

ON-CALL POLICY

August 2017

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Reviewing Committee:	Executive Committee
Date:	Circulated
Approval Body	Governing Body
Approved date:	September 2017
Review Date:	October 2019
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Related Documents:	<ul style="list-style-type: none"> • COR 17 Emergency Preparedness, Resilience and Response Policy • OPEL Escalation Plan • A&E Delivery Board Escalation Framework and Delivery Plan • On-Call Pack • COR 05 Mobile Working Policy • HR 20 Home Working Policy
Target Audience:	This policy applies to all employees of the CCG required to perform on-call duties.
Policy Reference No:	COR18
Version Number:	2.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Internet
0.1	Policy and Assurance Manager	First draft		
1.0	Policy and Assurance Manager	Remove contact details to On-Call procedure	Governing Body 05/12/14	
1.1	Performance Improvement Manager	Included on-call pager number 07663 707555	16.1.2015	
1.2	Business Support Manager	Remove Pager details and insert new Flextel on call contact details		
1.3	Performance Improvement Manager Risk and Assurance Manager	Replace Surge & Escalation Plan with OPEL Escalation Plan Updates to job titles per updated organisational structure Formatting of policy to reflect CCG Policy on Policies Additional related documents	Governing Body 7 th September 2017	09 May 2018
2.0		Approved by Governing Body		

To request this document in a different language or in a different format, please contact :

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1. INTRODUCTION

- 1.1. General statement/background aim of this Policy is to outline the On-Call arrangements in place for Vale of York Clinical Commissioning Group so to ensure there are robust plans in place for 'On-Call' relating to system-wide resilience and an escalation route to Executive Director level in relation to major incidents, including out-of-hours serious media enquiries and significant business continuity issues.
- 1.2. For the purposes of this policy, the North Yorkshire and Humber 'Health System' is defined as the network of NHS providers working within the geographical boundaries of the CCG.
- 1.3. The purpose of this policy is to :
 - Document the requirement and purpose of the CCG's On-Call systems;
 - Explain the distinctive roles of the Directors On-Call in respect of the on-call rota;
 - Explain the roles and responsibilities of all on-call personnel; and
 - Confirm the command and control arrangements for the on-call systems and the link between on-call system resilience, major incident and business continuity planning.
- 1.4. The following extracts from national guidance require CCGs to have a 24/7 On-Call rota in place. The CCG is, therefore, required to :
 - Define a route for providers to escalate issues 24 hours a day, supported by trained and competent staff, in case they cannot maintain delivery of core services.¹
 - Should providers fail to maintain their performance levels, CCGs need to provide their commissioned providers with a route of escalation on a 24/7 basis.²
 - If a provider of NHS funded care has a problem either in or out of normal business hours, they must be able to escalate the matter through the CCG. This requires CCGs to draw up their own on-call rotas.³
 - Each Clinical Commissioning Group must take appropriate steps for ensuring that it is properly prepared for dealing with a relevant emergency.⁴

¹ NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR) (2013)

² 'NHS CB Frequently Asked Questions (FAQs) on the future arrangements for health EPRR (2013)'

³ 'NHS Commissioning Board Command and Control Framework (2013)'

⁴ 'Section 46 of Health and Social Care Act 2012'

2. POLICY STATEMENT

- 2.1. The Vale of York Clinical Commissioning Group, (the CCG) is required to show leadership and coordination of the system during pressures/incidents **and all** the NHS funded healthcare providers.

3. ENGAGEMENT

- 3.1. In developing this policy the Senior Management Team were consulted.

4. IMPACT ANALYSES

Equality

- 4.1. In applying this policy, the CCG will have due regard to 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 addition to offending background, trade union membership, or any other personal characteristic.

Sustainability

- 4.2. A Sustainability Impact Assessment has been undertaken. Positive and negative impacts are assessed against the twelve sustainability themes. The results of the assessment are attached.

Bribery Act

- 4.3. The Bribery Act is relevant to this policy. Under the Bribery Act it is a criminal offence to :
- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
 - Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- 4.4. These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.
- 4.5. Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

5. SCOPE OF POLICY

- 5.1. This policy applies to all employees of the CCG required to perform on-call duties.

