

# CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST

## ON-CALL MANAGERS'/DIRECTORS' POLICY

<b>Cumbria Partnership NHS Foundation Trust</b>	
<b>Policy Number:</b>	POL/002/098
<b>Version:</b>	1.2
<b>Date:</b>	December 2017
<b>Owner:</b>	Deputy Director of Operations
<b>Description:</b>	Trust on-call managers' and directors' arrangements
<b>Target audience</b>	Trust Bronze, Silver and Gold On-call
<b>Review date:</b>	<b>December 2018</b>
<b>Review period:</b>	12 months

**Amendment history:**

All amendments should be considered for immediate inclusion in a revised version and reissued when approved.

**All superseded (paper) versions should be destroyed as confidential waste.**

Version	Page	Section	Description of change	Requested by	Approved by	Date issued
0.2	8	4	Changed from "On-call arrangements" to "Guiding principles"	RG	N/A	N/A
0.2	9	5	New section for "Remuneration"	RG	N/A	N/A
0.2	9	6	Renumbering resulted in Section 6 as "Time off in lieu"	RG	N/A	N/A
0.2	9	7	Addition of Section "Travelling, Travel expenses and parking"	RG	N/A	N/A
0.2	10	8	Created Section "Working Time Regulations 1998"	RG	N/A	N/A
0.2	12	12	Added more content	RG	N/A	N/A
0.3	9	8.5	Meeting between LTR and RG – discussed yellow sections in v0.2	RG	N/A	12/12/14
0.4	5	1.3	NHS England's CNTW Area team has changed its name following wider restructuring and will be referred to as "NHS England – North (CNE)". Agreed with LTL on 25/02/15 to move some content in procedural document.	RG	N/A	17/03/15
0.5	10	6.9	Review by LTL, LTR and RG. Agreed phase "normal acceptable operating limits"	N/A	N/A	N/A
0.5	10	7.4	Removed section 7.4. Section 8 should reflect AfC	N/A	N/A	N/A
0.5	12	12.2	Removed section.	N/A	N/A	N/A
0.5	15	APPENDIX A	Removed definition of "rest"	RG	N/A	21/04/15
1.0	6	4.1 e	Removed paragraph	LTL	N/A	N/A
1.0	11	9.1; 9.2; 9.3	Removed on advice from Workforce & OD	N/A	N/A	24/06/15
1.0	N/A	N/A	Review by Trust Management Group (TMG)	LTL	TMG	22/07/15
1.1	11	8.7	Amended guidance on "Sickness absence of on-call managers/Directors" following advice from TMG. Removed HMcF from the list of reviewer as she has now left the Trust. Use of "Associate Director of Operations". Amended section 13.1.	LTL	N/A	26/08/15
1.2	10	7.5	Amended wording regarding oncall attendance/call handling	TMB		20/12/17
1.2	7	6.2.2	Clarification of oncall expectations	TMB		20/12/17
1.2	7	6.1.1 j	Clarification of oncall expectations for part time staff/staff with flexible working patterns	TMB		20/12/17

**Forecast changes:**

Anticipated change	When

**Reviewers:**

This document must be reviewed by the following:

Name	Signature	Title/responsibility	Date	Version
Nina Hill (NH)		Associate Director of Operations	24/10/2017	1.2
Richard Greene (RG)		Resilience Manager	24/10/2017	1.2
Yannick Raimbault (YR)		Senior Network Manager	24/10/2017	1.2
Sharon Harper (SH)		Associate Director of Workforce	30/11/2017	1.2
TMB			20/12/2017	1.2

**Approvals:**

This document must be approved by the following:

Name	Signature	Title/responsibility	Date	Version
Tim Evans		Deputy Director of Operations	30/11/17	1.32

