On-Call Director Policy

# Document Control:

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| Policy Name | On-Call Director Policy |
| Policy Number | MSEICB 031 |
| Version | 1.0 |
| Status | Final |
| Author / Lead | EPRR Lead  Head of EPRR |
| Responsible Executive Director | Executive Director of Strategy & Corporate Services |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | 20 May 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | July 2025 |
| Target Audience | Board members, sub-committee members and on-call staff working for the Integrated Care Board (ICB). |
| Stakeholders engaged in development of Policy (internal and external) | Associate Director |
| Impact Assessments Undertaken  *(Delete if non-applicable)* | * Equality and Health Inequalities Impact Assessment |

# Version History

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| --- | --- | --- | --- |
| Version | Date | Author (Name and Title) | Summary of amendments made |
| 0.1 | 13/05/22 | Jo Martindale  Business Continuity & EPRR Officer | Draft ICB Policy |
| 1.0 | 20/05/22 | Jo Martindale  Business Continuity & EPRR Officer | Approved version |
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# Contents

[1. Mid & South Essex Integrated Care Board Emergency Preparedness, Resilience and Response Statement 3](#_Toc106969334)

[2. Responding to an Incident 4](#_Toc106969335)

[3. Scope 4](#_Toc106969336)

[4. On-Call Arrangements 4](#_Toc106969337)

[5. Training 5](#_Toc106969338)

[6. Role of the ICB On Call Director/Manager 6](#_Toc106969339)

[7. On-Call Payment 6](#_Toc106969340)

[8. Distribution 7](#_Toc106969341)

[9. Document Approval and Control 7](#_Toc106969342)

[10. Freedom of Information 8](#_Toc106969343)

[11. Associated Policies, Guidance and Documents 8](#_Toc106969344)

[12. References 9](#_Toc106969345)

[Appendix A - Equality Impact Assessment 10](#_Toc106969346)

## Mid & South Essex Integrated Care Board Emergency Preparedness, Resilience and Response Statement

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services to patients. The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

The Integrated Care Board (ICB) accept their statutory duties as Category 1 Responders under the Civil Contingencies Act 2004 (CCA).

* Assess the risk of emergencies occurring and use this to inform contingency planning.
* Put in place emergency plans.
* Put in place business continuity management arrangements.
* Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
* Share information with other local responders to enhance co-ordination.
* Co-operate with other local responders to enhance co-ordination and efficiency.

In addition to its duties contained within the Civil Contingency Act, the ICBs recognise their EPRR responsibilities as detailed within Section 46 of the Health & Care Act 2022 (H&CA) and will, in partnership with its commissioned services meet this responsibility through:

* Building upon the existing strengths of current multi-agency coordination and co­operation which includes local NHS Trusts and other Category 1 Responders.
* Ensuring that responsibilities of the Resilience Forums and Local Health Resilience Partnership enhance any response to emergency arrangements, both during the response and recovery phase.
* Fully integrating with partner agencies’ emergency arrangements, in supporting the local health economy.
* Reviewing the state of readiness and operability to extend further, with the assistance of new and improved partnerships, the capability to handle a new kind and potential magnitude of threat.
* Ensuring that plans for business continuity are in place.
* Cultivating a culture within the ICBs to make emergency preparedness an intrinsic element of management and operations.

## Responding to an Incident

To be able to respond to an incident the ICB has on-call arrangements 365 days a year, 24 hours a day.

The on-call is responsible for managing:

* Major Incident Notifications.
* Surge Management/Capacity Issues.

## Scope

This policy applies to anyone undertaking on-call for the mid and south Essex ICB.

## On-Call Arrangements

**Administration**

The EPRR team or equivalent as nominated by the ICB’s Emergency Accountable Officer (EAO) will coordinate the on-call rota and upload it on Resilience Direct, this includes the Easter and Christmas/New Year rota.

