

ON-CALL POLICY

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This policy will impact on:	Selective staff within the participating CCGs	
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Issued By:	Corporate Team	
Author:	Emergency Preparedness Officer	
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ON-CALL POLICY

1.0 POLICY STATEMENT

The On Call policy relates to Hull CCG, East Riding CCG and North Lincolnshire CCG, hereafter termed the CCGs.

As part of the CCGs emergency preparedness plan there will be a requirement for certain groups of staff to provide an on-call service outside of normal working hours.

This policy has been developed in accordance with the Principles for Harmonised On-Call Arrangements in Annexes 3, 27 and 29 of the NHS Agenda for Change Handbook and the NHS Staff Council Implementation Guidance.

This policy will apply to all staff with Agenda for Change Terms and Conditions who are required to be on-call.

VSM (Very Senior Managers) roles do not attract any additional payment for being on-call. However, the principles of this policy will apply to VSMS on-call, excluding any remuneration as set out in section 9.0.

2.0. PRINCIPLES

This policy will be communicated to relevant staff and will be available for those staff on the shared drive and Resilience Direct.

Training and support will be available to all staff who are required to be on-call in the implementation and application of this policy.

Exemptions from being on-call will be made for individuals with exceptional personal circumstances. Further information on this is detailed in section 8.0.

3.0 DEFINITIONS

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 – to work as and when required.

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 issues over the telephone and, in exceptional circumstances at the employers headquarters or on site at another location (see section 8 and appendix 1 for further details).

4.0 IMPACT ANALYSES

4.1 Equality

In applying this policy, the CCG 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.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached at Appendix 1. As a result of performing the analysis, the policy could have an adverse impact on CCG staff 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.

4.2 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. Under the Bribery Act 2010 there are four criminal offences:

- Bribing or offering to bribe another person (Section 1)
- Requesting, agreeing to receive or accepting a bribe (Section 2);
- Bribing, or offering to bribe, a foreign public official (Section 6);
- Failing to prevent bribery (Section 7).

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

5.0 MONITORING & REVIEW

The policy and procedure will be reviewed annually by the participating CCGs in conjunction with the Senior Leadership Team and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

The implementation of this policy will be reviewed on an annual basis by the CCG Senior Leadership Team (SLT) with details included in the EPRR annual report.

6.0 TRAINING

On-call managers will receive relevant training in line with the training needs analysis. To access the e-learning staff should register with the eHealth: www.ehealthlearning.org.uk

It is also a requirement that all staff who are on the on call rotas attend a multi-agency exercise at least once every 3 years.

7.0 KEY POINTS

7.1 The on-call rotas

- The on-call rota will rotate once a week and the on-call individual will remain on-call until rotation of the next weekly on-call shift. An on-call shift will start and finish on a Friday from 9am.

- There will be a primary 'on-call rota' identifying the employee who is on call during the shift. On-call managers will need to identify/ be allocated a 'buddy' on the on-call rota, whom they must also notify in accordance with the Lone Worker policy on the rare occasion that they travel to sites outside of normal working hours and who can be contacted in case of sickness.
- The on-call rota will be available at least 3 months in advance and usually longer to allow individuals to plan ahead. The draft rota will be circulated for comments before finalising. Swapping on-call shifts is allowed but it is up to the on-call manager to identify someone willing to swap from within each rota. Individuals will be responsible for ensuring the rota is updated accordingly and notifying the relevant staff so that on-call managers and the single point of contact provider have access to the most up to date record of who will be on each shift.
- The on-call rota will be shared with NHS Humber FT, which will provide a single point of contact for accessing the CCG on-call.
- For part-time staff, all terms, conditions and rotas will be applied on a pro-rata basis.

7.2 Resolving calls

- Where possible, on-call issues will be dealt with remotely via telephone in order to avoid the need to travel.
- Staff on-call will be provided with an agile kit in order 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.
- For the safety and security of staff, where it is necessary for an employee to visit a site outside of normal working hours in order to resolve a call, they must act in line with the Lone Worker Policy. Should they be at a site for long periods at a time, they may also need to update the 'responsible' person at designated intervals.
- All on-call staff must be aware of and act in accordance with all other CCG Health and Safety policies; particularly, the CCGs Lone Worker policy, including awareness of the escalation process where an employee has concerns about their own or another individual's health and safety.