**Distribution (FOR ACTION)**

Name	Responsibility	Date	Version

**Distribution (FOR INFORMATION ONLY)**

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## 1.0 SCOPE

- 1.1 This document applies to all Cumbria Partnership NHS Foundation Trust (“Trust” or “CPFT”) staff assigned to CPFT Gold, Silver, Bronze rotas.
- 1.2 Other Trust on call rotas should link closely and escalate issues and incidents through the Trust Gold-Silver-Bronze (GSB) on-call system.
- 1.3 The terms “major incident” and “emergency” will be used interchangeably throughout this document – relevant definitions are set out in APPENDIX A. Similarly NHS England’s *Emergency Preparedness, Resilience and Response (EPRR)* is synonymous with the term “emergency planning”; and “Trust” is interchangeable with “CPFT”. The term “critical incident” is deliberately broad to ensure that potential incidents are not missed.  
A critical incident can be described as any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.  
“Cumbria” refers to the area covered by Cumbria Local Resilience Forum (LRF) which is coterminous with Cumbria County Council’s boundaries. NHS England’s former Area Team will be referred to as “NHS England – North (Cumbria and North East)” or “CNE”. Presentational conventions observed include: the word “must” is used to express necessity. The word “should” is used to express recommendations, the word “may” is used to express permissibility and the word “can” is used to express possibility. The interchangeable use of “shall” and “will” is an acceptable part of standard British English.<sup>1</sup> The word “not” is underlined purely for emphasis.
- 1.4 This policy is not intended to be exhaustive or restrictive and does not preclude the innovative use of strategies, plans which are lawful, human rights compliant and which have been adequately risk-assessed.
- 1.5 It is the responsibility of each (Associate) Director in respect of the CPFT Gold rota, and the relevant Associate Director of Operations for each care group in providing managers to either the respective CPFT Bronze rotas or the CPFT Silver rota, to ensure actions are completed in line with this policy.
- 1.6 This policy does not supersede Agenda for Change (AfC), NHS Terms and Conditions of Service Handbook or individual contracts of employment, but will be reviewed and, if necessary, updated if any future change to these documents occurs.

## 2.0 INTRODUCTION

- 2.1 In accordance with the Civil Contingencies Act 2004 (CCA) and its regulations, NHS organisations and providers of NHS-funded care are required to demonstrate that they can deal with critical incidents and emergencies while maintaining services to patients. As these incidents can happen at any time the Trust must provide suitable and robust out-of-hours contact arrangements to ensure that its response to such incidents is safe,

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<sup>1</sup> *The New Oxford Dictionary of English*, p.1707

appropriate, necessary and proportionate to associated risks, and recovery to business-as-usual occurs as soon as reasonably practicable.

- 2.2 It is recognised that adequately rested staff are an important element in assuring service quality and safety. Fatigued staff are more likely to make mistakes which might adversely affect both the quality of care provided and their own safety, hence this document also serves as a framework for awarding compensatory rest in accordance with the Working Time Regulations 1998 and associated NHS guidance.
- 2.3 This policy has taken into consideration the following legislation and guidance: Civil Contingencies Act 2004 (CCA), Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, Corporate Manslaughter and Corporate Homicide Act 2007, Data Protection Act 1998 and Equality Act 2010, Health and Safety at Work Act 1974, Human Rights Act 1998 and the Management of Health & Safety at Work Regulations 1999.
- 2.4 In addition to this policy, all staff assigned to either the CPFT Gold, Silver, Bronze rotas should also carefully read the following Trust documents:
- On-call procedural document;
  - Incident Response Plan;
  - Business Continuity Policy;
  - relevant evacuation/lockdown plans and other emergency plans within their (functional or geographical) area(s) of responsibility;
  - Preparing for a Serious Security Occurrence (Lockdown) Policy;
  - Bomb Threat and Suspect Package Policy;
  - the latest controlled version(s) of care delivery group's business continuity plan(s).
- 2.5 Further information on relevant policies and non-statutory guidance is provided in the accompanying procedural document – a copy is held in the folder "Operational on-call" on the Resilience Portal.
- 2.6 These on-call arrangements will be:
- 2.6.1 Reviewed at least annually, unless subject to legislative, organisational or other significant change;
- 2.6.2 Approved by the Trust Board; and
- 2.6.3 Signed-off by the Chief Executive and the Director of Operations.

### **3.0 AIM**

- 3.1 This policy outlines the agreed on-call arrangements for the Trust to ensure an appropriate response to and recovery from any internal or external critical incident or emergency, as well as more routine operational issues.

