

<b>Corporate</b>	<b>ICBP015 Emergency Preparedness, Resilience and Response on call policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
3	December 2024	December 2026

<b>Prepared By:</b>	ICS EPRR Operational Delivery Manager/Director of System Resilience
<b>Consultation Process:</b>	Relevant ICS workstreams and Task and Finish Groups.
<b>Formally Approved:</b>	10 <sup>th</sup> December 2024
<b>Approved By:</b>	Executive Committee

## EQUALITY IMPACT ASSESSMENT

<b>Date</b>	<b>Issues</b>
June 2022	None identified.

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [necsu.comms@nhs.net](mailto:necsu.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1	July 2022	ICS EPRR Operational Delivery Manager	Initial draft of North East and North Cumbria Integrated Care Board On-Call Policy
2	November 2022	ICS EPRR Operational Delivery Manager/Director of System Resilience	Reviewed within first 6 months of ICB establishment
3	October 2024	Resilience Lead	Annual Review. Updates made to reflect on-call rota changes.

## Approval

Role	Name	Date
Approver	ICB Board	July 2022
Approver	Executive Committee	January 2023
Approver	Executive Committee	December 2024

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## 1. Introduction

The purpose of this policy sets out the arrangements for individuals on-call for North East and North Cumbria Integrated Care Board (NENC ICB). It confirms the competencies and minimum standards expected of NENC ICB on-call staff, in line with the requirements of the following legislation and statutory duties:

- Civil Contingencies Act 2004
- Health and Care Act 2022
- NHS England Emergency Preparedness Resilience and Response Core Standards
- NHS Command and Control Framework

## 2. Purpose

As a Category 1 responder under the Civil Contingencies Act 2004, it is essential that NENC ICB maintains the ability to provide leadership of the NHS at both a strategic and tactical level and effect a response to an incident or emergency as required, both in and out of hours.

NENC ICB is responsible for leading the mobilisation of the NHS in the event of an incident or emergency in the North East and North Cumbria. In addition, the ICB is responsible for ensuring that it has the capability for NHS command, control, communication and co-ordination of commissioners and providers of NHS funded care, during incidents, emergencies, or periods of significant operational challenge. This is achieved via a two-tier on-call system, consisting of a first (Tactical Health Commander) and second on-call (Strategic Health Commander).

NENC ICB works in partnership with other agencies within North East and North Cumbria Health and Care Partnership and North East Local Resilience Forums: Northumbria, Cleveland, Cumbria and County Durham and Darlington and the on-call system provides a single point of access for these partners.

## 3. Roles, Responsibilities & Competencies

The two ICB first on-call directors will act as ICB Tactical Health Commanders but are the ICB (Strategic) 1<sup>st</sup> On-calls. They will be contacted as part of on-call notification or escalation processes and decide upon any initial actions that may be required within the relevant ICP or at place. This includes ensuring that the NHS within the ICP continues to deliver its core functions during the response and recovery phase of any incident(s), delivering the incident response strategy through the development of a tactical plan, coordinating the ICB resources and liaising with NHS England Regional colleagues as required. This may also include, during the initial response, to attend any Local Resilience Forum coordination groups which are established.

The ICB 2<sup>nd</sup> on-call will act as the ICB Strategic Health Commander but are part of the ICB (Executive) 2<sup>nd</sup> On-call rota. The second on-call should only be contacted by

the first on-call for matters which require further action, authorisation, information and where the Executive Director needs to assume responsibility for managing an incident which requires ICB coordination or may affect the ICBs ability to discharge its core duties. The second on-call should not routinely be contacted directly by other parties, except by second on-call peers in other systems or unless a Strategic Coordinating Group (SCG) has been convened.

All on-call staff should have the necessary skills commensurate with their function. The key skills should be matched to the National Occupational Standards for Civil Contingencies and additional skills e.g., Incident Coordination Centre (ICC) operating procedures should be acquired through both internal and external training and exercising.

Whilst the frequency that staff undertake on-call activities is generally 1 in 10, rotas will strike a balance between not being overly demanding and activities being undertaken sufficiently regularly to maintain the skills of the individuals.