**Operational Arrangements**

* + 1. The ICB On Call Director/Manager will respond to all requests from the NHS England and Improvement East of England Incident Director but will also effectively manage and liaise with providers of both commissioned services, and primary care, regarding their response to an incident, and that they are able to provide ‘Business as Usual’ services; in addition to managing surge at the Acute Trusts.
    2. Each On-call director/manager is responsible for collecting the relevant pager to enable them to be contacted in an incident. The ICB has in place handover arrangements for those on call.
    3. The On-call director/manager is on call 24 hours a day during their on-call period. On-call requirements, in particular relating to capacity and surge can be supported “in hours” by their operations and resilience teams.
    4. The On-call director/manager may request the assistance of other ICB directors and senior managers when responding to an incident.
    5. All calls and records of action taken must be logged and sent to the Emergency Planning Team within 72 hours of an incident to ensure that this is logged and reported on to NHS England EPRR team as required.
    6. There is no restriction about how far away from base the on-call Director/Manager should be when on call, but they must be aware of the need to possibly attend the local ICB Incident Coordination Centre.
    7. On-call Directors/Managers should refrain from alcohol and other intoxicating substances while on call as they will have to operationally lead and respond to an incident which could include travel / driving and speaking coherently on the telephone.

**Resilience Direct and On Call Documentation**

* + 1. Resilience Direct (<https://www.resilience.gov.uk>) contain a number of documents that may be needed by the on-call managers/directors.
    2. These include but not limited to:
* ICB Incident Response Plan (this includes the Incident Coordination Centre).
* ICB On-Call Director Policy.
* Incident Log Sheet.
* Contact Directory.
* List of trained Loggists.
* System Resilience/Surge and Public Holiday plans.
* NHS England & Improvement guidance including:
  + - * 12-hour breach protocol Reporting Protocol.
      * East of England Guidance Delayed Handover Protocol.
* ICB Business Continuity Plans.
* Essex Health System Mass Casualty plans.
* National and Regional plans and any current relevant information.
* Local event information.

## Training

Those individuals undertaking roles and responsibilities within a major incident or business continuity incident must undertake appropriate training for their function.

Training needs will be identified through the Training Needs Analysis process and co-ordinated by the mid and south Essex ICB Head of Emergency Planning. The EPRR and Business Continuity training schedule will be agreed by the ICB’s EAO.

The mid and south Essex ICBs Emergency Planning Team will ensure systems are in place to ensure that staff are made aware of their ICBs emergency and business continuity plans and are trained as appropriate for roles that it is are anticipated they may be required to undertake. This will include:

* Awareness training for all staff (2 yearly).
* On Call training (all on call staff - tactical level).
* Strategic training (on call directors/senior managers and gold commander/deputies).
* Strategic refresher training (on call directors/senior managers and gold commander/deputies 2 yearly following full strategic training day).
* Familiarisation training (Incident room and plans).
* Loggist training.
* Business continuity training.

All ICB training will be aligned to the standards for NHS incident training contained within the Skills for Justice National Occupational Standards (NOS) framework ([http://www.ukstandards.org.uk](http://www.ukstandards.org.uk/))

The Emergency planning team will keep records for all training undertaken by staff.

All staff undertaking the “Gold” or strategic training will be provided with a portfolio which they are expected to maintain.

Training Needs analysis can be found in Appendix 3.

## Role of the ICB On Call Director/Manager

The On-call director/manager is responsible for handling the calls they receive, either a critical, major, or business continuity incident, surge requirement and responding as necessary.

In the event of a major incident or business continuity incident the director/manager on-call will be responsible for activating the incident response arrangements and if required, activating the Incident Coordination Centre.

The ICB on-call manager/director should read this policy in conjunction with the Incident Response plan, EPRR Strategy, Business Continuity policy.

**On-Call Director / Manager in a Business Continuity Incident**

* + 1. The most common business continuity disruptions are loss of premises, staff, IT or utilities due to external or internal incidents.
    2. All staff have a responsibility to report incidents that have or may potentially have an impact on business continuity.
    3. The action card and information on actions required is detailed within the ICB Incident Response Plan.

