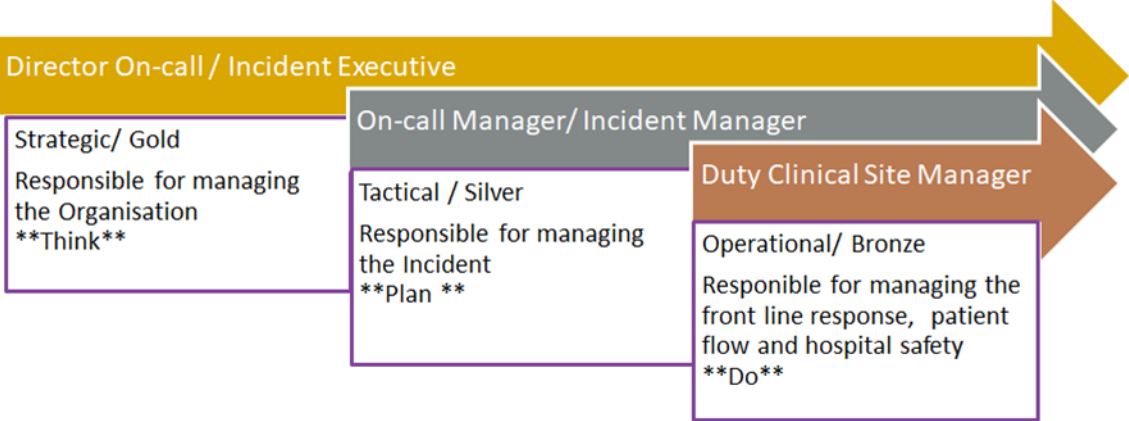
<b>In consultation with and date:</b> <ul style="list-style-type: none"> <li>• On-call Managers ( Acute and Community)</li> <li>• Directors on call</li> <li>• Senior Nurse</li> <li>• Human Resources</li> <li>• EPRR Group</li> </ul>	
<b>Contact for Review:</b>	 EPRR Officer
<b>Executive Lead Signature:</b> <i>(Applicable only to Trust Strategies &amp; Policies)</i>	<b>To be added by Policies Administrator when uploading to Intranet</b>

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**1 KEY POINTS OF THIS POLICY:**

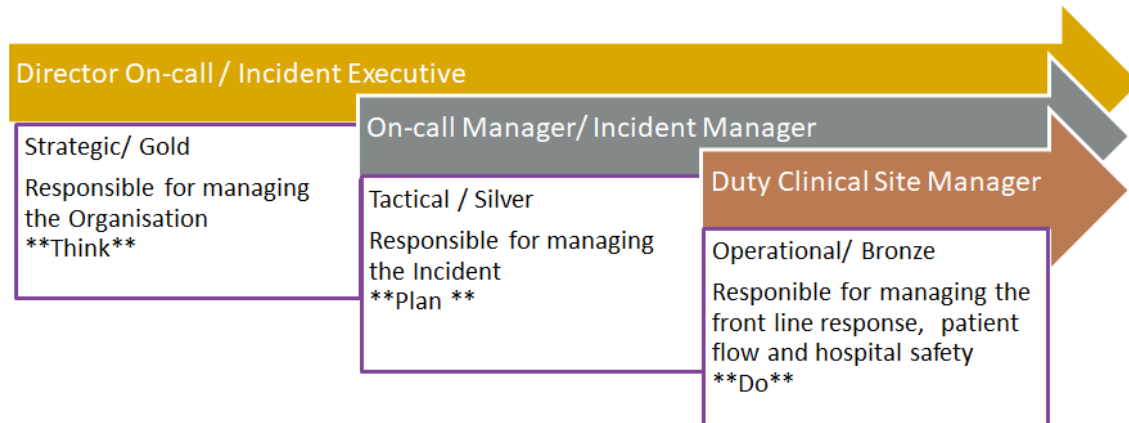
As a category one responder, under the Civil Contingency Act (2004) the Royal Devon University Healthcare NHS Foundation Trust organisation is required to have a command, control and communications process in place to deal with an incident. To ensure clarity and 24/7 resilience, The Trust has 24/7 Clinical Site Managers that provide the Operational response in an incident. Out of hours the Tactical and Strategic responses are provided by an On call response. This policy sets out the roles and responsibilities for the staff nominated to participate on the On call Managers and Directors On call rota.



## 1 INTRODUCTION

- 1.1 As a category one responder, under the Civil Contingency Act (2004) the Royal Devon University Healthcare NHS Foundation Trust organisation is required to have a command, control and communications process in place to deal with an incident. The organisation achieves this through a three-tier system. (Diagram 1), with Strategic/ Gold, Tactical/ Silver & Operational/ Bronze command levels during an incident response.