To prevent deterioration in competency levels staff should ensure they maintain these key skills through the relevant training and exercising aligned to the mandatory occupational standards and health commander portfolio which must then form part of their annual personal development review (PDR). Staff on-call are responsible for ensuring they can meet minimum competency standards. This is also assessed for the purposes of the annual EPRR assurance process.

On-call activities can, on occasion, be challenging. Those undertaking such duties must understand the on-call commitment and attend any necessary training, exercising and incident review processes to ensure both the currency of their knowledge and their competence to carry out their assigned role.

Although the ICB System Resilience Team and System Coordination Centre will take responsibility for the initial management of any significant incident in-hours, On-call responsibilities apply both in and out of office hours. In some cases, there may be a point in which it is appropriate to formally hand over the management of an incident or emergency to another more appropriate manager or director. However, the responsibility remains a 24-hour activity.

Staff undertaking on-call responsibilities must ensure that they remain fit for work for the duration of their on-call period. They must ensure that they are not under the influence of alcohol, medication or other substance that may impair their ability to make decisions or manage an incident or emergency.

Some incidents or emergencies may require staffing for prolonged periods. During these times it is imperative that all managers and staff follow NENC ICB Health and Safety policy & corporate procedures to ensure that the health, safety and welfare of staff remains a key focal point throughout the response. As part of the incident response a duty rota and cover arrangements will be implemented to relieve on-call staff to support their wellbeing and to ensure continued effective decision making.

## **4. System and Partnership Working**

Other ICS member organisations which are Category 1 responders (NHS provider organisations and Councils) have their own robust and effective on-call capacity and capability to manage incidents which affect them directly. The ICB will work in partnership with these organisations to respond to incidents in their place.

Where appropriate, NHS provider organisations will escalate issues to NENC ICB for support and leadership across a place or ICP or across North East and North Cumbria. Similarly, NENC ICB will escalate issues which require support from NHS England.

NENC ICB provides the single point of contact for local partners in North East and North Cumbria who may wish to contact the NHS to advise of an incident, emergency or formally declared major incident that requires a multi-agency response.

## 5. On-Call Roles

### a. Role of First (ICB Strategic) on-call (Tactical Health Commander)

The first on-call is designated to act as the gateway to NENC ICB both in and out of hours and provide an initial risk assessment to the issues as they present. Staff operating on this rota should be at senior manager level with experience of the NHS. These individuals must be prepared to undergo ongoing training and exercising. They should be able to demonstrate a level and competency to make dynamic assessments of operational issues, and act with authority and credibility as a representative of NHS England.

The first on-call should be empowered to undertake the most appropriate action on the initial information received. These actions commonly fall into three broad categories:

- **Note the information:** Establish any need to continue to receive further information and updates but defer any action until the situation escalates or is resolved.
- **Recognition that the occurrence requires further action, management, intervention, or support:** These can be safely managed through the provision of advice, guidance, signposting or facilitating a resolution between appropriate agencies. This generally does not require the actions of the second on-call; however, details may be shared for information.
- **The occurrence is of such magnitude, complexity, or reputational risk that second on-call level involvement is required.**

When the first on-call has identified issues that are for NENC ICB to deal with and are of such complexity or risk to reputation that they require involvement of more senior staff, these will be escalated to the Second (ICB Executive) on-call. Where appropriate they will also be escalated to the NHS England Regional Team for information.

In the event of a declared major incident, the first on-call will take up the role of the ICB's Tactical health Commander and enact its incident response plan and

immediately alert the second on-call.

#### **b. Role of ICB Second (Executive) on-call (Strategic Health Commander)**

The second on-call is designated to provide senior level decision making and leadership when required.

In the event of a declared major incident, the second on-call will take up the role of Strategic Health Commander and implement their Incident Response Plan and must be prepared to represent the NHS at any LRF Strategic coordination groups (SCG) that are established. It is expected that the second on-call will become the NHS Strategic Command representative at these meetings.

