

Ref: FOI/GS/ID 6814

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06 July 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Facility time and on call policies.

You asked:

I'm looking at how NHS organisations allocate facility time.

Keen to understand approaches of other, similar organisations for giving trade union reps time.

Any information provided is just to provide us with a snap shot view of what NHS trusts provide.

I'm also looking at:

On call policies,

Behavioural Frameworks/ Professional Boundaries. What is the evidence that they work, either in the NHS or other organisations, the monitoring process?

Trust response:

Facility time is allocated on a case by case basis as each trade union representative has a varied caseload. This is discussed and agreed with their line manager and escalated to Staff side chair, lead HR if required. Currently the Staff side (co-chair) roles are supported with back fill of 2 WTE to enable support of the organisation, this is reviewed on an annual basis.

The Trust does have an on-call policy but it only covers those staff on Agenda for Change terms and conditions.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

On-Call Policy and Procedure

Requested/ Required by:	Workforce Committee
Main author:	HR Business Partner
Other contributors:	Staff-side Chair
Document lead:	HR Business Partner Contact Details: 01892 638920
Directorate:	Corporate
Specialty:	Workforce
Supersedes:	On-Call Policy and Procedure (Version 1.0, September 2005)
Approved by:	Workforce Committee, 13 March 2013
Ratified on behalf of the Board by:	Workforce Committee, 13 March 2013
Review date:	March 2018 or at times of significant change

Document history

Requirement for document:	<ul style="list-style-type: none">• The purpose of this policy is to set out the on-call criteria and payments.
Cross references:	
Associated documents:	<ul style="list-style-type: none">• Maidstone and Tunbridge Wells NHS Trust. <i>Lone Worker Policy and Procedure</i> [RWF-OPPPCS-NC-FH1]• Maidstone and Tunbridge Wells NHS Trust. <i>Business Continuity Situation, Policy and Procedure for Managers and Staff in a</i> [RWF-OPPPCS-NC-WF15]• Maidstone and Tunbridge Wells NHS Trust. <i>Health and Safety Policy and Procedure</i> [RWF-OPPPCS-NC-CG1]• Maidstone and Tunbridge Wells NHS Trust. <i>Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure</i> [RWF-OPPPCS-NC-WF5]• Maidstone and Tunbridge Wells NHS Trust. <i>Alcohol and Substance Misuse Policy and Procedure</i> [RWF-OPPPCS-NC-WF6]• Maidstone and Tunbridge Wells NHS Trust. <i>Working Time Regulations Policy and Procedure</i> [RWF-OPPPCS-NC-WF60]

Version Control:

Issue:	Description of changes:	Date:
1.0	First draft version of this policy	September 2005
2.0	Reviewed, updated and approved	March 2013

Policy statement for

On-Call Policy

This policy sets out the on-call obligations that some staff within Maidstone and Tunbridge Wells NHS Trust will have as part of their job role.

On-Call Procedure

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Appendix	Title
4	On-call harmonisation agreement
5	Salary claim form
6	Guidance on salary claim form completion

Introduction and scope

- 1.1 In order for the Trust to provide appropriate services to the population it serves and maintain a safe and secure environment for its staff there will be requirements for certain groups of staff to provide an on-call service.
- 1.2 This policy covers situations in which staff are required to attend work outside normal working hours to help cover an emergency, or to be part of an on-call arrangement covering time outside normal rostered duties.
- 1.3 This policy applies to all staff on Agenda for Change Terms and Conditions of Employment. It does not cover medical staff.

Definitions

- 2.1 On-Call – where a member of staff, as part of an established arrangement with the Trust, is available outside his/her normal working hours, either at the workplace, at home or elsewhere, to work as and when required.

Duties

3.1 Staff have a responsibility to:

- Be familiar with, and adhere to, this policy and procedure.
- Participate in on-call duties if their role and department requires them to.
- Keep accurate records of any calls received during an on-call and complete on-call timesheets promptly for submission to line manager.

3.2 Managers have a responsibility to:

- Ensure they understand and correctly deploy this procedure equally, fairly and consistently to all employees and that their staff are fully aware of this policy and procedure.
- Ensure all staff understand their obligations when on call.
- Ensure all timesheets for on-call duties are submitted promptly to ensure payments are not delayed.
- Ensure comprehensive local protocols are in place relevant specifically to the service area about the responsibilities of staff members during on-call periods and guiding principles that should be adhered to.

3.3 The HR department will:

- To provide advice and support to staff and managers on this policy as required.
- Ensure managers are applying this policy and procedure fairly and equitably to their staff.
- Ensure appropriate protection is applied during the transition period.

3.4 The Trust Board has a responsibility to ensure:

- That this policy and procedure is applied fairly and equitably for all staff;
- That managers and staff are informed about this policy and procedure;

- That this policy and procedure is monitored and audited to assess its effectiveness and equal and consistent application.

