



# Family Nursing & Home Care

## **On-Call Manager Policy**

**April 2024**

## Document Profile

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## Version Control/Changes Made

Date	Version	Summary of changes	Author
July 2021	1	New Policy – supersedes the 2010 Family Nursing & Home Care On-Call procedure	Clinical Effectiveness Facilitator
2024	2	General updating Added: <ul style="list-style-type: none"> <li>managing 'withheld numbers'</li> <li>responsibility for rota changes</li> <li>actions when handing over the on-call phone</li> <li>'pay back' option for short-term sickness/absence</li> <li>Mobile phone security and maintenance</li> </ul>	Head of Quality and Safety

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## **1 INTRODUCTION**

### **1.1 Rationale**

Family Nursing & Home Care (FNHC) recognises that staff working outside of 'normal office hours' (see glossary section for definition) may require access to managerial support and guidance. Therefore, it has put in place an 'on-call' system so staff have 24-hour access to a senior member of staff should a situation occur that they are unable to respond to themselves or require advice in advance of their response.

### **1.2 Scope**

This policy applies to the On Call Managers and all staff involved in supporting and using the On-Call Manager role. This includes staff from 'commissioned services' working outside of 'normal office hours' and staff from the Quality and Governance and Corporate Divisions. Home Care staff have separate access to a Manager/Senior Health Care Assistant on-call for that service, however the On-Call Manager is also available to the staff member undertaking those on-call duties.

### **1.3 Role and Responsibilities**

#### **Chief Executive Officer (CEO)**

The CEO is responsible for:

- ensuring that there are systems in place to support staff working outside of 'normal office hours'
- making funding available for an On-Call Manager system

#### **On-Call Managers**

The On-Call Managers are responsible for:

- developing and maintaining an on-call rota
- being available/accessible when scheduled to be on-call
- responding to contacts within agreed timeframes
- supporting the continuity of service delivery and the management of risk
- supporting/facilitating safe lone-working

#### **Senior Clinical Staff**

Senior clinical staff on duty out of 'normal office hours' are responsible for:

- managing and co-ordinating staff to maintain optimal service provision
- being first in line to deal with issues raised by staff on duty
- maintaining access to the On-Call Manager mobile telephone number at all times
- escalating appropriately to the On-Call Manager (see examples in section 3.1)

#### **Staff**

All staff on duty outside of 'normal office hours' are responsible for:

- escalating appropriately to the senior clinician on duty or On-Call Manager where this is appropriate
- being aware that there is always a Manager on-call and how they can be contacted
- following their team's/service's lone-worker safety plan
- making their next of kin/emergency contact aware of how to contact the Manager on-call as part of their lone-worker safety plan
- ensuring that the Human Resources department always has their up to date address, contact information and next of kin details/contact

### **The Hub**

The Hub is responsible for:

- developing and maintaining a weekly list of staff working outside of 'normal office hours'
- sending the list to the On-Call Manager email, Hospital Switchboard, Jersey Hospice Care and relevant clinicians on duty including Home Care
- updating the list with any changes and informing recipients of these changes

### **Human Resources (HR) Department**

The HR Department is responsible for:

- emailing the updated 'staff details list' to the On-Call Manager email monthly
- processing on call payments

## **2 POLICY**

There needs to be an On-Call Manager whenever staff are working outside of 'normal office hours' (see [Glossary of Terms](#)).

Wherever possible, foreseeable problems/issues should be addressed by services during 'normal office hours' and not left to the On-Call Manager who will have limited support or access to staff/services available to them.

Services/departments should advise the On-Call Manager of any known, potential issues that may occur and plans to address them should they materialise out of 'normal office hours'.

The service provided by the On-Call Manager is not an emergency service (see [2.3](#) response times).

Staff should access and follow local policies and procedures – the On-Call Manager should not be used as a source of information that could be accessed by staff via the Procedural Document Library or Central Filing.

Staff should telephone the On-Call Manager and not send a text unless text messaging has been agreed with that Manager.

Where staff have their phone set to 'number withheld', should the 'On Call Manager' not answer the call, a message must be left with the staff member's contact number. Should there be no timely call back, the staff member should continue calling until an answer is received.

## **2.1 Pre-requisite for an On-Call Manager**

Anyone acting in the capacity of an On-Call Manager should be a Registered Nurse and employed in a senior capacity within Family Nursing & Home Care.