Diagram 1



- 1.2 **Failure to comply with this policy could result in disciplinary action.**

## 2 PURPOSE

- 2.1 The provision within the policy covers 365 days per year.
- 2.2 **Objectives of this policy are to:**
- Set out the minimum requirements for Trust staff to be enrolled onto either the on-call Manager/Director on-call rota;
  - Set out the overarching responsibilities and principles for the on-call Manager/Director;
  - Set out the responsibilities of on-call Managers/Directors before an on-call period;
  - Set out the responsibilities of an on-call Manager/Director during an on-call period;
  - Set out the responsibilities of on-call Managers/Directors after an on-call period has ended;
  - Set out the facilities available to on-call Managers/Director to discharge their responsibilities whilst on-call;
  - Set out the principles for the on-call Managers/Directors on-call rotas;
  - Outline the remuneration for undertaking on-call.

## 3 DEFINITIONS

### 3.1 Out of Hours

- These are the hours in which the on-call service will operate and refers to those hours which are outside normal working hours.

- For Directors on call, the term out of hours covers 17:00 to 09:00 Monday to Friday, weekends plus public/bank holidays.
- For on call Managers, the term out of hours covers 17:00 to 09:00 Monday to Fridays, weekends plus public/bank holidays.

### 3.2 **On-call**

When a member of staff is required to be contactable, and available, in the event of Senior Management/Director support being needed outside of normal working hours.

### 3.3 **On-call Manager (OCM)**

- The on-call Manager is a senior leader who is the organisations' first point of contact for any issues requiring escalation, leadership, practical support and advice.
- The on-call Manager will become the Silver (tactical) incident manager in the event of an incident. They are responsible for managing the incident.
- The On Call managers will cover from 17:00 to 09:00 weekdays and 24 hours from 09:00 to 09:00 at weekends and bank holidays.
- On-call Managers are Band 8+ either Operational Managers, Assistant Directors of Nursing, Clinical Matrons or Senior Nurses or other nominated posts.

### 3.4 **Director on-call (DOC)**

- The Director on-call is a Director, or Executive, available to provide senior representation & leadership for the organisation outside normal working hours.
- The Directors on call will cover from 17:00 to 09:00 weekdays and 24 hours from 09:00 to 09:00 at weekends and bank holidays.
- The Director on-call will become the Gold (strategic) incident commander in the event of an incident. They are responsible for managing the organisation and its response to the incident. The DOC provide support for the OCM on any situation which would normally have executive level involvement and should be consulted on any issue where the OCM is unsure of the appropriate course of action.

### 3.5 **Second On call Manager**

A second on call manager will be assigned during Bank holidays where previously the site has been in escalation. They will be rostered and recompensed at the same rate as first on call. If the On call manager is called onsite to manage an incident the Second On call can then take over at an appropriate point.

### 3.6 **Community on-call Manager**

A list of senior community managers who participate in a community on-call rota to support the community teams and operational function out of hours.

### 3.7 **Clinical Site Manager (CSM)**

An onsite 24/7 senior nurse (Band 7) to participate in, and co-ordinate, the Trust's Emergency Operational Response Teams to Fire, Security Alerts, Cardiac Arrests and other clinical emergencies. The Clinical Site Managers manage the ward staffing out of hours and produce routine sitreps and chair the Patient Flow meetings out of hours.

## 4 DUTIES AND RESPONSIBILITIES OF STAFF

### 4.1 The Director on call is responsible for:

- Providing support, and decision making, to the on-call Manager in situations where a greater degree of authority is required.
- Attending the site for any serious incidents to support the on-call Manager.
- Required to approve cancellation of any patient that may be required as a last resort.
- Acting as the Board level representative of the Trust in situations where media contact is required, or likely, outside of normal working hours.
- Acting as the Incident Executive in a major incident to provide strategic leadership in response to a major incident. They will liaise with the ICB, NHS England and partner agencies at a strategic level via the Strategic Co-ordinating Group (SCG).
- Supporting the OCM for serious problems with capacity
- Requesting System diverts from and to the Emergency Departments
- Approving the opening of any additional escalation beds
- Involvement in any issues which may result in adverse publicity
- Agreeing the OPEL status.
- Representing the Organisation at the System meetings.

