

# NATIONAL ON-CALL ARRANGEMENTS for NHSBT Clinical Services

Updated November 2023

Joint agreement between NHSBT; Clinical Services  
and our recognised Trade Unions

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**Maintaining round the clock services: On-call for scientific / technical laboratory employees' Joint agreement between the NHSBT (Clinical Services) and Unite and Unison Trade Unions.**

## **1.0 Purpose and scope of the agreement**

- 1.1 This Collective Agreement sets out the basis of terms and conditions, other than remuneration (payment for standby, and any on-call activity will be made in accordance with the NHSBT National On-Call Remuneration Collective Agreement) for those undertaking on-call duties in NHSBT Clinical Services (CS).
- 1.2 This Collective Agreement sets out the basis of the self-rostering arrangements that have been developed Clinical Services employees for the provision of on-call services.

## **2.0 General Principles**

- 2.1 There is an expectation that all suitably trained employees will contribute to CS on call rotas; this is essential to the delivery of clinically appropriate services. The requirement to participate in on call is explicitly set out in relevant employment contracts provided to employees post 2012.

It is acknowledged that those contracted prior to 2012, on call is on a voluntary basis.

This agreement supersedes all previous agreements for on-call for Scientific and Technical employees in CS.

- 2.2 As a general principle, NHSBT will work to ensure that inappropriate use of the on-call service is identified and kept to a minimum. Instances of inappropriate use of the on-call service should be recorded for review, actioned by the Laboratory Manager, and escalated as required.
- 2.3 Those participating in on-call rotas must supply data of sufficient accuracy, completeness and detail of availability and callout activity (including telephone advice) to support review. Data gathering tools will be provided for this purpose and will be filled in electronically.
- 2.4 Problems of a scientific or operational nature may be resolved after consultation with employees carrying out on-call activity or with others from within the department.
- 2.5 The Head of Laboratory/Laboratory Manager has a responsibility to ensure adherence to the principles of the Working Time Directive, and that the frequency or intensity of on-call activity is not to be detrimental to the health and safety of employees or patients.  
  
Anybody working additional hours outside the department, internally and/or externally, must speak to their manager, to ensure that the total hours do not exceed 48 hours as prescribed in Working Time Regulations.
- 2.6 Laboratories must adhere to all relevant standards from accrediting and Regulatory bodies, e.g., UKAS, MHRA, HTA, JACIE and EFL.
- 2.7 Any amendments or additions will be made in agreement with Trade Union representatives.

- 2.8 Should the needs of the service change and impact on call arrangements, management will discuss this with employees as far in advance as is possible.

### **3.0 Definitions**

- 3.1 'Eligible employees' are all those who are trained (or in training), qualified, working independently and at the right grade to participate in the provision of on-call services according to the arrangements of each CS functions. An introduction to the work conducted on-call by each of the functions and more information about eligibility is set out in Appendix A.
- 3.2 On-call activity is scientific, technical and/or advisory work performed formally outside of normal departmental working hours which cannot wait until the start of the next normal working shift/day. Not all work will be unplanned, but the work or advice required will be of sufficient clinical or scientific importance to warrant action outside of normal working shift/day where delay might result in an adverse clinical or operational outcome.
- 3.3 Call-out is urgent work as defined above, carried out at a laboratory or at home via access to NHSBT IT systems. Once the on-call employee has completed all work that has arisen during attendance at the laboratory and has left the premises, any fresh request for on-call work, resulting in a subsequent attendance at the laboratory shall be regarded as a separate call-out.
- 3.4 A Rest period is defined as time where you are not engaged in your regular work.

An uninterrupted rest period of 35 hours may include:

- All hours not worked between each rostered duty
- Annual leave
- Sickness absence\*
- Time Off In Lieu (TOIL)
- Special leave
- Unpaid leave

\* sickness versus rest time will be considered on a case by case basis, as part of the Return to Work process.

Personal circumstances should be discussed with your manager, and considered, to ensure you receive the required uninterrupted rest periods.