They should have a good working knowledge of the services operating out of 'normal office hours' and of the organisation's policies and procedures.

The On-Call Manager should have access to transport at all times, in case required to attend premises, incidents or assist staff in crisis.

## **2.2 Equipment & Resources**

Family Nursing & Home Care will provide the On-Call Manager with a dedicated mobile telephone that will be passed between the On-Call Managers. This will maintain the continuity of the telephone number.

A dedicated 'On-Call Manager' email will be available and accessible via the On-Call Manager mobile telephone.

Useful information will be available to the on-call manager via a series of emails. This will include, but is not limited to, relevant contacts, premises access details and contact information relating to staff.

## **2.3 Response Times**

The On-Call Manager service is not an emergency response service. Where urgent assistance is required, the appropriate emergency service should be called in the first instance and the On-Call Manager informed as soon as it is possible to do so.

If unable to answer the on-call mobile telephone, the On-Call Manager should respond to voicemail messages within 1 hour. Non-urgent attendance at premises should be within 2 hours.

# **3 PROCEDURE**

## **3.1 Escalation to the On-Call Manager**

Out of 'normal office hours', staff should escalate issues, in the first instance, to their line manager for that shift. N.B. for some staff e.g. Health Care Assistants working on children's care packages, the On-Call Manager will be their only point of contact for non-clinical issues.

Senior clinical staff on duty should contact the On-Call Manager for advice or support when situations arise that they are unsure or concerned about. They should escalate any incidents or issues of concern.

The list below offers some examples of appropriate issues to escalate. This list is not exhaustive but includes:

- safeguarding concerns
- staff safety issues
- patient safety issues
- premises issues
- staffing issues that the teams are unable to address without support
- clinical issues causing concern or uncertainty – NB. the On Call Manager will generally not be able to offer specific clinical advice, rather they will provide guidance, support and challenge to help manage risk and promote patient safety
- when a member of staff is required to give a statement to the Police – the On-Call Manager should accompany them when the statement is being given

### **3.2 Escalation by the On-Call Manager**

The On-Call Manager should use their discretion to decide when to contact the Chief Executive Officer &/or the Director of Governance and Care. Examples of when this might be appropriate include:

- staff member badly injured during working hours
- a major incident being declared requiring input from Family Nursing & Home Care
- significant issues affecting business continuity e.g. premises rendered unusable
- becoming unwell or injuring themselves whilst holding the on call phone

The On-Call Manager will have access to the personal contact details of the Chief Executive Officer and the Director of Governance and Care.

### **3.3 Remuneration**

On-Call Managers will receive a standard monthly payment for the time they are on-call. Additional hours worked ('call out') when on call will not be paid and no time should be taken in lieu. However, see [section 3.6](#) regarding working more than a 1 in 5 rota to cover absence.

On call payments will cease at the start of any long-term sickness absence (planned or unplanned) in line with other allowances. Short-term sickness will be covered by the other 'on call managers' and on call shifts 'paid back' when the absent on call manager is back at work.

### **3.4 Rotas**

An On-Call Manager work rota will be maintained electronically on the on-call email calendar. As On-Call Managers are paid a set sum monthly, all On-Call Managers will be required to undertake an equal share of on call sessions and public holidays. On Call Managers are required to work a 1 in 5 rota, for example, one week every five weeks.

The Hub will inform the On Call Manager of relevant staff working out of normal office hours; this will include contact numbers for such staff. They will also advise where changes are made to the staff rostered on duty.

Where On Call Managers swap on call shifts, the person requesting the change is responsible for ensuring the electronic on call rota is amended.

### **3.5 Overnight Calls Disturbing Sleep**

If an On-Call Manager has had a disturbed night e.g. several calls overnight or being awake for a prolonged period, they may need to adjust their scheduled working hours the following day. Cover from colleagues may need to be found where work cannot be re-scheduled.

On-Call Managers need to be mindful of the requirements around maximum working hours as set out by the Jersey Care Commission.