7.3 Handover

- On completion of an on-call, period it will be the responsibility of the finishing employee to fully handover to the next on-call manager by 9am. This will include; informing them of the nature of any calls resolved and any unresolved calls, areas of concern or query. A 'nil' return must also be shared. A Whats app facility is also available for sharing relevant information to those staff on the on-call rota.
- When commencing an on-call shift, it will be the responsibility of the starting employee to be up-to-date with the latest issues. They must also ensure they have access to the On-Call Pack and documentation. This can be found on the Y-Drive: <Y:\CCG Shared Area\CCG On Call> or on Resilience Direct.
- The On-Call Pack will be continually updated to serve as a reference point for individuals while on-call. The pack will be version controlled and will be the

responsibility of the Hull CCGs Emergency Preparedness Officer, or a delegated representative of the senior management team in their absence. Staff covering the rota will be issued with a hard copy and/or a PDF version of the pack but it is their responsibility for obtaining the latest versions of the pack 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.

7.4 Availability for work

- While on an on-call shift staff must be available to resolve calls in a timely manner.
- If the on-call employee is unable to answer a call, for example if driving, it is normally expected that voicemail messages will be returned within one hour. It will be the responsibility of the on-call employee to ensure that the voicemail tool is enabled.
- Staff must also ensure that they have access to their agile kit in order to respond to calls within an hour. Staff must also carry NHS ID if responding in person to an incident.
- Where possible, calls will be resolved remotely from the employee's home or other location. If a site visit is required in order to resolve a call, it is anticipated that the individual will be within a 2 hour travel time distance based on employee's home and site location.
- If an on-call employee becomes unavailable to work outside of normal working hours for reasons such as sickness absence, they must make appropriate arrangements with one of the remaining on-call individuals. The on-call employee must also follow normal sickness reporting arrangements if they are still unable to work the next day.
- Staff must be available to work while on-call and as such they must ensure that they comply with the CCGs Substance Misuse Policy and any other relevant policy.

7.5 Recording work done

- All calls taken during the on-call shift must be recorded via the emergency pressures in-box, regardless of whether or not these were resolved. These will be used as a record of the work done by staff during an on-call shift and will support with communications with the CCGs. This record will be used for audit purposes together with any payroll documentation and may be reviewed as part of any investigation.
- On-call staff who are eligible to claim overtime (Hull CCG staff only) must complete a HR-8 Overtime Payments form in order to claim payment for any work done during the on-call shift. The on-call pay enhancement will be paid automatically as a pro-rata payment.

7.6 Resilience Direct

- The Humber Local Resilience Forum has agreed that Category 1 and 2 responders will consider how they would use Resilience Direct during the response to an emergency. The CCGs have their own RD sites, however, the On

Call information will be managed by East Riding CCG. On-call staff need to register with Resilience Direct: <https://collaborate.resilience.gov.uk/RDService/home> and request access to the East Riding site. Alternatively they can register and notify the Corporate Services Manager at East Riding CCG.

- The Resilience Direct site is a nationally protected secure site which will hold all the CCGs on-call arrangements. It will also include details required for a major incident including a link to the HLRFs SitRep for recording situational awareness in the event of a major incident being declared.

7.7 Compensatory Rest

- In accordance with Section 27 of Agenda for Change, on-call staff 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 normal working day equivalent to the rest missed.
- We will allow staff to take time back the following normal working day when they have taken a call after midnight that lasts more than one hour.
- In both circumstances the employee will be responsible for contacting their line manager or buddy to advise the time that they will be in work the following normal working day.

8.0 REMUNERATION

8.1 On-call pay enhancement

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

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 of on-call	Value of enhancements as percentage of basic pay
1 in 3 or more frequent	9.5%
1 in 7 or more but less than 1 in 3	4.5%
1 in 9 or more but less than 1 in 7	3.0%
1 in 12 or more but less than 1 in 9	2.0%
Less frequent than 1 in 12	By local agreement - 2.0%

Table 1: On-call pay enhancements by frequency

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 arrangement.

8.2 Remuneration for work done

For those eligible staff, payment for work done (see 3.0 Definitions) Friday to Thursday will be paid 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).