### **4.0 Payments and Time Off in Lieu**

- 4.1 Payments will be made in accordance with [NHSBT National On-Call Remuneration Collective Agreement](#).
- 4.2 In summary this is paid at time and a half and double time on Bank Holidays.

During training in core hours, individuals will be paid at their substantive [Band 5, 6 or 7 grade](#) for on call.

Once fully trained and practicing independently they will be paid their substantive grade during normal lab hours and at [Band 7](#) for all on call work.

It is recognised that a high proportion of employees working on call are already at the top of band 7, and they will therefore be paid at the top of band 7 for on call as well as when working in core hours.

Those working at Band 8A and above, where participating in the on-call rota, will receive payment at the top of band 7.

It is the managers responsibility to ensure the correct information is forwarded to Pay support for correct payment to each individual.

- 4.3 Payment can be made for up to 2 hours activity from the time of assuming responsibility for the investigation, and when the operator has committed to attend. This 2-hour period includes travelling time, and it is expected that employees travel to the centre to arrive at the same time, or shortly before the sample. This is not in addition to telephone payments.
- 4.4 The start and finish times of the on-call period will be determined by each laboratory in accordance with the demands of the local service. Managers will develop guidelines locally indicating the circumstances in which those on-call will stay on or be called out in the event of overlap between rostered and on-call periods.
- 4.5 Employees may choose to request, and management may choose to offer time off in lieu of an alternative to payment for the period called into work and travel time. Provision of time off in lieu is subject to the requirements of the service and must be taken within 3 months of accrual.

If, for operational reasons, time off in lieu cannot be taken within 3 months, the hours worked will be paid, but this must be formally approved by the manager. Time off in lieu is taken at plain time rate and is in accordance with [NHS Terms and Conditions](#).

- 4.6 Where December 25th, 26th and 1st January fall on either a Saturday or Sunday then arrangements detailed in [NHS Terms and Conditions](#) apply.

## **5.0 Rest Periods**

### **5.1 Eleven Hour Rest Period**

There is an entitlement to an eleven-hour period of continuous rest per twenty-four-hour period in accordance with the Working Time Regulations. It is recognised that those working on an on-call rota may not be able to take this eleven-hour period of continuous rest. Travel time for on call is paid time, and therefore the calculation for rest will be from arrival at home.

In such circumstances the relevant derogations in the Working Time Regulations will be applied and therefore shall be entitled to an equivalent period of compensatory rest. Examples of an 11-hour rest period and the timings associated with this are given below:

### Example 1:

Employee commences work on Monday at 0900, with on-call cover from 1700, at the end of their standard working day. On-Call activity commences at 1700 and employee is required to work continuously until 2300.

Calculation of Rest Due:

- 24-hour period for the calculation of rest commences at 0900 Monday and ends at 0900 (Tuesday).
- Employee has worked 0900 to 2300 (14 out of the 24-hour period).
- 11 hours consecutive rest has not been achieved.
- Employee to take 11 hours consecutive rest prior to the commencement of the next standard working day.
- Earliest start time for Tuesday is therefore 1000.

The expectation is that the employee would start work at this time.

### Example 2:

Employee commences work on Monday at 0900 and commences on-call cover from 1700 and is called in to work at 2300 until 0100.

Calculation Rest Due:

- 24-hour period for the calculation of rest commences at 0900 Monday and ends at 0900 (Tuesday).
- 11 hours consecutive has not been achieved.
- Employee to take 11 hours consecutive rest prior to the commencement of the next standard working day.
- Whilst rest period ends at 0100 (Tuesday) unlikely to commence work until
- 1200 Tuesday.

The expectation is that the employee would start work at this time.

### Example 3:

Employee commences work on Monday at 0900 and begins on-call cover from 1700 and is called in to work at 0300 until 0500.