### **3.6 Sickness Absence**

The On-Call Manager should alert their Line Manager (or CEO/Director of Governance and Care if outside of normal office hours) if they are sick and therefore unable to fulfil their rostered session. The Line Manager or On-Call Manager (if able) should inform the remaining On-Call Managers who will agree cover. The remaining On-Call Managers will then be required to work extra on call shifts. Where this happens and the absence is long-term (planned or unplanned), the covering On-Call Manager/s will need to submit a time sheet to claim for this extra time worked. (see [section 3.3](#) for the management of short-term absence)

If the on-call mobile telephone is not available for the replacement On-Call Manager, then calls should be diverted to this person's mobile phone.

### **3.7 Public Holidays**

On-call Managers who are on-call during a public holiday are entitled to claim that day back.

### **3.8 Recordkeeping**

All contact made with the On-call Manager will be recorded on an 'On-Call' log ([appendix 1](#)) available at FNHC/Operational folder. This log will be archived annually and destroyed after an appropriate time, in line with organisational policy for the destruction of records.

Where relevant, incident reporting via Assure <http://sheassure.net/fnhc> may also be required.

### **3.9 Mobile Phone Security and Maintenance**

The on-call mobile phone must be password protected with a six digit PIN. Where this is changed, all On-Call Managers should be emailed with the new PIN. On-Call Managers must ensure that they know the PIN whenever they take receipt of the phone.



When issues with the on-call mobile phone are identified, the On-Call Manager should take responsibility for liaising with the relevant person to seek a satisfactory resolution. Where relevant, the other On-Call Managers should be notified of the issue and remedial action taken.

### **3.10 Handover**

Prior to handing over the on-call mobile phone, the on-call manager should ensure that it is fully charged, any diverts are removed and emails that are no longer required are deleted.

## **4 MONITORING COMPLIANCE**

Monitoring of this policy will be undertaken informally by the On-Call Managers and Senior Management Team.

## 5 CONSULTATION PROCESS

Name	Title	Date
Tia Hall	Registered Manager – Adult Services	21/12/23
Michelle Cumming	Registered Manager – Child and Family Services	21/12/23
Clare Stewart	Registered Manager – Out of Hospital Services	21/12/23
Jo Davies	Deputy Operational Lead – Child and Family Services	21/12/23
Amanda de Freitas	Head of Human Resources	21/12/23

## 6 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

### Always:

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

## 6.1 EQUALITY IMPACT SCREENING TOOL

Stage 1 - Screening			
Title of Procedural Document: <b>On-Call Manager Policy</b>			
Date of Assessment	04/03/24	Responsible Department	Quality and Governance
Completed by	Elsbeth Snowie	Job Title	Head of Quality and Safety
<b>Does the policy/function affect one group less or more favourably than another on the basis of:</b>			
	<b>Yes/No</b>	<b>Comments</b>	
Age	No		
Disability ( <i>learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia</i> )	No		
Ethnic Origin ( <i>including hard to reach groups</i> )	No		
Gender reassignment	No		
Pregnancy or Maternity	No		
Race	No		
Sex	No		
Religion and Belief	No		
Sexual Orientation	No		
<b>If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.</b>			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			

## 7 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Policy to be uploaded to the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff	Education and Development Department	Within 2 weeks following ratification
Relevant staff to sign (via Virtual College) that they have read and understood policy.	All staff notified via Virtual College.	Within 2 months of notification

## 8 GLOSSARY OF TERMS

**normal office hours** - 08.30 – 17.00 Monday to Friday excluding bank/public holidays

**call out** – a call out does not necessarily infer that the On Call Manager has had to go to another location to deal with the call. Most ‘call outs’ will be dealt with remotely, without the need to travel anywhere/leave home.

**Short-term absence** – less than 4 weeks

**Long term absence** – 4 weeks or more

## 9 REFERENCES

Jersey Care Commission (2022) Home Care Standards available at [JCC-Care-Standards-Home-Care-Services.pdf \(carecommission.ie\)](#) (last accessed 21/12/23)

Jersey Care Commission (2022) Children and Family Community Nursing Standards available at [Children and Family Community Nursing Standards | Jersey Care Commission](#) (last accessed 21/12/23)

## 10 APPENDICES

### 10.1 Appendix 1 - On-Call Manager – Call Log

Date	Time Called	Service of Caller	Reason for Call	Outcome	Follow up Action	Duration of 'Call Out'*	Clinical	Operational	Assure Required (yes/no)
							(tick as appropriate (capital P))		