### 4.2 The On call manager is responsible for:

- Supporting the on-site Clinical Site Managers with issues of concern that arise out of hours by providing practical and operational advice and guidance in line with Trust policies and procedures.
- Being the first point of contact for any issues needing escalation this may include business continuity issues, fire, flood, loss of utilities, loss of IT or telephony, lack of staff, operational pressures, missing patients and serious incidents.
- Escalating to the Director on call any issues with regards to cancellation of patients in accordance with the Trust framework on hospital cancellation of activity.
- Agreeing the allocation, or reallocation, of beds required to manage patient flow.
- Patient flow, ensuring that tactical plans regarding patient placement are safely and efficiently implemented.
- Leading, and coordinating, the Trusts response to an incident.
- Providing authorisation for engineer call outs.
- Attend the incident scene if required - usually in the event of a serious incident or major disruption - as per the Trust Incident Response Plan.
- Escalating reports of exceptional matters to the Director on-call.

### 4.3 National Occupational Standards for Emergency Preparedness, Resilience and Response( EPRR)

[This](#) document sets out 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. All staff with a command role in incident management must maintain continual professional development (CPD), maintaining

personal development portfolios (PDPs) in accordance with NHS Core Standards for EPRR.

## **5 AVAILABLE RESOURCES FOR ON CALL DUTIES**

### **5.1 The Trust has in place resources to support on-call Managers and Directors discharge their on-call responsibilities:**

- A physical on-call secure pack (OCSPack) for on-call Managers (Acute) includes an on-call mobile phone;
- An on-call digital resource pack (OCSDPack) - held digitally on [REDACTED]
- Resilience Direct (a Cabinet Office website used to manage responses to incidents as well as preparing for pre-planned incidents.)
- Accommodation at NDDH.
- Weekend and bank holiday operational plans.

### **5.2 Digital on-call resource pack (OCSDPack):**

A digital on-call resource pack is available on the [REDACTED]

#### **It has the following available content:**

- Action Cards.
- Plans, Policies & Procedures.
- Contact Lists.
- Forms & Templates.
- Fire, Evacuation & Lockdown Plans.
- Acute On-Call Files.

### **5.3 On-call resource pack (OCSPacks)**

On-call Managers (Acute) have access to an on-call resource pack (OCSPack) which contains the most vital documents.

The Trust maintains two OCSPacks for use by on-call Managers (Acute) and these will be stored in the Clinical Site Management Office at North Devon District Hospital.

OCSPacks are maintained by the Trust's EPRR Officer.

OCSPacks contain the following content:

- Critical/Major/Business Continuity Incident Log Book.
- Escalation/Capacity Plan.
- SWASFT Standard Operating Procedure.
- Incident Response Plan – Full Plan & Action Cards for the Incident Executive, the Incident Manager, Communications Lead & Medical Coordinator.
- Out of hours Communication Guide.
- Devon, Cornwall & the Isles of Scilly (DCIoS) Yellow Book – Emergency Telephone Directory.

Should on-call Managers (Acute) wish to carry additional resources to support them with their duties; this will be at their own discretion.

#### **On call Policy – Northern Services**

Ratified by: EPRR Group 7<sup>th</sup> September 2023

Review date: February 2024

#### 5.4 Resilience Direct (RD)

In the event of an incident the Devon, Cornwall and Isles of Scilly Local Resilience (DCIoS) Forum will publish any planned teleconferences and SitReps on to the RD site.

It is imperative that on-call staff maintain their access to the website to be able to manage any incident.

On call Staff will need to have an individual RD login. RD registration/ and login is available [REDACTED]

#### 5.5 On call iPhones

Each on-call pack contains a mobile phone. The phones are kept switched off to preserve the battery. Phone instructions:

- The phones can be switched on by pressing the button on the right hand side for a few seconds.
- [REDACTED]
- The JESIP application, Resilience Direct, NHS mail, the met office and HUB are listed as favourites via safari.
- The phone should be switched off at the end of the on-call period to preserve the phone battery.

#### 5.6 Generic Email accounts - On-call Managers/ Directors on-call & Major Incident

In a major, critical or business continuity incident, information and SitReps will also be sent to the organisations generic major incident email account

[REDACTED]

Access for the generic email accounts can be requested via [REDACTED]

#### 5.7 Accommodation at NDDH

Accommodation is available for staff at NDDH and arrangements to book one of these rooms can be made via the [REDACTED]

#### 5.8 Weekend and bank holiday operational plans

Weekend & bank holiday operational plans will be produced by the EPRR team and shared with all on-call personnel. The plans will include:

- Names of all on-call personnel.
- Contact numbers of on-call external partners.
- Weekend outpatient activity.
- Scheduled estates activity.
- Opel status.
- Mortuary capacity.
- Local events that may impact on Emergency Department attendances.
- Weekend weather forecast and weather warnings.