Training / competency requirements

4.1 No training / competency requirements at this time.

Procedure

5.0.1 The Trust operates an on-call arrangement under which designated groups of staff are rostered to be available for work outside normal working hours to cover healthcare or other needs.

5.0.2 Managers are responsible for the organisation of the on-call arrangements and for ensuring these are sufficient to meet the needs of the service.

5.0.3 Staff who have a specific roster commitment to be on-call outside their normal working hours will be eligible to receive a payment for this, they will also be remunerated for any telephone advice provided during their on-call period and for any call outs. The remuneration can be found in the Harmonisation Agreement (**Appendix 4**).

5.0.4 The Harmonisation Agreement (**Appendix 4**) details not only remuneration, but on-call periods/sessions, types of on-call, travelling time and expenses, public holidays, compensatory rest, and pay protection (applicable at implementation).

5.0.5 Staff who participate in on-call duties must submit their on-call activity details on a monthly basis. For those staff who are on E-Roster this should be done via this system. For those staff not on E-Roster, they should complete a Salary Claim Form (**Appendix 5**). Staff should detail the telephone advice given and work done as well as the on-call session completed. Guidance on completion of the manual Salary Claim Form can be found in **Appendix 6**.

Principles

5.1.1 Whilst on-call staff must adhere to all Trust policies and procedures.

5.1.2 On-call is not designed to provide an alternative contact point for routine calls and should only be used for urgent issues that need to be dealt with immediately.

5.1.3 Staff who undertake an on-call arrangement will be given a copy of the details, including hours of on-call, frequency and responsibilities by their line manager and must ensure that they are able to meet their on-call commitments.

5.1.4 Staff on-call must remain contactable on their designated telephone number / pager and remain available for work throughout the on-call period.

5.1.5 Managers will regularly monitor the on-call arrangements to ensure that they provide the most appropriate level of service required.

Monitoring and audit

6.1 This policy and procedure will be monitored on an on-going basis by the HR Department via:

- 3 monthly reviews during the first 12 months post implementation.
- Annual monitoring of on-call activity.

Process requirements

1.0 Implementation and awareness

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust's intranet with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All HR staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

2.0 Review

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX TWO

CONSULTATION ON: On-Call Policy and Procedure

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: HR Business Partner (SH)

By date: 28th November 2012

Name: Name: <i>List key staff appropriate for the document under consultation. Select from the following:</i>	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Local Counter Fraud Specialist (NL)	26/10/12			
Clinical Governance Assistant (RD)	26/10/12	12/11/12	Y	Y
Staff-side Chair (AK)	26/10/12			
Director of Strategy & Workforce (PB)	26/10/12			
Associate Director of Workforce (RH)	26/10/12			
Finance Manager (JM)	26/10/12			
Head of Employee Services (TK)	26/10/12			
HRBP Team	26/10/12			
ADO's/ADNS's	26/10/12			
GM's/Matron's	26/10/12	20/11/13	Y	N
Members of the On-Call Steering Group	26/10/12			
JCF Members	26/10/12			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.

Title of Policy or Practice	On-Call Policy and Procedure
What are the aims of the policy or practice?	The policy sets out the on-call arrangements for staff.
Identify the data and research used to assist the analysis and assessment	Consultation process, as per Appendix Two of this policy and procedure.
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes as they may have difficulty reading the policy but an interpreter can be sourced / provided.
People who have a physical disability	Yes – this policy can also be produced in braille should this be required for the sight impaired. Staff with a physical disability may not be able to participate in on-call duties. Suitable assessments would be undertaken to make this assessment in conjunction with OH.
People who have a mental disability	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
Women who are pregnant or on maternity leave	Yes – staff who are pregnant or on maternity leave may not be able to participate in on-call duties. Suitable assessments would be undertaken to make this assessment in conjunction with OH.
Single parent families	Yes – staff who are single parent families may not be able to participate in on-call duties. Suitable assessments would be undertaken to make this assessment in conjunction with the member of staff.
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed	No

institutions, community offenders	
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	The potential discrimination identified above is minimal and justifiable and therefore a stage 2 assessment is not required.
When will you monitor and review your EqlA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix Three of this policy/procedure on the Trust Intranet (QPulse).

FURTHER APPENDICES

The following appendices are published on the Trust Intranet, as related documents, under the main entry for this policy (On-Call Policy and Procedure):

No.	Title	Unique ID
4	On-call harmonisation agreement	RWF-OPPM-CORP172
5	Salary claim form	RWF-OPF-NC-WF21
6	Guidance on salary claim form completion	RWF-OPG-CORP12

Please note: A policy review date is not an expiry date and a policy and procedure does not become automatically unfit for purpose solely because its review date has passed. The policy remains effective and in force.