A minimum payment of 1 hour at the appropriate rate will be paid for the first call taken in each 24-hour period, with actual time to be paid for work undertaken beyond the first hour. Thereafter, work done will be paid in 15 minute blocks at a time, with staff rounding up or down appropriately as follows

Round to 0 minutes	Round to 15 minutes	Round to 30 minutes	Round to 45 minutes	Round to 1 hour
0 – 7 minutes	8 – 22 minutes	23 – 37 minutes	38 – 52 minutes	53 – 67 Minutes

Staff have the option to take Time Off in Lieu (TOIL) at plain time rather than payment for work done, 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. This cannot be taken as part of a session; either TOIL/FLEXI or payment will apply but not a mix.

It is not expected that a VSM on-call member will carry out duties that amount to work done, except in very rare circumstances. On such occasions, VSM members working under Agenda for Change Terms and Conditions will have the opportunity to take TOIL/FLEXI at plain time rate but will not be eligible to receive payment for work done.

8.3 Travel and Expenses

- As referred to under 3.0 'Definitions' travel time required to resolve telephone queries while on-call will be counted towards work done and will be paid in accordance with section 8.0 of this policy.
- Travel expenses accrued on such journeys will be paid in line with Section 17 of the NHS Terms and Conditions of Service Handbook and by following the CCG's normal payroll procedures. The only exception to the principles of Section 17 is that on-call staff will be paid for the full journey from home to site where site visits are required during the on-call shift. Additional mileage will not be paid if the on-call employee must travel further than this because they were away from home at the time. See Section 17 of the NHS Terms and Conditions of Service Handbook for more information.

8.4 Public Holidays

- Staff required to work or to be on-call on a general public holiday are entitled to equivalent time to be taken off in lieu at plain 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).

8.5 Pension

- All on-call payments will be pensionable in accordance with the NHS Pensions Agency regulations. This means that regular on-call pay enhancements made in recognition of being available for on-call work where there is a specific rota commitment are pensionable for both whole-time and part-time members. To be eligible for this, the member of staff must have a definite commitment to the rota for which they are paid on

a regular basis i.e. weekly, monthly or annually. For whole-time members payments for work done whilst on-call are non-pensionable. For part-time members payments for work done whilst on-call are pensionable at plain time rates, up to the whole time weekly hours. Hours up to whole time should be credited for pension purposes.

9.0 OPT-OUT PROCESS

- Where staff feel that they are unable to provide an on-call service due to exceptional personal circumstances, they can make a request in writing to their Chief Officer, or a delegated representative of the senior management team in their absence, stating the reason(s) why. The senior manager will review the request with a representative from the Workforce team. In some cases, a meeting may be set up so that further questions and suggestions could be discussed with the employee prior to making a decision. The senior manager will then confirm in writing their decision to the employee stating whether the employee's request warrants exception from the on-call rota.
- Should an individual feel that the decision is unfair, they can appeal by submitting a grievance in accordance with the CCGs Grievance policy and procedure. Staff's personal exceptional circumstances will be reviewed periodically to ensure consistency and fairness in the application of this policy. Unless an individual has a request approved due to exceptional personal circumstances, there will be no other opt-out process.

Appendix 1 - CCG 'ON-CALL' OPERATING PRINCIPLES

Major Incident

- CCG's are Category 2 responders with regard to Major Incidents.
- They will be contacted by Category 1 responders as required to support the operational co-ordination of a major incident

System Resilience

- In this case the CCGs are the lead organisations for:
 - Co-coordinating / overseeing the local system response to surges in activity causing operational pressures across locally commissioned services
 - Ensuring root cause analysis is undertaken and lessons learnt, ensuring incorporation of any lessons learnt into the escalation plan
- NHSE have a role
 - (1) As category 1 responders, if the wider system is experiencing a similar surge in demand
 - (2) As commissioners of specialised services

Underlying principles

- The commissioned Providers and CCGs will work together to identify and reduce/eliminate barriers to patient flow:
 - Wherever possible this will be within traditional working hours where more staff groups and services are available to respond to actual or anticipated surges in activity and/or reductions in capacity
 - The agreed escalation process will be utilised 24/7 as a framework to ensure organisational triggers are effectively identified and communicated
 - All providers and commissioners have a role to play in anticipating and managing surges in activity and/or reductions in capacity

In-Hours Escalation

- CCGs utilise a named Director as first point of contact within the organisation with a nominated organisational deputy:
 - Hull CCG: Erica Daley deputy Karen Ellis
 - ERY CCG: Alex Seale; deputy Tracey Craggs
 - North Lincs CCG:
- As per the escalation process Director to Director calls should take place when the agreed level of escalation is reached:
 - Whenever possible a 3 way conference call should take place to ensure consistency of message across both CCGs and Provider organisations
 - When only a 2 way call can be held (provider & 1 CCG) the CCG on the call must update the other CCG Director (or nominated deputy) within 30 minutes of the end of the call and agree a joint approach (This is also relevant to out of hours)
 - A decision is made whether a full organisational conference call is required – this will be organised by the CCGs as per the escalation process
- The CCGs will either:
 - Lead a full organisational teleconference to gain a whole system perspective and agree remedial actions to rectify the situation
 - Work with individual providers to agree enhanced responses

- If there are specific issues relating to one or other CCG's commissioned service this will be raised directly with the involved CCG

Out of Hours Escalation

- Between 17.00 and 09.00 Friday to Friday a joint CCG on call rota is in place. The role of this on-call is to:
 - Be available to all commissioned providers to discuss issues/concerns with service delivery that are not resolvable between providers.
 - Provide challenge and assurance as to actions taken to date.
 - Act as a focal point for Director level communications when the system is on purple alert initiating or responding to Director to Director calls (dependent upon the actions required) or a system wide teleconference to discuss issues and identify remedial actions.
 - In rare instances the CCG on-call may need to go on-site for a short period of time to provide high level coordination of a situation when external support is identified as appropriate and necessary.
 - Agree to make funding available if requested/necessary.
 - A decision is made whether a full organisational conference call is required – this will be organised by the CCGs as per the escalation process.

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	On-Call policy
Date of Analysis:	29.3.18
Completed by: (Name and Department)	ERY CCG Corporate Services Manager
What are the aims and intended effects of this policy, project or function?	As part of the relevant CCG's emergency preparedness plan there will be a requirement for certain groups of staff to provide an on-call service outside of normal working hours.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> • Grievance Policy • Lone Worker Policy • Payroll procedures • Terms and Conditions of Service • Substance Misuse Policy
Who will the policy, project or function affect?	<ul style="list-style-type: none"> • Employees • Service Users • Members of the Public • Other (List Below)
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	All Directors/ Managers on Call will be consulted regarding changes to this policy.
<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative 	This Policy does not directly promote inclusivity, but provides a framework to meet on-call requirements for the organisation

<p>of the population we serve</p> <p>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</p>	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates</p> <p>2: Complaints by groups who share / represent protected characteristics</p> <p>4: Grievances or decisions upheld and dismissed by protected characteristic group</p> <p>5: Insight gained through engagement</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>

Assessing Impact				
Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups? (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender	✓			Whilst On-call arrangements do not

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

				directly impact adversely on the basis of gender – some employees may find they cannot meet on-call obligations due to family commitments (both male and female). The policy provides for opting out in certain circumstances by application and agreement and the facility exists in the policy to swap shifts with colleagues.
Age	✓			Considered – neutral impact
Race / ethnicity / nationality	✓			As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. There is an expectation that employees should be able to comprehend all policy documents and this potential impact is minimised due to the ability to request the policy in different languages.
Disability	✓			On-call arrangements might have an adverse impact on those with disabilities as they may find they cannot meet on-call obligations however the policy provides for opting out in certain circumstances by application and agreement and the facility exists in the policy to swap shifts with colleagues.
Religion or Belief	✓			On-call arrangements might have an adverse impact on those with religious beliefs however this is mitigated by the facility in the policy to swap shifts with colleagues which would support the employee.
Sexual Orientation	✓			Considered – neutral impact
Pregnancy and Maternity	✓			On-call arrangements might have an adverse impact on those employees who are pregnant, breastfeeding or have recently given birth. However the facility exists in the policy to swap shifts with colleagues which would

				support the employee or apply for an exemption due to exceptional personal circumstances.
Transgender / Gender reassignment	✓			Considered – neutral impact
Marriage or civil partnership	✓			Considered – neutral impact

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Access to language interpretation services protocol so that they can easily access these should they be taking a call or dealing with an issue where language services are required.	All on call staff to have access to the language interpretation services protocol.	Communications and Engagement	Ongoing	September 2018

Sign-off

All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs

I agree with this assessment / action plan

If disagree, state action/s required, reasons and details of who is to carry them out with timescales:

Signed: Amanda Heenan on behalf of Mike Napier.





Date: 31.08.18