### 5.9 **On-call Managers meetings**

On-call Managers should aim to attend at least 3 on-call Managers meetings per annum. The purpose of the meetings are:


- Information sharing.
- To change rota as required.
- To debrief/offer mutual support.
- To discuss, and learn, from previous experiences.
- To discuss themes and issues arising from on-calls shifts.
- To inform of any new processes and procedures.

### 5.10 **Record keeping**


It is a requirement for Managers and Directors on-call to record and document the date and time of calls received, the decisions made and any response given or action taken.

For routine operational calls, those made for information, clarification or authorisation, on-call managers can use the on-call log (Appendix 4) or an on-call note book (these can be provided by the EPRR team).

For issues classed as business continuity, critical or major incident, the incident managers should ensure loggists are identified to record the decisions made.

A list of loggists is available here: 

### 5.11 **Contacting the On call manager / Director**

The on-call Manager and Director on-call can be contacted via the Trust switchboard on . Appendix A lists the events that should be escalated to the on-call.

### 5.12 **On call rota administration**

The EPRR Officer has delegated responsibility for the on-call rotas.

The rotas are planned on a rolling programme with a 12 months forward look across all levels and updated monthly. The exception to this will be festive holidays e.g. Christmas and New Year / Easter weekend when the rota will change to ensure the days and distributed equally.

If the planned rota coincides with annual leave for any On-Call individual, then the individual will be responsible for arranging his or her own swap.

If any new participants join the rota, they will be matched and joined with experienced members for mentoring and shadowing prior to individual deployment

New participants will be given three months to familiarise themselves to the role and/or Organisation before joining the rota.

For sickness absence, On-Call managers should notify their line manager who will then become responsible for organising for the shift to be covered and updating the roster. The EPRR team and Clinical Site Team and Switchboard should be notified of the last-minute changes.

For prolonged absence, the EPRR Officer will hold responsibility for ensuring gaps in the rota.

### **On call Policy – Northern Services**

Ratified by: EPRR Group 7<sup>th</sup> September 2023

Review date: February 2024

A ladder system is used to manage any gaps in the On call manager rota. The 8 people who have undertaken the least number of shifts in the previous 3 months will be contacted. A table of the number of shifts completed will be shared with all On call managers every two months. If none of the 8 people at the top of the ladder are available to cover the shift it will be shared with the wider group for a volunteer. People will not be expected to work if they are next on the ladder but on annual leave.

On calls shifts and calls out are finalised on [REDACTED] by the EPRR Officer at the beginning of each month before the payroll cut off.

Diagram 2 illustrates the cover for the on-call Manager role 24/7.

Day	Time	Cover	Payments
Monday to Friday	09:00 to 17:00	Head of Patient Flow  (Head of Operations / Divisional Director at times of absence)	Within normal working hours
Monday to Friday	17:00 to 09:00	On-call Managers	On-call rate presently £1.86 per hour * August 2023  Telephone & on-site working paid at 8B or substantive rate if higher
Saturday & Sunday	09:00 to 09:00	On-call Managers	On-call rate presently £1.86 per hour  Telephone & on site working paid at 8B or substantive rate if higher.
Bank/public holidays	09:00 to 09:00	On-call Managers plus Second on call if appropriate	On-call rate presently £1.86 per hour  Telephone & on site working paid at 8B or substantive rate if higher

In hours, the Incident Executive strategic response is carried out by the Director of Operations or a Divisional Director– (Surgery, Medicine, Clinical Support & Specialist Services). Out of hours this role is covered by the Director on-call.

## 6 INCIDENT LEVELS

- 6.1 This policy is based on peace time (pre and post COVID-19) circumstances.
- 6.2 Additional on-call staff may be required in times of escalation of incident level to support the national incident response or during local business continuity incidents.

Diagram 3

Level	Description
<b>1</b>	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners <i>Examples of a Level 1 incident might include a business continuity incident.</i>
<b>2</b>	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office. <i>Examples of a Level 2 incident might include surge (OPEL 4), a local outbreak of a communicable disease</i>
<b>3</b>	An incident that requires the response of a number of health organisations across geographical areas within an NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. <i>Examples of a Level 3 incident might include a mass casualty incident, a sustained heatwave alert, COVID-19, a regional outbreak of a communicable disease, a CBRNe incident</i>
<b>4</b>	An incident that requires NHS England national command and control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. <i>Examples of a Level 4 incident might include a mass casualty incident, a sustained heatwave alert, COVID-19, an outbreak of influenza pandemic, a terrorist attack, a CBRNe incident</i>

## 7 PAYMENT

- 7.1 The on-call payment is presently £1.86 per hour (correct at time of writing August 2023). This will automatically be paid from the hours recorded on [REDACTED]

Under Agenda for Change Terms & Conditions on-call Managers and Directors on-call who are called into work will receive payment for the period they are required to attend including any travel time. This can be claimed by completing the on-call Managers/Directors time sheet on Employee on Line.

