Managers on Call (Non-Medical Staff) Policy

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<th>DOCUMENT CONTROL:</th>
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<tbody>
<tr>
<td>Version:</td>
<td>3</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Corporate Policy Approval Group</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>27 March 2019</td>
</tr>
<tr>
<td>Name of originator/author:</td>
<td>Emergency Planning Officer</td>
</tr>
<tr>
<td>Name of responsible committee/individual:</td>
<td>Corporate Policy Approval Group</td>
</tr>
<tr>
<td>Date issued:</td>
<td>18 April 2019</td>
</tr>
<tr>
<td>Review date:</td>
<td>March 2022</td>
</tr>
<tr>
<td>Target Audience</td>
<td>On Call Staff (Non-Medical), On Call Rota Compilers, Trust Switchboard, Emergency Planning Officer.</td>
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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 On Call staff who are On Call outside the hours of 0900-1700 Monday – Friday including public holidays and weekends.

The diagram below shows the structure of On Call within the Trust.
4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

It is the responsibility of each On Call Rota Compiler to:

- Ensure that Tickhill Road Hospital (TRH) Switchboard are provided with full rota and contact details of On Call staff.
- Save a copy of the rota onto L:\Corporate\Trust On Call Rotas.
- Ensure any alterations to the rota are passed to TRH Switchboard and amended on L:\Corporate\Trust On Call Rotas prior to the period of On Call affected.
- Inform the Emergency Planning Officer if there is a change to whoever compiles the rota.
4.1 Each non-medical On Call Manager (Bronze) will ensure they have the following:

- A Fully charged mobile phone.
- Access to current Business Continuity Plans for the critical services for which they are responsible during a period On Call via folders in L:\Corporate\Trust On Call Rotas.

4.2 On Call Care Group Directors (Silver) and Directors (Gold) will have:

- A fully charged mobile phone.
- An On Call Pack.

4.3 The Emergency Planning Officer will:

- Review and update all On Call packs annually or at such time that changes to response or services require.
- Ensure rota compilers have access to L:\Corporate\Trust On Call Rotas.

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 Gold are On Call for periods of 4-7 days at a time they should ensure they start their On Call period at 1700 on a weekday 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 Care Group Director.

Care Group Directors will ensure members of staff 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 will 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 Bronze could be required to attend Trust 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 Bronze 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 Silver and Gold should not be more than a 3 hour drive from the Trust Incident Control Centre at Boardroom 2, 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 Bronze On Call is taken ill whilst On Call they should ensure they inform the Silver On Call. The Silver On Call may then decide to take calls intended for that Bronze, signpost calls to another Bronze On Call or liaise with other staff to find a replacement Bronze 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 Silver On Call be taken ill they will, if possible, inform the Gold 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 Gold 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.

If, during a period of On Call, a manager is required to attend an incident in person they must check they have sufficient competency for any role they intend to assume, for example, assisting on an in-patient ward.

If a manager is required to attend an incident they must ensure they, or a substitute, is still performing the On Call function. If the function of On Call Bronze, Silver or Gold is passed to another member of staff they must inform TRH Switchboard so calls may be diverted appropriately.

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 Silver and Gold, 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 Care Group 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.
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 Critical or Major Incident or potential Critical or Major Incident it is recommended that On Call Silver and Gold use a personal log book to record calls received and actions completed. Upon completion of the On Call shift if a Critical or 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 Silver and/or Gold’s secretary.

Log Books completed for Critical or 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 Inquiry Chair.

5.5 Escalating an Incident to a senior member of On Call Staff

If an incident 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 may reduce time taken to make decisions and
take action.

If an On Call Bronze requires advice or is dealing with an incident which requires the authority of a senior member of staff they will contact the Silver. If they are unable to get through to the Silver they must attempt to contact other members of staff. 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 are On Call by consulting Trust switchboard. Silver On Call may seek resources by liaising with several On Call Bronzes across Care Groups 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 Rota Compiler who will make alternative arrangements. Out of hours the Bronze that is taken sick or is unable to fulfil the role will, if possible, inform the Silver On Call. Silver On Call will inform the Gold On Call. In such circumstances if a deputy cannot be found for the Silver, the Gold On Call will deputise for the member of staff that is absent.

Before commencement of a period On Call Silver and Gold will ensure they are familiar with the contents of their On Call pack.

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 will take over the shift. On Call Silver and TRH Switchboard should be informed of any changes. If this is during a period On Call a full handover briefing should be provided.

### Compiling On Call Rotas

All On Call members of staff defined in the scope of this policy will cooperate with the Rota Compiler and provide details of their availability to the deadline provided.

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 Care Group Directors for Bronze On Call rota and Directors for Silver On Call.

On Call Bronze rotas will be circulated to all On Call Managers, Care Group Directors, TRH Switchboard and stored on L:\Corporate\Trust On Call Rotas

Each Silver and Gold On Call rota will be circulated to Care Group Directors, Directors, Emergency Planning Officer and TRH Switchboard. They will also be stored on and L:\Corporate\Trust On Call Rotas
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.

Rota Compilers will ensure all On Call staff, TRH Switchboard and the Trust Emergency Planning Officer are promptly notified of any changes to the rota.

Rota Compilers 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 read and adhere to the Trust Lone Working Policy. Each Silver and Gold On Call will undertake the NHS England approved “Strategic Leadership in a Crisis” training or equivalent as required to ensure they are competent in the role.

All On Call staff will 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, Care Group Directors and Managers and Trust all staff email and website updates.

7. MONITORING ARRANGEMENTS

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<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Policy Review</td>
<td>Consultation</td>
<td>All On Call Managers/Care Group and Directors</td>
<td>Emergency Planning Officer</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>Ongoing Policy Review</td>
<td>By exception at OMM Meetings</td>
<td>Attendees of OMM Meetings</td>
<td>Emergency Planning Officer</td>
<td>When On Call issues arise – by exception</td>
</tr>
<tr>
<td>Adherence to policy and fitness of policy for purpose</td>
<td>At Critical/Major Incident Debriefing</td>
<td>Emergency Planning Officer</td>
<td>Accountable Emergency Officer</td>
<td>After each Major Incident before formal debrief provided to Board as per requirements of Major Incident Plan</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on this Policy’s webpage on the Trust website.

8.1 Privacy, Dignity and Respect

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 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.

9. LINKS TO ANY ASSOCIATED DOCUMENTS

Trust Lone Worker Policy
Lockdown Policy
Major Incident Plan

10 REFERENCES