### **4.0 GUIDING PRINCIPLES**

- 4.1 The guiding principles of this policy include:
- a) to be consistent with the principles of equal pay for work of equal value;
  - b) to provide a payment that reflects the availability for on-call duties;

- c) to take account of the frequency of on-call availability;
  - d) to specify payment for work done whilst on call;
  - e) to allow for compensatory rest under the European Working Time Directive (EWTD);
  - f) to specify the arrangements for public holidays;
  - g) to specify whether payments are pensionable or non-pensionable.
- 4.2 If having to travel to a Trust facility or another location outside of normal working hours, then the on-call manager or Director should adhere to the Trust's *Policy for Lone Working*.
- 4.3 It is the responsibility of each care group and those managers undertaking on-call duties to ensure that they are contactable 24-hours-a-day, 7-days-a-week and to make appropriate arrangements to maintain continual cover of each on-call rota.
- 4.4 Care groups, in conjunction with the Director of Operations, should determine a sufficient number of trained and competent staff on each on-call rota, particularly if required to sustain cover over a prolonged period (e.g. protracted incident).
- 4.4 The expectation is that most on-call queries/issues can be dealt with over the telephone and that on-call managers and Directors will only need to attend a Trust or partner facility in exceptional circumstances.
- 4.5 All on-call staff should have the necessary skills commensurate with their function, which should be aligned to relevant National Occupational Standards for Civil Contingencies (see relevant CPFT competency framework).
- 4.6 All incidents should be managed at the most appropriate level with escalation to the next level of command occurring only when and where necessary.

## **5.0 CONTACTING ON-CALL STAFF**

- 5.1 Trust staff requiring advice/support from an on-call manager (i.e. outside of normal business hours), should contact Carlton Clinic switchboard and ask to be connected to the relevant Bronze (i.e. either Bronze Community Services, or Bronze Mental Health North, Bronze Mental Health South). Carlton Clinic switchboard will then initiate necessary contact with the relevant Bronze.
- 5.2 On-call managers and Directors are responsible for ensuring Carlton Clinic Switchboard is kept up-to-date should any contact details change for any reason for that individual's period of on-call duty.

## **6.0 ROLES AND RESPONSIBILITIES**

### **6.1 *Relevant Associate Directors overseeing on-call rotas***

- 6.1.1 Associate Directors/General Managers (or other heads of service) must ensure:
- a) rotas for on-call managers and Directors abide by the Working Time (Amendment) Regulations 2003, in particular rest periods, compensatory rest and health assessments for night work;

- b) on-call managers' cover is agreed in respective job description, approved by the Trust Management Group and reviewed at least annually, unless subject to legislative, organisational or other significant change;
- c) regular review of on-call managers' and Directors cover against service requirements and operational risk to ensure that out-of-hours arrangements are being delivered in a safe efficient, and cost-effective manner (e.g. gauged against numbers of on-call managers'/Directors' callouts (attendance at Trust facilities per calendar month));
- d) in line with the needs of the service, choices for on-call managers and Directors who have carer's and other responsibilities in line with the *Policy to Promote Flexible Working*;
- e) on-call managers and Directors receive sufficient notice of the dates and times that they are required to work on out-of-hours call rotas - **minimum is 4 weeks' notice, unless subject to extenuating circumstances.**
- f) the relevant manager, or Director, is capable of meeting their on-call commitments;
- g) equal treatment of staff, applying pro-rata rules to part-time employees in line with the needs of the service;
- h) individuals have a responsibility to monitor working hours in order to encourage an appropriate work-life balance and meet legal requirements;
- i) that Trust policy and relevant processes for the authorisation and payment of on-call duties are followed.
- j) Oncall staff who work part time or have flexible working arrangements must undertake a fair share of unsociable oncall shifts, i.e. Friday, Saturday and Sundays regardless of their normal working days. In order to provide major incident command requirements, oncall managers must be available for the full day even if they are not in work that day or change their normal working pattern / day for the duration of the on call requirement..

## **6.2 Managers and Directors with on-call duties**

- 6.2.1 If the requirement to perform on-call duties is specified in a manager's or Director's contract of employment or job description, then that manager or Director is contractually obliged to perform this function.
- 6.2.2 Managers or Directors contracted to perform on-call duties must ensure that they:
  - a) are available at all times of the required on-call period (e.g. Monday to Friday 5.00pm to 9.00 am *for normal out of hours management support/decision making*, and 24-hours' cover at weekends and Bank Holidays (i.e. 09.00am to 09.00 am the next day); *Oncall managers will assume the relevant command position (operational/tactical) if a major incident occurs during an oncall day and will be required to assume that role **at any time** during the 24hour period of any working day.* Gold operates 24 hours a day, 7 days a week.
  - b) are accessible by telephone at all times and provide at least two contact numbers for the duration of their period of duty (e.g. Trust mobile phone and preferably a landline number in case of power/mobile phone outage);

- c) ensure that his/her Trust mobile phone is charged and is in working order;
- d) respond to a call (e.g. issue or query) within 30 minutes, or as soon as is practicable, if the call is not answered immediately;
- e) undertake the duties of their role in an efficient and effective manner, being supportive and inclusive to all members of staff and stakeholders at all times;
- f) maintain contemporaneous notes of any messages received, options considered, and rationale for any decisions or actions.
- g) have access to the Trust's *Incident Response Plan*, relevant red-coloured laminated action card for their role and a blank personal log for use during a critical incident or emergency;
- h) are within a reasonable travelling distance (approximately two hours) from their place of employment or a Trust facility;
- i) have broadband internet access and Virtual Private Network (VPN) access via a Trust laptop;
- j) are fit to attend work, must not present themselves for duty in an unfit state (e.g. through alcohol, medication, drugs or any substance that may impair the ability to make decisions, manage a critical incident or emergencies) and must remain in a fit state whilst on duty;
- k) can drive a private vehicle with 'personal business' insurance cover (or appropriate Trust vehicle) whilst on duty to respond in person if required (e.g. to attend any critical incident or emergency);
- l) are familiar with the local arrangements for reporting any unavailability for the respective on-call rota – managers and Directors must ensure any unavailability for a previously agreed period of on-call duty is covered and revised cover arrangements are communicated appropriately;
- m) submit any request to come off an on-call rota immediately to their line manager for a temporary period or permanently, including for health reasons, compassionate grounds, or if otherwise granted an exemption for whatever reason, taking advice from the Trust's occupation health provider as appropriate;
- n) undertake training opportunities and exercises in relation to their on-call role or substantive post;
- o) comply with *Standards of Business Conduct for NHS Staff*.
- p) Comply with CPFT Health and Safety Policy/Procedure and other relevant Trust policies and procedures to ensure health, safety and welfare of staff, patients and others which remain a key priority through any response to and recovery from any incident.
- q) Must take personal responsibility for informing colleagues should they become too tired to operate safely and effectively.

6.3 Further details of the roles and responsibilities of CPFT Gold, Silver, Bronze and other staff involved in incident response are provided in the latest controlled version of the Trust's *Incident Response Plan*.

#### **CPFT Gold**

6.4 CPFT Gold acts as the initial point of contact for any external alert for any critical incident or emergency (i.e. an incident which may affect the Trust or its interests) from CNE or a partner agency representative. If CPFT Gold is indisposed for any reason, CPFT Silver will automatically assume this responsibility and maintain a decision log.

6.5 The role of CPFT Gold (or CPFT Silver) is: to assess the information received (if necessary by authenticating details using a recognised partner agency contact number); to make decisions as required; and to determine what further action should be taken. CPFT Gold (or CPFT Silver) will also need to decide whether relevant Trust colleagues should be notified at this stage and if an incident co-ordination centre(s) (ICC(s)) should be activated.

6.6 If either 'Major Incident – STANDBY' or 'Major Incident – DECLARED' (see latest controlled version of the Trust's *Incident Response Plan* for more details) is issued, or if an incident is of sufficient scale/complexity that it needs strategic direction or requires decisions/resources to be authorised on behalf of the Trust, or if an internal incident or the original incident notification comes at the tactical (silver) level, CPFT Silver will notify CPFT Gold to discuss and agree the action to be taken, including whether an ICC should be activated.

6.7 CPFT Gold will be responsible for responding at a strategic (gold) level and maintaining an overview of the incident whilst ensuring that normal business continues at an appropriate level. CPFT Gold is required to establish and maintain a clear understanding of the roles and responsibilities of all responding agencies including their broad structures, methods of communication and decision-making processes

6.8 CPFT Gold will usually only get involved in responding to the most serious occurrences, although they should be notified of any ongoing situations that have real potential to escalate, even if they are not required to respond at that time.

6.9 CPFT Gold must be notified of any incident which requires the commitment of Trust resources and funding over and above normal acceptable operating limits.