For incidents defined as levels 1 or 2 in the NHS EPRR framework the ICB will provide the strategic leadership for the NHS response, supported by the NHS England North East and Yorkshire (NEY) Regional team. For incidents defined as levels 3 or 4 the NEY Region team will provide the strategic leadership, supported by the ICB (2<sup>nd</sup> On-call Executive) as Strategic Health Commander.

As part of this role the second on-call is required to establish and maintain an excellent understanding of the roles and responsibilities of all responding organisations in the event of an incident or emergency.

Staff on the second on-call rota are likely to have the relevant understanding and skills required to fulfil this function as part of their substantive role. However significant issues and incidents are likely to place staff under periods of high pressure, where the situation can change very quickly and decisions are based on limited, and sometimes imperfect, information. As such it is important that all staff engaged on such rotas are fully committed to ongoing training and development to maintain their effectiveness and experience.

#### **c. Subject Matter Experts**

There may be occasions when the nature of an incident or emergency requires specialised input from a Subject Matter Expert (SME). Internally such advice could be sought from:

- System Resilience Team (SRT) as owners of the Incident Response and Incident Coordination Centre Plans
- Administrative staff (to support an Incident Coordination Centre (ICC))
- Finance
- Human Resources
- Clinical and Professional
- Primary Care Commissioning
- Legal
- Business Continuity
- Communications

Certain teams such as SRT and Communications, may decide a separate formal on-call rota be established. It is unlikely that other specific functions will need to be on-call. However, a system will be in place for use *in-extremis* and incident documentation will reflect how this additional support can be accessed.

Outside of NENC ICB SMEs are available from several other sources including but not limited to:

- NHS England
- Emergency Services
- UK Health Security Agency
- Local Authorities
- NENC Local Resilience Forums

Each of these agencies will have their own on-call systems in place. An on-call pack will be maintained and is available to NENC ICB on-call staff, including information on how these services can be accessed: <https://surge-management.necsu.nhs.uk/>

## 6. Protocols for Escalation

A wide range of possible incidents or emergencies could occur within the NHS and wider communities. There are occasions that require the escalation of an incident or emergencies to other levels of the NHS for information or for action. Messages should follow the following format and be clear if the message is for:

<b>INFORMATION:</b>	No action required, but information needs to be shared.
<b>ALERT:</b>	No immediate action required; however, information is important, and the situation may develop
<b>FOR ACTION:</b>	Action necessary, an incident has occurred, or a request has been made that requires a response
<b>FOR EXERCISE:</b>	This is part of an exercise however it requires a response