## On-Call Payment

The ICB reimburse staff as agreed contractually.

## Distribution

The policy will be uploaded to the mid and south Essex ICB Resilience Direct portal and circulated to on-call staff electronically.

## Document Approval and Control

**Document Approval**

* + 1. Prior to document approval, any documentation development, review or update will be shared with the relevant individuals for comment.
    2. The review and approval of documents by the ICB Board/Governing Body or relevant sub-committee must be reflected within the meetings minutes.
    3. All documents will be required to be reviewed on a two-yearly cycle from the date of ratification, unless otherwise stated. All documents will be reviewed if there is a national or local guidance change, a business process or service change that has a direct impact on a particular document.

**Document Control**

* + 1. All documents will be subject to Document Control to ensure the most up to date version is in use as follows:

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| --- | --- | --- |
| Sequence | Explanation | Example |
| DRAFT | First draft version of the document (should be followed by the date last updated) | DRAFT 21 June 22 |
| 1.0 | First published version of the document. | Version 1.0 |
| X.X DRAFT | Subsequent version of the document in draft format (should be followed by the date last updated) | Version 1.1 DRAFT 20 June 22 |
| X.X | Subsequent version of the document published with minor amendments | Version 1.1 |
| X.0 | Subsequent version of the document published after annual review or major amendment | Version 2.0 |

**Document Publication**

* + 1. Once approved, the ICB must ensure that the document is available to all staff via the intranet.
    2. It is the policy of the ICB to make Emergency Planning, Resilience and Response documents publicly available via the ICB website with information redacted as per Section 13.0 of the Freedom of Information Act 2000.
    3. Those individuals with specific emergency planning responsibilities such as named roles within the plan and On Call Directors will receive an electronic copy of all newly published documents or versions via email from the ICB Emergency Planning Team. All EPRR documentation will be published and available on Resilience Direct.

**Document Retention**

The ICB are responsible for retaining a copy of any documentation in line with their record/archiving policy requirements. All incident documentation must be kept for a minimum of 25 years.

## Freedom of Information

The Freedom of Information Act 2000 gives the public a wide-ranging right to see all kinds of information held by the government and public authorities. Authorities will only be able to withhold information if an exemption in the Act allows them to. As such a publicly available version of this document will be made available. In line with Government and NHS Document Protection Markings some information (confidential and sensitive) will be redacted from publicly available versions.

## Associated Policies, Guidance and Documents

* NHS England EPRR Framework
* MSE ICB Incident Response Plan
* MSE ICB EPRR Strategy
* MSE Business Continuity Plans

## References

**Legislation**

* Civil Contingencies Act 2004
* Health & Care Act 2022
* Human Rights Act 1998
* Health & Safety at Work Act 1974

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

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| --- | --- |
| **Name of policy:**  On-Call Director Policy  **Version number (if relevant):** 1.0 | **Directorate/Service**:  EPRR |
| **Assessor’s Name and Job Title:**  Jo Martindale, Business Continuity & EPRR Officer | **Date:** 13 May 2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| The On-call Director Policy will support the organisation to achieve legislative requirements in relation to the effective EPRR arrangements. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The ICB regularly monitors the make-up of the on-call workforce, including protected groups. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| MSE EPRR team  Human Resources |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis rather than age. |
| Disability  (Physical and Mental/Learning) |  |  | X | An individual assessment of ability to undertake duties outlined in this policy is undertaken with the option of reasonable adjustments. |
| Religion or belief |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |
| Sex (Gender) |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |
| Sexual  Orientation |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |
| Transgender / Gender Reassignment |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |
| Race and ethnicity |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | An individual assessment of ability to undertake duties outline in this policy is undertaken with the option of reasonable adjustments. |
| Marriage or Civil Partnership |  |  | X | Duties under this policy are fulfilled on a banding/voluntary basis. |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| The duties outlined in this policy are regularly review in line with feedback from those who fulfil on call duties. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| Every two years inline with the ICB’s review policy, or when there is a significant legislative change. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |