# Managers On Call Policy

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1. **INTRODUCTION**

Rotherham Doncaster and South Humber NHS Foundation Trust (to be hereby known as the Trust) recognises that many non-medical staff work as “on call” outside normal office hours and provide essential decision making roles in a variety of circumstances. NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) suggest that an On Call Policy for such staff is good practice.

2. **PURPOSE**

This policy describes the responsibilities and expectations of all on call members of non-medical staff across the Trust.

The intended outcome is to make responsibilities and expectations consistent across the Trust to ensure patient and staff safety outside normal office hours.

2.1 **Definitions/Explanation of Terms Used**

On Call staff refers to those members of staff that may be contacted outside hours of 0900-1700 Monday to Friday including public holidays.

3. **SCOPE**

This Policy applies to all non-medical Trust operational staff from the Divisions listed below who are “on call” outside the hours of 0900-1700 Monday – Friday including public holidays and weekends.

- Adult Mental Health Service
- Older People Mental Health Service
- Forensic Services
- Drug & Alcohol Service
- DCIS (Adults & Children’s Services)
- Learning Disabilities Service
- Children and Young Persons Mental Health Service

Each Division Assistant Director will provide a breakdown of the different On Call positions that exist within their Division. Details are provided in appendix A. These details will be reviewed and updated if necessary by the Assistant Director on an annual basis.

This Policy also applies to all Directors on Call.

This Policy does not apply to Estates or persons listed on the Medical on call list (Consultants/Doctors etc) who may be contacted via main switchboard.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

It is the responsibility of each Assistant Director to ensure that TRH Switchboard are provided with full rota and contact details of on call staff for
their Division.

4.1 Each non-medical On Call Manager will ensure they have a copy of the following:

- Their own on call rota provided by their own Directorate.
- Scenario document for their own Division provided by their Assistant Director.
- Joint Decision Making Model Diagram – See Fig 1 on Page 7.
- Stationery and notepaper.
- Fully charged mobile phone.

4.2 On Call Assistant Directors and Directors will also have:

- Scenario document for all Directorates (available from all Assistant Directors)
- Internal and External Contact Numbers Document. (Assistant Directors and Directors Only).
- Major Incident Best Practice Document (Assistant Directors and Directors Only)
- Major Incident Action Cards (Assistant Directors and Directors Only)
- Personal Log Book (for Major Incidents)

Each Assistant Director of Service will maintain a list of scenarios and frequently asked questions that relate to potential incidents that may affect their division out of hours. Scenario information provided will include information on subjects such as:

- Description of number of Managers on Call within Division.
- Missing Inpatient or AWOL patient
- Staffing shortages.
- Admissions including out of area
- Admissions if wards are full
- Serious Incidents
- Contraband found on ward
- Infection Outbreak
- Adverse Weather
- Loss of power/water/IT/Telecoms
- Fire
- Lockdown
- Evacuation
- Mental Health Act Queries
- Complaints
- Suicide

Assistant Directors will review their on call scenarios on an annual basis to ensure they remain up to date.

4.3 The Emergency Planning Officer will collate scenarios from each Assistant Director and ensure they are circulated to all On Call Assistant Directors and
5. PROCEDURE/IMPLEMENTATION

5.1 Periods of On Call Coverage

The period set for an on call member of staff is 1700-0900 on weekdays and 0900-0900 weekends and Bank Holidays. As Directors on Call are on call for periods of 4-7 days at a time they should ensure they begin their on call period at 1700 on a week day or 0900 on a weekend and Bank Holiday.

Payment for periods of on call work will be in line with Annexe A3 “Principles for harmonised on-call arrangements” of the NHS terms and conditions of service handbook. Where local variations exist they will be agreed with the Division Assistant Director.

Assistant Directors will ensure members of staff in their Division do not breach the European Working Time Directive. Further information is available from Human Resources.

5.2 On Call Availability

During an on call period members of staff should not participate in any activity that may mean they are unable to take a telephone call, and any subsequent necessary follow on actions, for a period longer than 30 minutes. Should staff reside in an area where there is little or very poor mobile signal they may supply a landline number to Switchboard and/or use a bleep system via switchboard subject to Estates and Manager agreement.

During an on call period where On Call Managers could be required to attend RDASH premises staff should consider their ability to respond to calls in person when making travel plans during an on call period.

While some On Call Managers may often need to attend premises in person others may not. A general policy of whether attendance in person at premises may be expected should be decided by each directorate based upon their experience of past On Call requirements.

During an on call period On Call Assistant Directors and Directors should not be more than a 2 hour drive from the Trust Incident Control Centre at Woodfield House, TRH Hospital or the backup Incident Control Centre, Conference Room, Swallownest Court.

On call members of staff will ensure they abstain from alcohol in the immediate period before, and during their on call shift.

Staff should also consider ensuring that any personal activities planned during a period of on call coverage should not be of a nature that would cause major inconvenience if he/she is required to deal with a call.

If a Manager on Call is taken ill whilst on call they should ensure they inform the Assistant Director on Call. The Assistant Director on Call may then
decide to take calls intended for that Manager, signpost calls to another manager on call or liaise with other staff to find a replacement Manager on Call. They will ensure that TRH Switchboard is informed of any changes. The action taken must be appropriate to provide the most suitable on call service available.

Should an Assistant Director on Call be taken ill they will, if possible, inform the Director on Call who will decide on what action to take to ensure cover is provided. Any changes made will be passed on to TRH Switchboard.

If a Director on Call is taken ill they will, if possible contact another Director to provide cover. The Director taking over will inform TRH Switchboard of changes.

5.3 On Call Briefing & Handover

If an On Call member of staff receives prior warning of a situation that may lead to an incident e.g. a severe weather warning they should familiarise themselves with the other on call members of staff are at the time e.g. on call Director, so they are aware who they may need to liaise with if they are contacted.

In the event of a period of on call taking place without an incident the member of staff need not give a handover brief. If an on call member of staff has dealt with an incident they will contact the relevant Modern Matron/Service Manager/Locality Manager or Assistant Director the next morning or if on a weekend or public holiday the next person on the on call shift and provide a handover briefing.

An incident refers to an event that required the completion of an IR1 form. This does not relate to an intervention to resolve other issues.

It is the responsibility of both members of staff to make a note on the IR1 of the time of the handover which logs the following:
- When the handover took place.
- Who was involved in the handover?
- What information was passed?

5.4 Practice Whilst on Call

When contacted whilst on call all staff should use the Joint Decision Making Model as shown in figure 1 below.

Before embarking on a plan of action on call staff should first take time to gather all relevant information about a situation. Find out what actions have already been taken.

If liaising with other senior staff ensure that it is clear what each member of staff is required to do and actions are not duplicated.

Should you need the input from a more senior member of staff ensure this is sought.
Agree contingency plans should an initial plan of action be impractical. In some cases on call staff should consider going into work as this allows easier access to ward information and contact details.

Ensure you liaise with staff regularly to review action taken by agreeing times for further calls if required. Ensure you gather a full appraisal of the situation before taking further action.

**Figure 1: Joint Decision Making Model**

It is the responsibility of each on call member of staff to keep a written record of calls they receive and actions taken. This provides evidence of calls received, actions taken and the rationale used.

If dealing with a Major Incident or potential Major Incident it is recommended that Assistant Directors and Directors use a personal log book to record calls received and actions completed. Upon completion of the on call shift if a Major Incident has occurred or the trust has moved to “Standby” any entries made in the log should be photocopied and copies held securely by the Assistant Director and/or Director’s secretary.

Log Books completed for Major Incidents or “Standby” will be held by the Trust for up to 20 years after the agreed end of the incident depending on the perceived significance of the incidents or issues recorded and the Trust retention policy.

The contents of logs may be open to a disclosure application under the Freedom of Information Act 2000, though exemptions allowed in that Act could be claimed for specific entries/pages. The contents of the log will also be open in any inquiry, inquest or other court process; though an application to withhold specific entries/pages may be granted by the Judge, Coroner or
5.5 **Escalating an Incident to a senior member of On Call Staff**

If an incident or scenario requires an on call member of staff to attend in person they will agree to do so, or ensure a full briefed deputy of equal authority can attend. Attendance in person often reduces time taken to make decisions and take action.

If an on call manager requires advice or is dealing with an incident which requires the authority of a senior member of staff they will contact the Assistant Director/Director on Call. If they are unable to get through to the senior member of staff on call they may attempt to contact other members of staff using the contact list in the on call pack. Any failure to make contact with the appropriate on call member of staff should be recorded.

On Call staff may ascertain which members of staff in other business divisions are on call by consulting Trust switchboard. An Assistant Director on Call may seek resources by liaising with on call managers from all directorates if required to resolve an incident.

In the event that an on call member of staff is taken sick or is unable to fulfil the role of on call they will inform their line manager (in normal office hours) who will inform the compiler of the rota who will make alternative arrangements. Out of hours the manager that is taken sick or is unable to fulfil the role will, if possible, inform the Assistant Director on call. Assistant Directors on Call will inform the Director on Call. In such circumstances if a deputy cannot be found the Assistant Director and Director on call will deputise for the member of staff that is absent.

Before commencement of a period on call staff will ensure they are familiar with the Lockdown and Bomb Evacuation Policies and Trust Major Incident Plan which are available on the Trust website.

Details of where evacuation plans for individual wards can be found will be included in each Division’s scenario information.

If a member of staff on call discovers their work mobile phone is malfunctioning during their shift they should contact TRH Switchboard and pass on an alternative number. If this is impractical they should find someone of equal authority who may take over the shift. Other on call staff and TRH Switchboard should be informed of any changes and full handover briefing provided.

5.6 **Compiling On Call Rotas**

All on call members of staff defined in the scope of this policy will cooperate with the compiler of the on call rota and provide details of their availability to the deadline provided by the rota compiler.

Personal factors will be taken into account when compiling a rota. For example pregnancy, maternity or religious occasions should be considered
and reasonable allowances made when compiling a rota. In the event of a dispute this will be resolved by the Assistant Director of the Division for Manager On Call rota and Director of the relevant Directorate for Assistant Directors on Call.

Within each directorate all On Call Manager rotas will be circulated to all On Call Managers, Assistant Director and TRH Switchboard.

Each Assistant Director and Director on Call rota will be circulated to Assistant Directors, Directors, Emergency Planning Officer and TRH Switchboard.

Circulation of all rotas will take place no less than 7 days before a rota begins.

If a member of staff wishes to change the rota in advance of a shift they will inform the rota compiler who will ensure all on call staff and TRH Switchboard are issued with amended on call details.

Compilers of on call rotas will ensure all on call staff, TRH Switchboard and the Trust Emergency Planning Officer are promptly notified of any changes to the rota.

Compilers of on call rotas will ensure that in their absence a deputy is able to compile the rota within the timescale above.

6. **TRAINING IMPLICATIONS**

All on call staff will have read and adhere to the Trust Lone Working Policy. Each Director on Call will undertake the NHS England approved “Strategic Leadership in a Crisis” training as described in Core Standards for Emergency Preparedness Resilience and Response (EPRR).

All on call staff will have read and adhere to the On Call Policy.

Staff will made aware of the policy through a number of a variety of means such as team meetings, meetings between Directors, Assistant Directors and Managers and Trust all staff email and website updates.

All Directors before taking the role of On Call Director Strategic Leadership in a Crisis training must be undertaken.

7. **MONITORING ARRANGEMENTS**

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<tr>
<td>Policy Annual Review</td>
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<td>All On Call Managers/Assistant Directors and Directors</td>
<td>Emergency Planning Officer</td>
<td>Annually</td>
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8. **EQUALITY IMPACT ASSESSMENT SCREENING -**

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 **Privacy, Dignity and Respect**

| Indicate how this will be met | No issues have been identified in relation to this policy. |

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘*not just clinically but in terms of dignity and respect*’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

8.2 **Mental Capacity Act**

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the Indicate How This Will Be Achieved.
consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

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<th><strong>LINKS TO ANY ASSOCIATED DOCUMENTS</strong></th>
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<td>Trust Lone Worker Policy</td>
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<th><strong>REFERENCES</strong></th>
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All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)