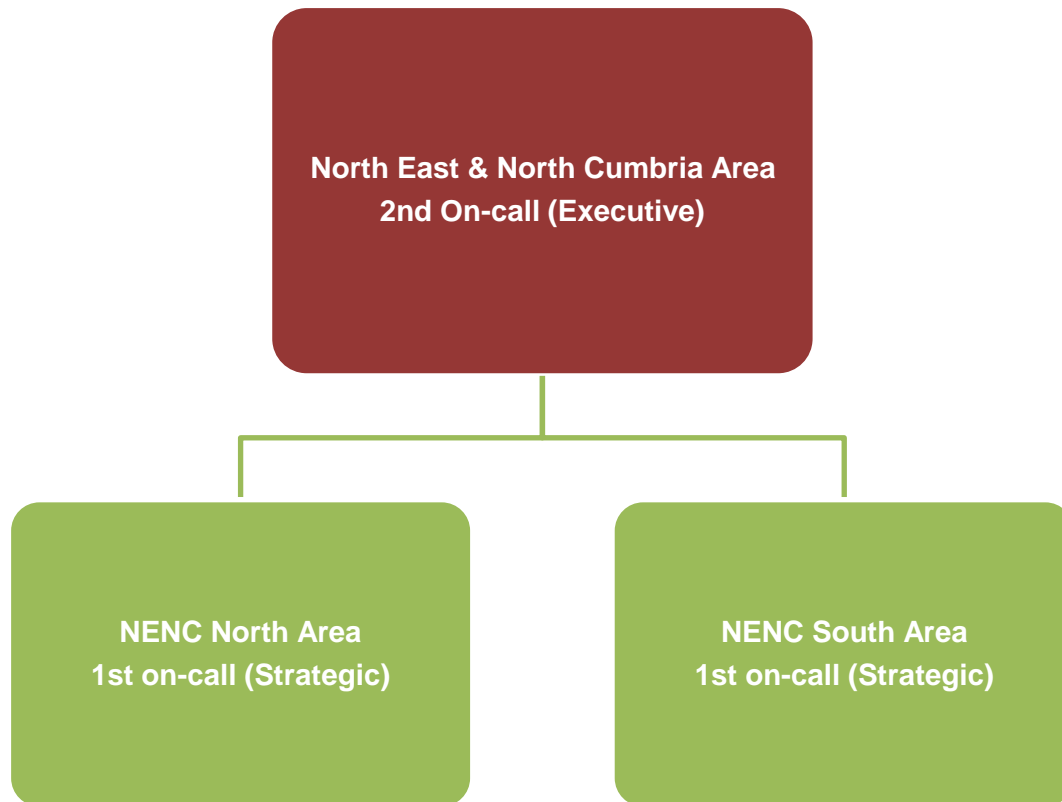
## 7. On-call Rota

### a. Structure

The on-call rota for NENC ICB will consist of:

- One first on-call (Strategic) for North
- One first on-call (Strategic) for South
- One second on-call (Executive) for the whole of North East & North Cumbria





The first on-call rota (ICB Strategic) in the North and South areas will consist of around 16 staff drawn from the ICB Local Delivery Teams or members of the ICB corporate teams. Participation in the First on-call rota will be subject to the remuneration and support outlined in Annex 1.

The second on-call rota (ICB Executive) for North East and North Cumbria will consist of the 8 Executive Directors of the ICB .

**b. On-call Arrangements and How They Operate**

The Accountable Emergency Officer ensures there is a named post responsible for the administration of the on-call rota (System Resilience Team) The rotas should be produced at least one year in advance. Any staff member who cannot be on-call for any week allocated to them should swap that week with an appropriately trained colleague on their rota. It is the individual’s responsibility to ensure that they make any arrangements to swap days/weeks, that the SRT are informed, and the rota is updated accordingly, and relevant colleagues and partners informed.

If a staff member falls sick or is unable to fulfil their responsibilities whilst on-call for any other emergency reason, their line manager (or their office support in-hours) should try to find their replacement before contacting others member of staff on-call who should then take responsibility to seek a swap/find cover with other colleagues.

Personal Development Reviews (PDRs) for on-call staff should include competencies relating to their on-call activities as well as their substantive role as per the mandatory occupational standards.

Processes will be put in place to ensure that those administering the rota, providing training for competencies etc. are notified in a timely manner of:

- Any new member of staff who would be required to join the on-call rota
- Any departing member of staff who was on the on-call rota
- Any staff members who is sick (including short and long term)
- Any staff member who is increasing or decreasing their working hours

The rota will be stored within <https://surge-management.necsu.nhs.uk/> All members of staff on the on-call rotas should ensure that they are available / contactable for the whole time they are on-call and avoid geographical areas where there is no mobile phone coverage (or make alternative arrangements to maintain cover).

Individuals are normally on-call for a set amount of time. This will typically be for a period of one week, starting on Tuesday at 08:00hrs. At popular holiday times, particularly Christmas, daily periods of on-call may be arranged.

On-call staff contacted are expected to respond within 15 minutes of the initial alert. It is expected that those on-call will initiate any responding actions and alert notification cascades immediately on receipt on an emergency alert which will be received via telephone call.

In the event that a physical ICC needs to be established, if circumstances such as travel disruption mean that those on-call are unable to attend in person then, in consultation with colleagues, they should contact a colleague who is also on their rota and arrange for them to take over the management of the response on their behalf and/or consider a virtual arrangement via Microsoft Teams.