Calculation of Rest Due:

- 24-hour period for the calculation of rest commences at 0500 Tuesday and ends at 0400 (Wednesday).
- Therefore 11 hours consecutive rest was not achieved.
- Employee to take 11 hours consecutive rest prior to the commencement of the next standard working day.
- Earliest start time is 1600 (Tuesday).

The expectation is that the employee would start work at this time. Should this be close to the end of the normal working day e.g., 1700, there may be a conversation between the employee and the manager to agree how this hour is made up.

## 5.2 Uninterrupted weekly rest period of 35 hours

All employees should receive an uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven-day period for which they work. Where this is not possible, they should receive equivalent rest over a 14-day period, either as one 70-hour period or two 35-hour periods.

In exceptional circumstances, such as an emergency that impacts on operational needs, may result in someone who has been on call, and is required in work, to implement the 70-hour period. This would delay a person's ability to take compensatory rest. The key consideration here for both parties, must be the person's wellbeing.

Cumulative or extended Telephone advise:

[Please refer to the National on-call agreement section 5.2](#)

### Example 1

Employee works from 0900 until 1700 Monday to Friday and is not participating in on call rota that week. They are due to be back at work at 0900 Monday the following week. This would give them an uninterrupted rest period of 64 hours.

### Example 2

Employee works from 0900 until 1700 Monday to Friday and is participating in the on-call rota Friday night. They are called in to work at 2300 until 0100. They do no further on call activity over the weekend and are due back to work at 0900 Monday the following week. This would give them an interrupted rest period of 56 hours.

### Example 3

Employee works from 0900 until 1700 Monday to Friday and is participating in the on-call rota on that week. They are called in to work at 1700 until 1900 on Saturday. They do no further on call activity over the weekend and are due back to work at 0900 Monday the following week. This would give them an uninterrupted rest period of 38 hours.

### Example 4

Employee works from 1200 until 2000 Monday to Friday and is participating in the on-call rota on that week. They are called in to work at 2000 until 2200 on Saturday and then called out again at 1300 until 1500 on Sunday. They are rostered to be back in to work at 1200 the following day (Monday). Therefore, this is not enough of a break as they would have only received an uninterrupted rest period of 21 hours.

In this scenario, they would then return to work at their normal start time of 1200 on Tuesday.. This would give them an uninterrupted rest period of 45 hours.

### Example 5

Employee works from 1200 until 2000 Monday to Friday and is participating in the on-call rota on that week. They are called in to work at 2000 until 2200 on Saturday and then called out again at 1300 until 1500 on Sunday. They would normally be back in to work on the following Monday at 1200. However, they have an approved annual leave request in for Monday for the whole day of 7.5

hours. They are therefore back in to work at 1200 on Tuesday. This would give them an uninterrupted rest period of 45 hours.

#### **Example 6**

Employee who works from 1000 until 1500 Tuesday to Friday and is participating in the on-call rota that week. They are called in to work at 2300 on Saturday until 0100 on the Sunday.

They do no further on call activity over the weekend and are due back in to work at 1000 on Tuesday the following week. This would give them an uninterrupted rest period of 57 hours.

There may be circumstances where after a particularly onerous on-call duty that the time off granted the following day exceeds the entitlement to compensatory rest due to over-riding Health and Safety considerations. For instance, it may be appropriate to delay the start time on the following day beyond the statutory 11 hours, if had to attend a call out after Midnight, however this is not an automatic right. The key consideration here for both parties, must be the person's wellbeing

It is the Laboratory Manager's responsibility to agree time off and to ensure that staff are fit to work in a safe manner over and above the provisions of the Working Time Regulations.

## **6.0 Rostering arrangements**

6.1 It is expected that all qualified employees contribute to the on-call rota.

The minimum numbers of eligible employees on-call - this will be based upon the least number deemed to make the provision of on-call viable and will take account of regulatory requirements. No intervention by management will occur unless numbers fall below those identified in this category.

A maximum number required for on-call may be established on a local basis which may be influenced by the type of work undertaken on-call and cost to maintain – e.g., as a result of a training overhead.