#### **CPFT Silver**

6.10 In the event of a potential or actual critical incident or emergency, CPFT Silver will assume responsibility for Trust's incident management and co-ordinate the overall Trust response at a tactical (silver) level. This may include identifying an appropriate representative to attend a Health Co-ordinating Group or multi-agency Tactical Co-ordinating Group (TCG) if/when established, or participating in a health or multi-agency teleconference. The overall Trust response at the tactical level, which includes providing an initial risk assessment of issues as they present. Staff on this rota should be at senior manager level with experience of the NHS, particularly health and multi-agency emergency response and recovery arrangements, but irrespective of AfC banding, CPFT Silver is empowered to take the most appropriate action on the initial information received. They should be able to demonstrate a level of competence to make dynamic risk assessments of operational issues and act with authority and credibility as representative of the Trust. Such actions may commonly fall into three broad categories: (a) note received information to determine whether further updates are required but defer any action until the situation escalates or is

resolved; or (b) recognition that the occurrence requires further action, intervention, management or support – this typically does not required CPFT Gold input, but CPFT Silver may share information with the CPFT (Gold) strategic commander; or (c) the occurrence is of such magnitude, complexity or present a real risk of reputational damage that CPFT Gold’s involvement is required

6.11 Both CPFT Gold (if engaged) and Silver should act as ‘filters’ to ensure that the issues raised during an incident by CNE or another responding agency are those which are deemed reasonably to be within the Trust’s remit to deal with.

## 7.0 WORKING TIME REGULATIONS 1998

### ***Rest periods***

7.1 The Working Time Regulations 1998 provide for rest periods of:

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

7.2 All staff should have a minimum of 90 hours rest per week on average. This is the total of an employee’s entitlement to daily and weekly rest periods, although some rest may come slightly later than normal.

7.3 Any modification of rest periods will be based on objective reasons, which may include reasons connected with continuity of care or service.

### ***Compensatory rest***

7.4 Relevant managers overseeing on-call rotas will set the rest requirements for their rotas

7.5 An example of how to reconcile rest periods, compensatory rest and the needs of the service is given below, but this should be read in conjunction with point 6.2.2. h) above.

After a period of callout/call handling, employee is home/complete:	Time the employee must be in work
Before midnight	Normal start time next day
Between midnight and 3.00am	3 hours after normal start time
Between 3.00am and normal start time	5 hours after normal start time

7.6 If CPFT Gold are on-call for 2 x 24-hour periods (e.g. over a weekend) it may not be possible to incorporate compensatory rest immediately after the period worked. However, line managers must ensure that the principle of minimum 90 hours’ rest per week on average is adhered to.

7.7 The compensatory rest period may fall on a working or non-working day. If it falls on a non-working day, staff do not accrue any additional compensatory rest.

7.8 Compensatory rest must be taken at a time when rotas and the service allow, subject to the agreement of the line manager.

## **8.0 REMUNERATION**

8.1 On-call staff are entitled to receive an on-call payment, which is based on a percentage of their salaries. Any local agreements need to be consistent with the 12 principles set out in Annex A3 of *NHS terms and conditions of service handbook (Agenda for Change)*, unless local agreements are in place.

8.2 No additional bank holiday enhanced rate will be payable, but bank/public holidays will attract time off in lieu for this period.

8.3 On-call payments are administered by the Trust's payroll provider.

### ***Pensionable status of on-call managers and Directors payments***

8.4 Any payments received for on-call duties are pensionable.

### ***Sickness absence of on-call managers/Directors***

8.5 When staff who are absent due to sickness for a period of 4 weeks or more (in line with definition in the Trust's sickness absence policy) whilst on-call, the on-call payment will cease following submission of a change form by their line manager. On return to work, another change form will be submitted by that person's line manager in order to receive on-call payments.

8.6 Any return to the rota after a period of absence due ill health or some other form of exceptional circumstances must also be reviewed by the line manager with advice from the Trust's occupational health provider as appropriate.

## **9.0 TIME OFF IN LIEU (TOIL)**

9.1 One day's leave can be claimed for oncall taking place on a bank holiday falling on a normal working day (Monday-Friday).

## **10.0 TRAVELLING, TRAVEL EXPENSES AND PARKING**

10.1 On-call managers and Directors will use the most appropriate form of transport for any journey necessitated by on-call duties, depending on the time of the callout, personal safety and cost.