### **c. Documentation, Accessibility & Information Technology**

NENC ICB will ensure that on-call staff have the appropriate equipment to be contacted while out of the office; this could include a range of mobile devices including pagers, smartphones, tablets, laptops etc. Staff leaving their on-call responsibilities must return all equipment and documents that have been given to them for this purpose.

Information for on-call teams will be kept on Surge/Incident Management website: <https://surge-management.necsu.nhs.uk/> as well as NENC ICB SharePoint [NENC ICB On-Call - Home](#) with appropriate access restrictions placed upon it. All those on-call should be able to access this folder in and out of usual business hours. The access and folder will be managed by a named post. The ICB on-call resource pack, managed via the SRT, will hold key information including contact lists, current policies e.g. EPRR Policies, and operating procedures such as the Incident Response Plan, the ICC Standard Operating Procedure and alerting protocols.

The on-call pack will also include an incident/event notification log, a decision log, a communications record (phone calls made and received, text and e-mail messages) and a briefing template that records key facts which form the basis for decision making i.e. escalation to the next level of readiness or response.

It is incumbent on on-call staff to ensure that they maintain access to the latest copies of these documents, whether electronic or in hard copy, and that this is always maintained. Staff should be cognisant of the security markings of documents and manage them in line with NENC ICB Document and Records Management Policy and the Cabinet Office Government Security Classifications document. This approach extends to the management and handling of on-call rotas and contact lists that hold personal information.

NENC ICB works in partnership with other agencies within North East and North Cumbria Local Health and Care Partnership and North East and North Cumbria Local Resilience Forums must be advised of the detail of the single point of access to on-call staff and be kept updated if there are any changes to these arrangements.

#### **d. On-call Handover/Briefing**

Those on-call should proactively arrange handover of on-call duties if required, using the following procedure:

- Outgoing on-call health commander – at changeover – contact the next on-call health commander to report any incidents from the previous period that may need further action, and to confirm any other handover processes.
- Following an actual incident, the outgoing on-call team should ensure they remain contactable for a period of 1 hour to address any handover queries that may arise.
- In the event the on-call team is required to take a command role in an incident, those individuals should undergo a ‘hot’ de-brief prior to going off duty to ensure that any lessons or issues can be captured and to ensure wellbeing support is considered.

### **8. Record Keeping**

Those on-call must keep a log of each time they are contacted or make contact in relation to their on-call activities. A new log must be started for each staff member on-call so that it is clear who is writing the log and what on-call position they hold.

Decisions must be recorded in a way that makes them auditable. Individual decision makers must be identified and accountable for decisions they make. Wherever possible the rationale supporting the decision should be recorded along with the decision itself. All decisions should be proportionate, necessary, and legal.

The purpose of completing a log/record of on-call events is:

- to support staff in keeping a record of actions taken, conversations and decisions so that they can refer during an ongoing incident
- to protect staff and the decisions that they make when they are on-call. In an inquest or court of law, if it is not written down there is no evidence that any event or decision took place
- to provide a learning tool for all on-call staff, so that others can learn from the situations faced and the decisions taken in response to them

A central repository of completed logs will be maintained, to aid learning and in case it needs to be referenced in the future.

## **9. Training**

### **a. Overview**

Suitable training will be given to any member of staff who is expected to undertake on-call activities, to enable them to be confident in what is expected of them.

Before commencing on-call activities, staff should have undertaken mandatory training required for their role, and training which familiarises staff with the specific arrangements for their own team, including:

- Expectations of all on-call staff (including the principles outlined in this guidance)
- Familiarisation with response plans including any specific plans, such as pandemic influenza, business continuity, pressure, and escalation etc. This should include a particular focus on key elements such as action cards, incident reporting forms and logs, escalation arrangements and contact details
- Familiarisation of local EPRR arrangements, geographies, key risks outlined on the Community Risk Register(s),
- Familiarisation of terminology and structures, especially Strategic Co-ordination Group (SCG) arrangements in multi-agency response to major incidents
- Access, purpose and use of all documentation and resources provided to on-call staff
- Principles of setting up and running a local Incident Coordination Centre.
- How to maintain personal logs during an incident, along with working with a dedicated Loggist (especially for First and Second on-call managers)

It should be noted that other senior leaders at an SCG or other formal multi-agency response setting will have undertaken a wide range of courses and exercises as part of their response role, so it is expected that on-call staff should work with their SRT staff to ensure that they undertake as wide a range of further training as possible. SRT staff will be able to advise further depending on staff requirements, particular local risks, and training resources which may be available through local resilience partnerships.