6. ROLES / RESPONSIBILITIES / DUTIES

Directors on Call

- 6.1. All Directors on-call should:
- ensure that their On-Call Pack is kept up-to-date with all standard 'Inserts' from the Incident Emergency Planning Coordinator, as well as all important communications and updates sent by email;
 - be on-call for the duty period of one week (7 days) commencing on a Friday morning at 0900 and finishing on the following Friday morning at 0900 hours;
 - be available and contactable on the CCG Flextel number (contact details and procedure are available within the 'Emergency Planning folder on Y:Drive) or mobile telephone 24 hours a day, 7 days a week during the period of on-call in order to manage system resilience and system pressures;
 - ensure that you can travel within 1 hour to the CCG's Incident Control Centre;
 - During your duty period maintain a log of all telephone calls, messages, decisions made and actions taken in accordance with log taking best practice. This includes indicating in the logbook when you started and finished your shift;
 - undertake on-call training at least annually;
 - be able to respond appropriately to an emerging emergency situation should the need arise and give clear advice;
 - escalate to the NHS England Area Team Executive Director On-Call if there is a likely requirement for the local system (including the local hospital and community services) to move from OPEL 3 – Severe Pressure to OPEL 4 – Extreme Pressure (major incident – all contingencies deployed – system requires external support);
 - ensure you have your On-Call Pack to hand and that your mobile telephone is fully operational (switched on, audible and with battery fully charged);
 - have access to the mobile telephone numbers of On-Call Directors and Managers (these are provided on in the on-call pack);
 - ensure that any change of contact details (telephone numbers) is communicated to the On-Call Coordinator immediately. Currently, this is the Performance and Improvement Manager;

- ensure any shift changes are notified to the On-Call Coordinator;
- abstain from drinking alcohol during duty periods as it may be necessary to drive to the Incident Control Centre and make clear decisions;
- carry your NHS photo ID at all times; and
- ensure efficient handover of responsibility to the next On-Call Director/manager, including full briefing of any outstanding issues yet to be resolved and/or identification of potential issues on the horizon (use the Handover Action Card in Annex 2 of this Policy). The CCG operates a 'PUSH' system where the person on-call proactively makes contact with the next person on-call and 'pushes' the handover process, including all relevant information.

Specific Responsibilities of the Incident Emergency Planning Coordinator

- 6.2. The CCG has a nominated manager (the Performance and Improvement Manager) will act as the Incident Emergency Planning Coordinator, (IEPC); who is responsible for system management during normal working hours.
- 6.3. The Business Support Manager is responsible for preparing and distributing the CCG's On-Call rotas and administration of the master copy of the On-Call Pack.
- 6.4. The Performance and Improvement Manager is responsible for updating and distributing On-Call Packs for all Directors and Managers on the On-Call Rotas.
- 6.5. The Performance and Improvement Manager is responsible for ensuring that Directors and Managers on the On-Call Rotas are adequately trained for their responsibilities and to arrange annual update training.
- 6.6. The Performance and Improvement Manager is responsible for updating the On-Call Director with any resilience issues / updates going into the out-of-hours period
- 6.7. The Performance and Improvement Manager provides co-ordination and leadership of the local health system for capacity issues and diversion during periods of extraordinary demand fluctuation within normal working hours.
- 6.8. The Performance and Improvement Manager should advise the Director On-Call if there is a likely requirement for the local system (including the local hospital and community services) to move from OPEL 3 – Severe Pressure to OPEL 4 – Extreme Pressure (major incident – all contingencies deployed – system requires external support).

- 6.9. The Performance and Improvement Manager is responsible for ensuring that all necessary local health system contact numbers are provided in the On-Call Pack; and that these are kept up to date.
- 6.10. The Performance and Improvement Manager must be familiar with the CCG's Emergency Preparedness, Resilience and Response Policy and Business Continuity Policy and Plan (BCP) to ensure that issues are raised with the Director On-Call which may develop into a significant issue or major incident and then assist him/her to activate either or both of the plans.
- 6.11. Cover for the Performance and Improvement Manager for the role of IEPC will be provided by the Risk and Assurance Manager.