10.2 On-call managers and Directors must comply with the Trust *Driving at Work Policy*. The Trust will not be liable for the payment of any parking fines incurred whilst staff undertake on-call duties. What if the emergency/incident keeps people at work longer than expected

10.3 Travel expenses incurred solely in order to carry out work on-call will be reimbursed in line with the Trust's *Business Travel Policy*.

## **11.0 RECORDS-KEEPING**

11.1 All on-call personnel must record any calls received and decisions/actions taken using the on-call reporting tool (or if during a critical incident or emergency use a personal log). This personal log should be started as soon as practicable and should cover the period of that person's involvement with the incident.

## **12.0 TRAINING AND EXERCISES and DEBRIEFING**

- 12.1 Suitable training must be provided by the Trust and attended by any member of staff who is expected to undertake on-call duties. Once formal training has been undertaken, it is recommended that on-call managers and Directors undertake refresher training every eighteen months. Informal refresher training should be considered, but this remains a matter for care groups on how this can be achieved with resources available.

Annual on-call training will be made available at least on an annual basis and all on-call personnel will be required to attend. In addition, other opportunities for training and exercises will be offered as they arise. Those undertaking on-call duties must understand the requirement to attend any necessary training, exercises, incident/exercise debriefs to ensure the currency of their understanding, knowledge and competency to carry out their assigned role.

- 12.2 Cumbria Local Resilience Forum (LRF) holds a number of multi-agency exercises throughout each year and, wherever possible, Trust on-call personnel will be given an opportunity to participate/attend these events. In order to maintain their competences and remain current in respect of LRF response and recovery arrangements, on-call staff should be involved in at least one (discussion-based or tabletop or live) exercise annually, which should be formally recorded and a formal debrief conducted

- 12.3 As part of their own personal development, all staff who undertake on-call duties should routinely refresh their understanding of dealing with out-of-hours issues using examples of actual incidents or scenarios to explore how calls can be resolved. On-call managers and Directors should ensure they maintain key skills through training and exercises. On-call competencies and training must form part of the annual appraisal for each on-call manager and Director

- 12.4 Model competencies for CPFT Gold, Silver and Bronze on-call personnel have been identified. Completion of an annual self-assessment review will be required by all on-call personnel – this should be monitored by management supervision and appraisal.

- 12.5 On-call Directors on CPFT Gold rota must complete the 'Strategic Leadership in a Crisis' (SLC) course and have an awareness of the Corporate Manslaughter and Corporate Homicide Act 2007

### **13.0 FREEDOM OF INFORMATION ACT 2000 (FOIA) AND ENVIRONMENTAL INFORMATION REGULATIONS 2004 (EIR) REQUESTS**

- 13.1 The Civil Contingencies Act (2004) (CCA) permits Category 1 responders to restrict the publication of plans and prohibits the publication of sensitive information and personal data. It advises publication only where there is a positive benefit in doing so and where the benefits of disclosure are in the public interest. Sections of this plan which relate, for example, to confidential telephone numbers and locations are therefore considered exempt from the requirements of the Freedom of Information Act 2000 and Environmental Information Regulations 2004. Distribution of the full information contained within such sections of this plan will only be made available to Trust staff responsible for responding to business continuity disruption.

### **14.0 HUMAN RIGHTS**

- 14.1 The Trust must uphold the Human Rights Act 1998, which requires consideration of a range of factors including the dignity of individuals receiving treatment; end-of-life considerations; prioritisation of treatments and transparency in relation to decision-making as well as individual preferences.
- 14.2 During a critical incident or emergency preservation of life has primacy, which is the core of Article 2 of the Human Rights Act 1998.
- 14.3 If for any reason, an emergency or business continuity incident necessitates restricting any human right, such as freedom of movement or freedom of assembly, this should be proportionate and only for the minimum duration possible. The reason for such a decision being taken should be communicated to the people affected and recorded accurately.