#### **b. Formal Training (Mandatory & Supplemental)**

First and second on-call staff need to receive formal training in Principles in Health Command (PHC). This will include the dynamic risk assessment process which will need to be applied in any incident scenario, to ensure they have the skills and knowledge to undertake this role effectively, as well as ensuring that the appropriate competencies of its on-call staff are developed and maintained in line with the Civil Contingencies Act 2004 and mandatory elements of the National Occupational Standards (NOS (Skills for Justice)) for responding to emergencies.

Formal training must also be undertaken in the legal implications of incidents afterwards if public inquiries are held, and the importance of effective record-keeping and management. This training is mandatory for on-call staff.

Formal training is further required to understand the media implications of incidents and prepare Second on-call staff for fronting media interviews. This is mandatory for Second on-call staff.

All ICB Executives will undergo legal CPD training in relation to on-call competencies in alignment with the NHS England Contract Standards. This is mandatory for ICB Executives.

In the event of a protracted or different incident arising which requires new, specialised response plans to be put in place, all on-call staff must ensure they complete any dedicated training which may be put in place for these events.

Staff undertaking such training as outlined above should include this in their Personal Development Review and subsequent plan.

Individuals who have undertaken their formal training will be required to undertake an ongoing programme of Continual Professional Development (CPD) which is logged and evidenced within a Professional Development Portfolio (PDP) as outlined in the minimum occupational standards and national EPRR Framework.

## **10. Exercising**

As emergencies by their very nature are unpredictable, the best way to regularly evaluate the effectiveness of response plans and the competence of staff using those plans, is to take part in regular exercises.

NHS organisations are required to undertake communications tests every six months, desktop exercises annually, and a live exercise once every three years.

To ensure all on-call staff continue to meet competencies, remain up to date on their local response arrangements, and also meet external compliance requirements, on-call staff should be involved in at least one exercise annually. This should be formally recorded in a PDP and a formal debriefing undertaken.

It is recommended that all on-call staff take part in both internal exercises wherever possible. NENC ICB share the NE LRF exercise programme with colleagues and identify suitable exercises for this purpose.

Taking part in an incident response also fulfils some of the requirements of exercising.

Communications exercises are conducted regularly as part of the maintenance and management of the on-call arrangements. Staff on-call are expected to respond should they be contacted for these purposes.

## **11. Records of Training & Exercising**

On-call staff must keep an annual record of all training and exercising undertaken, as part of a PDP, to ensure they achieve and maintain the required competencies. They should keep their EPRR lead updated on such activities.

## **12. Debriefing & Lessons Learned**

An essential part of planning for, and responding to, incidents and emergencies is reviewing the response and ensuring all important information is captured.

A formal process will be in place within the ICB to ensure that formal debriefing processes are undertaken after any response to an exercise, test or incident, so that lessons can be learned, and plans revised as required.

Debriefing will also help to identify any training needs which may need addressing, either at an individual level or a new element for which training needs to be provided.

## **Annex 1: Remuneration and Support**

### **On-Call Remuneration and Support**

Terms and conditions for remuneration for staff undertaking on-call activities are governed by Agenda for Change (AFC) and the VSM contract as appropriate.

AFC conditions are set out in the NHS Terms and Conditions of Service Handbook4 - this is subject to national review periodically, which may result in changes to the clauses below.

This annex seeks to place all the relevant aspects of the above documents into one place for ease of reference for staff undertaking on-call activities.