There is a minimum period of 15 minutes for payment for work done on-call by phone and the full period will be rounded up to the nearest 5 minutes.

If a second call is received within the initial 15 minute period both calls will be considered one piece of work.

On call Managers that provide telephone advice and on-site working will be paid at Agenda for Change Rate Band 8B. The Band 8B rate will be paid at the base of an 8B or individuals substantive rate if this is higher than the base of 8B.

All calls out are to be recorded on the Employee on line system.

## 7.2 Time Off in Lieu (TOIL)

Where possible, staff should have the option to take TOIL at plain time or receive payment for work done.

TOIL will be agreed at department level. TOIL instead of call out payment can be logged on healthroster.

## 7.3 Compensatory rest

The Trust requires that all staff adhere to the requirements of the Working Time Directive.

- Daily rest – All adult workers are entitled to at least 11 consecutive hours daily rest in every 24 hour period.
- Weekly Rest – All workers are entitled to at least 24 hours uninterrupted weekly rest in every seven day period. The weekly rest period can be averaged over a period of 14 days (e.g 12 hours in one seven day period and 36 hours in the following seven days).
- Compensatory rest can be granted if an on-call Manager is called in for more than 5 hours of their 16 hour on-call shift. They are entitled to the compensatory rest equal to the amount of rest that was lost – not the whole shift.

Compensatory rest should be taken the same or following day.

## 7.4 Availability payment during absence from work

No payment will be made for an on-call availability or payment for work done during an employee's absence from work.

## 8 ON CALL RESPONSIBILITIES (BEFORE SHIFT)

### 8.1 On-call Managers and Directors have the following responsibilities that must be fulfilled prior to the start of their on-call period:

- To ensure that suitable arrangements are in place to ensure their physical proximity does **not** exceed:
  - 60 minutes from North Devon District Hospital or their usual place of work for on-call Managers.
  - 90 minutes from North Devon District Hospital for the Direct on- call.
- To ensure they have means to be able to travel to the site within the designated timeframes the entire duration of the on-call period or on-site accommodation is secured.
- To ensure access is in place to a mobile telephone for the entire duration of the on-call period.
- To ensure access is in place to an Internet-enabled smart phone/tablet/laptop/computer, with which access can be made to [REDACTED]
- To have completed the necessary training available as listed in Appendix 3.
- To have completed the on-call managers 'check off' sheet prior to any solo shifts.
- To be familiar with the content and resources available on the digital On- call resource pack (OCSDPack) and [REDACTED]
- To ensure that the respective on-call rota is accurate and contains the correct contact telephone numbers by which the on-call Manager/Director on-call will be available for the entire duration of the on-call period.

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- To provide sufficient cover if they are unable to maintain the full duty of their role and to ensure that these are communicated with:
  - The rota management lead for their respective rota, if amendments are made more than 24hrs prior to the start of the on-call period; or
  - The rota management lead for their respective rota **and** NDDH Switchboard and CSM, if amendments are made less than 24hrs prior to the start of the on-call period.
- To be aware that employees have a statutory duty regarding safe systems of work and to this end understand that they have a duty of care to ensure that being under the influence of prescribed or non-prescribed medication and alcohol does not affect the health, safety and welfare of themselves, colleagues and/or patients.
- To have agreed a handover meeting with the Day Duty Manager, on-call Manager/Director on-call immediately prior to their period commencing.
- The handover meeting must be held within one hour of the start of the on-call period.
- The handover meeting may be held physically, or virtually, and can be made via telephone, email SMS or MS Teams.

## **9 ONCALL RESPONSIBILITIES (DURING SHIFT)**

9.1 On-call Managers and Directors have the following responsibilities that must be fulfilled during their on-call period:

- If at any point during the on-call period the on-call Manager/Director on-call should become ill or unable to fulfill their role for any reason, it is their personal responsibility to arrange sufficient cover via another Manager or Director and
  - Ensure that the on-call rota is updated to reflect these changes. This should be fulfilled by contacting their respective rota management lead **and** NDDH Switchboard.
- Handover to the Manager or Director taking over the shift, in line with the arrangements set out in “Section 10: Responsibilities after the on-call period”.
- On-call Managers must either dial in or attend the Patient flow held in the [REDACTED] during the duration of the duty.
- Directors on-call are required to attend, or dial into, the [REDACTED] if the Trust has declared OPEL 3 or 4.
- Not to travel a distance that puts the on-call Manager or Director on-call further than:
  - 60 minutes from North Devon District Hospital or their usual place of work for on-call Managers
  - 90 minutes from North Devon District Hospital for Directors on-call.
- To ensure they have means to get on site within the required time for the duration. Of the on call period.
- To ensure that their mobile phone is switched on and accessible at all times. An exception to this is applicable whilst driving when on-call staff are not expected to make/take calls.