## 15.0 MONITORING COMPLIANCE WITH THIS DOCUMENT

- 15.1 The table below outlines the Trust's monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Policy cohesion	Peer review				

## REFERENCES/ BIBLIOGRAPHY

Cumbria, Northumberland, Tyne and Wear (CNTW) Area Team On call policy. NHS England 2013  
 On Call Policy. Royal United Hospital Bath NHS Trust 2014.  
 NHS terms and conditions of service handbook (Agenda for Change) Amendment number 35  
 NHS circular HSG(93)5 Standards of Business Conduct for NHS Staff

Cabinet Office Emergency Preparedness: Non statutory guidance on part 1 of the Civil Contingencies Act 2004, its associated regulations and non-statutory arrangements:

<https://www.gov.uk/government/publications/emergency-preparedness>

Cabinet Office: Government Security Classifications April 2014

<https://www.gov.uk/government/publications/government-security-classifications>

The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance:

<http://www.legislation.gov.uk/ukpga/2004/36/contents>

HM Government Emergency Response and Recovery: Non statutory guidance accompanying the Civil Contingencies Act 2004:

<https://www.gov.uk/government/publications/emergency-response-and-recovery>

The Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/enacted>

NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

<https://www.england.nhs.uk/ourwork/epr/gf/>

NHS England's Emergency Preparedness, Resilience and Response (EPRR) Framework. November 2015

<https://www.england.nhs.uk/ourwork/epr/gf/>

National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice

<http://www.sfjuk.com/national-occupational-standards/>  
NHS Terms and Conditions of Service Handbook under Agenda for Change  
<http://www.nhsemployers.org/agendaforchange>  
STATUTORY INSTRUMENTS 2003 No. 1684 - TERMS AND CONDITIONS OF  
EMPLOYMENT: The Working Time (Amendment) Regulations 2003  
<http://www.legislation.gov.uk/uksi/2003/1684/contents/made>

## **RELATED TRUST POLICY/PROCEDURES**

Alcohol and Drug Policy  
Business Continuity Management Policy  
Business Travel Policy  
Capacity Policy  
Clinical & Professional Supervision Policy  
Code of Conduct  
Communications with Media Policy  
Corporate and Local Induction Policy and Procedures  
Criminal Records Bureau Policy  
Disciplinary Policy  
Driving at Work Policy  
Equality and Diversity Policy  
Guidelines and Risk Assessment of new and expectant mother at work  
Health & Safety Policy/Procedure  
Incident and Serious Untoward Incident and Near Miss Reporting Policy  
Information Governance Policy  
Internet Access Policy  
Management Supervision Policy  
Media Relations Protocol  
NHS terms and conditions of service handbook  
Photography and Video Recording Policy and Procedures.  
Preparing for a Serious Security Occurrence (Lockdown) Policy  
Policy for Lone Working  
Policy for the Recruitment of Agency Staff  
Policy on Prevention and Management of Violence and Aggression  
Policy to Promote Flexible Working  
Risk & Safety Strategy & Policy  
Security Policy  
Service Delivery Health & Safety Risk Assessment Policy  
Special Leave Policy  
Standards of Business Conduct for NHS Staff  
Stress at Work Policy  
Time Off In Lieu Policy  
Untoward Incidents/Formal Complaints/Claims Investigation Policy

## APPENDIX A – DEFINITIONS

**Compensatory rest:** This is a period of rest the same length as the period of rest, or part of a period of rest, that the employee has missed.

**Exceptional circumstances:** Immediate compensatory rest must be provided except in exceptional cases where this is not possible for 'objective or technical reasons concerning the organisation of the work'. Exceptions must be construed narrowly: no particular sector of the NHS is by its nature exceptional. Even in the truly exceptional case when compensatory rest does not need to be provided immediately, the employee must nevertheless be afforded appropriate protection from adverse health effects (e.g. a proportion of the required compensatory rest immediately, and the balance within the next 72 hours).

**On-call (Gold-Silver-Bronze):** 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.

**Normal working hours:** Those hours which are regularly worked and/or fixed by the contract of employment. This does not include overtime.

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

## APPENDIX B – ABBREVIATIONS

AfC	Agenda for Change
BCP	Business Continuity Plan
BIA	Business Impact Analysis
BS	British Standard
CAMHS	Child and Adolescent Mental Health Services
CCA	Civil Contingencies Act 2004
CCG	Clinical Commissioning Group
CHOC	Cumbria Health On Call (Out of hours provider)
CNE	NHS England – North (Cumbria and North East)
CPFT	Cumbria Partnership Foundation Trust
EWTD	European Working Time Directive
GSB	Gold, Silver, Bronze (3-tier command system)
LRF	(Cumbria) Local Resilience Forum
NWAS	North West Ambulance Service
OOH	Out of hours
TCG	Tactical Co-ordinating Group
TMG	Trust Management Group
TOIL	Time off in lieu
WCH	West Cumberland Hospital