### **Pay enhancements for AFC staff undertaking on-call responsibilities**

Staff that are required to be available to provide on-call cover outside their normal working hours are entitled to receive a pay enhancement. This includes staff in AFC pay bands up to and including band 9. This enhancement recognises both the availability to provide cover and any advice given by telephone during periods of on-call availability. This enhancement is based on the proportion of on-call periods in the rota when on-call cover is required: For current guidance on pay enhancements see the NHS Employers website.

### **Bank Holidays**

Staff required to work or to be on-call on a general public holiday, bank holiday or holiday declared by the King, are entitled to equivalent time to be taken off in lieu at plain time rates, in addition to the appropriate enhancements for staff undertaking on-call responsibilities.

### **Employees called into work during an on-call period**

Employees who are called into work during a period of on-call will receive payment for the period they are required to attend, including any travel time. Alternatively, staff may choose to take time off in lieu. However, if for operational reasons time off in lieu cannot be taken within three months, the hours worked must be paid for.

For work (including travel time) as a result of being called out the employee will receive a payment at time and a half, with the exception of work on general public holidays which will be at double time. Time off in lieu should be at plain time. There is no disqualification from this payment for bands 8 and 9, as a result of being called out.

Activity generated though on-call activities out of working hours can be claimed for if it is equivalent to an hour or more. Therefore, if activities such as participating in teleconferences or preparing situation reports over a weekend period that equates to an hour or more can be claimed. Claims can then be made for each hour after in hourly timeframes and applies to bands 8 and 9.

## **Overtime payments**

Staff that are not formally on-call nor scheduled to be on-call during an incident or emergency but are requested to provide additional support to the on-call team out of working hours, are entitled to claim overtime payments.

Staff in pay bands 1 to 7 that work additional to their contracted hours in support of on-call activities, whether in or outside the office location are eligible for overtime payments. There is a single harmonised rate of time-and-a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.

Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments however they are entitled to claim back time off in lieu of activity at plain time rates.

Activity generated through support to on-call staff beyond normal working hours can be claimed for if it is equivalent to an hour or more. Therefore, if activities such as participating in teleconferences or preparing situation reports over a weekend period equates to an hour or more then the relevant hours of activity can be claimed. Claims can then be made for each hour after in hourly timeframes.

## **Very Senior Managers (VSM) undertaking on-call responsibilities**

VSM terms and conditions regarding hours of work outline that the standard working week is 37.5 hours over five days. Given the seniority of VSM roles, however, VSM staff are expected to work such hours as necessary – this includes participation in a senior managers' on-call rota.

Whilst the contract position notes VSM postholders will not be entitled to remuneration for being on-call, as with any staff engaged with on-call activities consideration should still be given to the hours VSMs may have worked on top of normal working hours. This should ensure that staff of all levels adhere to the Working Time Regulations.

## **Maximum working hours of staff responding to an incident or emergency**

The Working Time Regulations determine maximum periods that staff can be required to work; this applies both in normal business and in the event of staffing an ICC out of hours – and must be borne in mind for all staffing arrangements and rotas to ensure staff do not work longer than these periods and become exhausted.

In essence, this means:

- a limit (over a reference period of several months) of an average 48 hours a week on the hours a worker can be required to work, though individuals may choose to work longer by "opting out"
- 5.6 weeks paid leave a year
- 11 consecutive hours' rest in any 24-hour period
- a 20-minute rest break if the working day is longer than six hours
- one day off each week.



## Appendix 1

### Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Marc Hopkinson

**Job Title:** Associate Director

**Organisation:** Newcastle Gateshead CCG

**Title of the service/project or policy:** NENC ICB On Call Policy

#### Is this a;

**Strategy / Policy**  **Service Review**  **Project**

**Other** [Click here to enter text.](#)

#### What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure that there are adequate arrangements in place to provide an on-call arrangement covering time outside normal rostered duties and if necessary to attend or work remotely outside normal working hours to help manage any incident.

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

There is no significant/material impact or change to the working practices of staff who would support the on call rota.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Jacqueline Myers	Executive Director of System Oversight	June 2022
<b>Presented to (Appropriate Committee)</b>		<b>Publication Date</b>
ICB Board		July 2022

### **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.