- To maintain access to an Internet-enabled smart phone/tablet/laptop/computer, with which access can be made to [REDACTED]
- To maintain access to the on-call Managers/ Directors [REDACTED]
- To remain accessible, via phone, for the entire duration of the on-call period. Where mobile signal is unavailable, staff must be accessible on an alternative number, which is included on the on-call rota;
- Not to abuse/misuse prescribed or non-prescribed drugs or alcohol during the entirety of the on-call period and be in a fit state to drive at all times;
- To ensure any issues or incidents are correctly escalated in accordance with the Trusts on-call issues and leads document (Appendix 1)

## 10 ON CALL RESPONSIBILITIES (AFTER SHIFT)

### 10.1 On-call Managers/ Directors have the following responsibilities that must be fulfilled after their on-call period has ended:

- To undertake a handover meeting with the Day Duty Manager or the next on-call Manager/Director. Where possible the outgoing On call manager will attend the [REDACTED] meeting ( Monday to Friday) to provide a handover.
  - The handover meeting must be held within one hour of the end of the on-call period.
  - The handover meeting may be held physically, or virtually via telephone, email, SMS or MS Teams.
- To record any calls out or TOIL on the employee on line system.

## 11 ARCHIVING ARRANGEMENTS

The original of this policy, will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub. Archived electronic copies will be stored on the [REDACTED] and will be held indefinitely.

## 12 PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY/ STRATEGY

12.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
OCSPacks & OCS digital Pack	Version control of Links and paper copies monitored	EPRR Officer
Completion of on call managers checklist	Compliance	Divisional Directors - line managers

On call Mangers and Directors training compliance	Presented to EPRR Group	Quarterly EPRR Group by EPRR Officer
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### 13 REFERENCES

- [RDUH Northern Incident Response Plan](#)
- [RDUH Northern CBRNe Plan](#)
- [RDUH Business Continuity Policy;](#)
- [RDUH Business Continuity Plan;](#)
- [RDUH Northern Escalation and Capacity Plan / Winter Plan;](#)
- [RDUH Northern VIP Plan](#)
- [RDUH Northern Adverse Weather](#)
- [RDUH Northern Shelter and Evacuation Plan](#)
- Northern On call handbook

**Appendix 1 On call issues and leads**

**Please note this is intended as guidance only and you are expected to use your judgement in the application of these principles. If in doubt, escalate.**

Call anytime	day time only
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Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
12 hour breach (non-psychiatry)								ED breach escalation policy
12 hour breach (psychiatry)								Psychiatry escalation flowchart
Ambulance delays procedure				s			Needs to be reported externally	<a href="#">Ambulance Delays procedure</a>
Assault							If serious assault on staff or patient with actual harm, OCM to	<a href="#">Violence and Aggression Policy</a>

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Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
							be contacted and informed. If patient and/or staff die as a result, escalation to DOC.	
Cancellation of patient treatment							DOC approval required	
Capacity issues (bed flow)							Patient Flow coordinators	<a href="#">Operational Capacity Plan</a>
Community incident				Community DM			Depending on the severity of the incident, may need to contact Community OCM overnight	<a href="#">Operational Capacity Plan</a>
Chemical, Biological, Radiation, Nuclear, Explosive Incident (CBRNE)						Emergency Department Nurse in Charge	Equipment stored in the Major Incident Store outside the Emergency Department	<a href="#">CBRNE Plan</a>

Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
Decontamination shower						Emergency Department Nurse in Charge	Shower located in cleaning Cupboard Emergency Department	<a href="#">CBRNE Plan</a>
Diverts in or out					Director from diverting Trust		Consultant from the relevant specialty should also speak to their counterpart in the affected hospital	<a href="#">Operational Capacity Plan</a>
Drug incident (if serious harm has been caused)						Pharmacy to be contacted by CSM	OCM to be contacted if incident is serious i.e. has caused significant harm	<a href="#">Medicines policy</a>
ED OPEL Four							OCM to escalate to Director overnight if deemed serious enough	ED escalation SOP
Evacuation of patients								<a href="#">Fire Safety policy</a> / Evacuation and Shelter plan

Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
Fire (actual)						Fire & Rescue	Site team to escalate to whole team if fire serious enough and fire brigade attending. E.g. small fires contained and resolved without external help do not need to be escalated.	<a href="#">Fire Safety policy</a>
Fire alarm sounding								<a href="#">Fire Safety policy</a>
IM&T system failure e.g. EPIC						IM&T Oncall	Escalation to OCM overnight if system failures impacts patient safety	MyCare Business continuity plan
Lockdown								<a href="#">Lockdown SOP / Bomb Threat, Suspect Package &amp; Stay Safe SOP</a>
Business Continuity Incident							Director to be called for significant level	<a href="#">Business Continuity Plan</a>

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Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
							(Trust-wide) Business continuity incidents	
Critical Incident								<a href="#">Incident Response Plan</a>
Major incident								<a href="#">Incident Response Plan</a>
Media interest						On call comms		<a href="#">Out of hours comms guide</a> The above link will only work for on call managers.
Missing patient (adult)							OCM to be contacted if patient is deemed vulnerable	<a href="#">Missing patient policy/ Search of Persons &amp; Property SOP</a>
Missing patient (child or teenager)								<a href="#">Missing patient policy/ Search of Persons &amp; Property SOP</a>
On-call sickness								Weekend Plan - Bank staff lists
Patient suicide						Police	OCM to be informed if media	<a href="#">The Use of Ligature Cutter SOP</a>

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Issue	Operational Team Service Manager/ Group Manager in working hours	Staffing Matron In working hours	Clinical Site Manager (CSM )	On call Manager (OCM) Out of Hours Head of Patient Flow in Hours	Director on Call (DOC) Out of Hours Director of Operations In hours	Other	Comments	Link to policy
							interest/police involved	
Safeguarding incident								<a href="#">Safeguarding Children's policy / Safeguarding Adults Policy</a>
Safety threats								<a href="#">Bomb Threat, Suspect Package &amp; Stay Safe SOP</a>
Security threats								<a href="#">Bomb Threat, Suspect Package &amp; Stay Safe SOP</a>
Serious Incident								<a href="#">Incident Response Plan</a>
Staffing issues (medical)								Weekend Plan - Bank staff lists
Staffing issues (nursing)								
VIP, High risk, High Profile Person							To be escalated to Director if media interest/royalty	<a href="#">Management of high risk, high profile and VIP patients</a>

**Appendix 2 On-call managers sign-off checklist**

<b>On-call managers sign-off checklist</b>				
<b>Name</b>				
	<b>Person responsible</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Housekeeping</b>				
Access to on-call shared drive or on-call information packs in Control Room	EPRR Team [Redacted]			
Access to Resilience Direct now to get password and Log in	EPRR Team [Redacted]			
Access to Duty managers Email Account	EPRR Team [Redacted]			
On-call registered mobile phones	EPRR Team [Redacted]			
Site management shadow shift	[Redacted]			
Patient flow shadow shift (to include patient flow training)	[Redacted]			
Safe Staffing	[Redacted]			
Understanding the Legal Framework for Mental Health and Capacity in the District General Hospital Setting	Psychiatry Team [Redacted]			
ED shadow shift (to include ED flow training)	[Redacted]			

Shadow on-call 1	Buddy			
Shadow on-call 2	Buddy			
Shadow on-call 3	Buddy			
Weekend/BH shadow on call	Buddy			
<b>Training</b>				
Principles of Health Command ( Ex Strategic Leadership in a Crisis - Essential	Book on [REDACTED]			
Action Counters Terrorism - Essential	Book on [REDACTED]			
Emergency preparedness - Incident response Plan, CBRNE Plan	[REDACTED]			
Media training - Out of hours guide	[REDACTED]			
Joint Emergency Services Interoperability Programme (JESIP) awareness training video & App [REDACTED]	[REDACTED]			
CBRN / HAZMAT Training - Desirable	Book on [REDACTED]			
ICC Familiarisation	Book on [REDACTED]			
<b>Sign off</b>				
<b>Line Manager</b>				
<b>Divisional Director Medicine/ Surgery / Clinical support Services</b>				