7. ON-CALL PACKS

- 7.1. On-Call Pack will be issued to each nominated person on the On-Call Director rotas. All On-Call personnel should familiarise themselves with the contents of this Pack and gain clarification on any issues as necessary. It is the responsibility of the pack owner to keep it up-to-date with standard 'inserts' as supplied by the On-Call Coordinator, communications regarding current events in the system and plans. The Pack contains the following documents :
 - Emergency Preparedness Resilience and Response Policy
 - York & Scarborough A&E Delivery Board Escalation Framework
 - SRCCG Winter Escalation Contacts
 - NHS Vale of York CCG Contact Numbers
 - Two blank Incident Log books
 - NHS England Ebola (EVD) Guidance for CCG On Call Director's Pack
 - On-Call Rota
 - GP Emergency Contacts

8. TELECONFERENCE CALLS

- 8.1. A local system-wide teleconference call may be requested by a provider organisation if they are reporting OPEL 3 – Severe Pressure and have undertaken all related actions within the escalation policy and have genuine concerns about managing the situation on a wider basis. In addition any organisation can request a health system teleconference to support the management of system resilience.
- 8.2. The CCG Director On-Call will chair the system-wide teleconference. Details for setting up a teleconference are contained within the York & Scarborough A&E Delivery Board Escalation Framework (located in the On-Call Pack).

9. POLICY IMPLEMENTATION

9.1. Following approval by the policy a copy will be circulated to:

- all staff on the On-Call rota;
- NHS England; and
- all partner across the healthcare system

10. TRAINING AND AWARENESS

10.1. All CCG On-Call Directors and Managers will undergo initial familiarisation training and yearly refresher training thereafter. They will also be required to attend designated training modules and exercises as quoted in the CCG EPRR Training and Exercise programme.

11. POLICY REVIEW

11.1. The policy will be reviewed after twelve months and then every two years or when required/requested.

12. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

12.1. The following committees and individuals have been involved in the consultation and development of this policy :

- Executive Directors

12.2. This policy will be approved/ratified by the committees/CCG Governing Body named on the cover of the policy, in line with the CCG's Policy on Policies.

13. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

13.1. The previous version of this policy will be removed from the intranet and will be available if required by contacting the author.

14. ASSOCIATED POLICIES / DOCUMENTS

- COR 17 Emergency Preparedness Resilience and Response Policy
- On-call Pack
- A&E Delivery Board Escalation Framework and Winter Plan
- CCG Constitution,(includes Standing Orders)
- COR 16 CCG Business Continuity Policy
- CCG Business Continuity plans and action cards

15. POLICY CONTACT DETAILS

Performance and Improvement Manager

Telephone : 01904 555870

Email : valeofyork.contactus@nhs.net

Address : NHS Vale of York Clinical Commissioning Group
West Offices, Station Rise, York. Y01 6GA

16. APPENDIX 1 : EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed		
	On Call Policy		
2.	Please state the aims and objectives of this work.		
	To define and document the CCG's on call arrangements to support EPRR systems and processes		
3.	Who is likely to be affected? (e.g. staff, patients, service users)		
	CCG on call directors.		
4.	What sources of equality information have you used to inform your piece of work?		
	NHS England guidance		
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics		
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and operational framework.		
6.	Who have you involved in the development of this piece of work?		
	Internal/stakeholder involvement: Senior Management team Consultation with Senior Managers		
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities (Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)		
	<table border="1"> <tr> <td style="background-color: #e6e6fa;">Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</td> <td style="background-color: #e6ffe6;">Consider building access, communication requirements, making reasonable adjustments for individuals etc.</td> </tr> </table>	Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.		

N/A	
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc.
N/A	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
N/A	
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/A	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
On-call duties may conflict with faith commitments. Scheduling will give due consideration	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	

<p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
<p>N/A</p>	
<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
<p>Carer commitments may impact, scheduling to give due consideration.</p>	
<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
<p>N/A</p>	
<p>8.</p>	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

Sign off
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

17. APPENDIX 2 : SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	On Call Policy
What is the main purpose of the document	To provide effective cover for CCG on-call duties.
Date completed	August 2017
Completed by	Governance Team

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		