\* Completed forms to be returned to Individual Personal Files

### Appendix 3 EPRR Training Needs Analysis

E	Essential
D	Desirable
O	One off

Training / Course	Directors On-call Manager	Clinical Site Managers On-call	Emergency Department Consultants	Emergency Department Admin Staff	ED Medical, Nursing and Admin Staff	Loggists	All staff	Frequency	Cost	Booking arrangements
EPRR Induction & Annual refresher training all staff							E	Annual	E-learning In-house No cost	[REDACTED]
ICC Familiarisation for on call staff / annual competency/ Exercise participation	E	E	E			E		Annual	In-house No cost	Held via MS teams on a one to one basis to book contact [REDACTED]
Principles of Health Command ( Ex SLIC) including Defensible Decision making	E	E	D					3 yearly	In House / ICB	contact [REDACTED]
Loggist Training						E		Annual refresher	NHSE SW LRF/ In house No cost	[REDACTED]
Joint Emergency Services Interoperability Programme (JESIP) awareness training video	D	D	D	D	D			One off	Video on line – no cost	[REDACTED]
NaCTSO National Counter Terrorism Security Office – ACT	E	E	E					One off	E- Learning 7 modules	Via e-health [REDACTED]



CBRN Train the Trainer & Clinical training events					At least 2 members of ED			2 yearly	SWAST/ NHS England No cost Except Travel & Accommodation if required	SWAST contact contact [REDACTED]
CBRN / HAZMAT Training	D	D	D		E			2 yearly I / 3 yearly for On call managers & Clinical Site	In-house No cost	IOR video [REDACTED]
Emergencies on Trial	E							One off	Commercial course [REDACTED]	Commercial course [REDACTED]

**Appendix 4 – On call Managers log**

Message Received from CSM			
Date	Time	Message/Issue/Risk	Outcome/Actions
Message Escalated to Director On-Call			
Date	Time	Message/Issue/Risk	Outcome/Actions

**APPENDIX 5: COMMUNICATION PLAN**

**COMMUNICATION PLAN**

The following action plan will be enacted once the document has gone live.

<b>Staff groups that need to have knowledge of the strategy/policy</b>	Clinical Site managers On call Managers Directors on call
<b>The key changes if a revised policy/strategy</b>	A Management of Change took place during July/ August 2023 and the Senior Nurse position removed resulting the On call managers moving to a 24 hours on call on Saturdays, Sundays and bank holidays. The change over times also changed so a handover can take place at the 08:45 Monday to Friday patient flow meetings.
<b>The key objectives</b>	As a category one responder, under the Civil Contingency Act (2004) the Royal Devon University Healthcare NHS Foundation Trust organisation is required to have a command, control and communications process in place to deal with an incident.
<b>How new staff will be made aware of the policy and manager action</b>	Staff have been made aware during the Management of change, this update policy reflects the changes agreed as part of the MOC.
<b>Specific Issues to be raised with staff</b>	None.
<b>Training available to staff</b>	Training requirements for on call staff are detailed in Appendix 3
<b>Any other requirements</b>	

<b>Issues following Equality Impact Assessment (if any)</b>	No negative impacts
<b>Location of hard / electronic copy of the document etc.</b>	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> Emergency Planning, Plans, Policies and Procedures , RDUH On call Policy

## APPENDIX 6: EQUALITY IMPACT ASSESSMENT TOOL

<b>Name of document</b>	On Call Policy for On call Managers and Directors in the Northern Service
<b>Division/Directorate and service area</b>	Operational Management
<b>Name, job title and contact details of person completing the assessment</b>	██████████ EPRR Officer
<b>Date completed:</b>	21 August 2023

**The purpose of this tool is to:**

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

**1. What is the main purpose of this document?**

As a category one responder, under the Civil Contingency Act (2004) the Royal Devon University Healthcare NHS Foundation Trust organisation is required to have a command, control and communications process in place to deal with an incident. This policy states the sets out the overarching responsibilities and principles for the on-call Manager and Directors on call.

**2. Who does it mainly affect? (Please insert an “x” as appropriate:)**

Carers     Staff     Patients     Other (please specify)

**3. Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)**

**Please insert an “x” in the appropriate box (x)**

Protected characteristic	Relevant	Not relevant
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Religion / belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation – <i>including:</i> <i>Marriage / Civil Partnership</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

N/A

5. **Do you think the document meets our human rights obligations?**

*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – *how have you made sure it treat everyone justly?*
- **Respect** – *how have you made sure it respects everyone as a person?*
- **Equality** – *how does it give everyone an equal chance to get whatever it is offering?*
- **Dignity** – *have you made sure it treats everyone with dignity?*
- **Autonomy** – *Does it enable people to make decisions for themselves?*

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

N/A

7. **If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**

<b>“Protected characteristic”:</b>	N/A
<b>Issue:</b>	
<b>How is this going to be monitored/ addressed in the future:</b>	

<b>Group that will be responsible for ensuring this carried out:</b>	
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