6.2 The minimum number required to make the provision of the on-call service viable is established so that the Laboratory is able to guarantee provision of services compliant with regulatory bodies as appropriate and to ensure that the on-call duties do not become too onerous. If the number of persons participating in the on-call rota falls below the minimum level set out at the minimum numbers in Appendix 'B', it is the responsibility of the Head of Laboratory/Laboratory Manager to identify, this may be through the panel process, additional employees from the pool of those trained to join the rota in order to ensure a continuous service to patients.

6.3 It is the responsibility of the Head of Laboratory/Laboratory Manager to ensure that there are enough people trained to participate in on-call. An assessment will take place (usually as part of the PDPR process) to review on-going suitability for on-call duties.

6.4 NHSBT remains committed to the use of HCPC-registrants as required by legislation. However, this agreement is also applicable to non-HCPC

registrants, in those situations where there is no professional requirement for the use of HCPC-registrants, and where there is no requirement for their on-site supervision. Similarly, those in training for HCPC registration may participate in on-call activity under the supervision of HCPC registrants.

The national functional head will determine whether non-HCPC registrants may perform specified on-call duties.

In these circumstances, individuals will be paid at their substantive rate, in line with NHSBT On-call Agreement.

- 6.5 It is the department managers, responsibility duties to ensure the rota is safely covered. Therefore, provided the numbers do not fall below the minimum, and there are no concerns with regards to the robustness of the rotas, there will be no additional intervention required from Management. Employees are responsible for ensuring they maintain the minimum clinical competency to fulfil their on-call duties.
- 6.6 Should numbers fall short of the minimum requirement for on call, this will be approached in the first instance by seeking volunteers from the trained pool.
- 6.7 If the number required for on-call falls below the minimum, and additional people cannot be recruited from the trained pool, or if the Head of Laboratory/Laboratory Manager becomes concerned about the future viability of a particular rota, they will need to review the options available in consultation with local recognised Trade Union representatives. These are likely to include:
- Reducing the frequency or intensity of on-call activity. This may be possible, for example, by ensuring that action is taken to identify and curtail any inappropriate use of the service.
  - The use of employees from other departments where this is operationally viable (ensuring that compensatory rest is given . This would need to be agreed by functional managers in advance.
  - Explore opportunities for covering on-call with employees from other locations, for a very short term only.
  - The use of appropriately trained bank or agency workers.
  - or total re-provision of the service to another location.
  - Apart from re-provision of the service from another location, an adequate service may be possible through paid overtime or by the introduction of shift working.
  - There may be circumstances in which the service could be provided by an external organisation or agency.

## **7.0 Non-availability for rostered duty**

- 7.1 Those contracted for on-call, who are not rostered and who encounter a change of circumstances which prevent them from participating in on-call duties must notify management at the time the changing circumstances arise.



- 7.2 The Head of Laboratory/Laboratory Manager must be notified of any anticipated difficulty in meeting the minimum numbers during the full period of the on-call duty, regardless of the cause.
- 7.3 On-call duty and call-out payments will only be made if the employee is able to fulfil the duties required by this agreement.
- 7.4 Those participating in the on-call rota should ensure that planned annual leave, study leave, and other absences do not occur during any periods covered by on-call duty, and that the Head of Laboratory/Laboratory Manager and/or person responsible for drawing up the rota is notified as appropriate.
- 7.5 Swapping on call is allowed however, the following criteria must be met:
- The on-call cover is not compromised
  - That proper consideration is given to rest periods.
  - Your manager is aware of the swap

It is the responsibility of the designated on-call person to find a suitable replacement.

- 7.6 Should an employee who is contracted to participate in the on-call rota, and believes that they are unable to continue to participate they must:
- Discuss the reasons with their manager
  - Try to reach a compromise that is workable for both parties
  - This arrangement should be short term, with regular reviews of the circumstances.
  - Ideally, a resolution will be agreed and reviewed on a regular basis (minimum 12 months). This must be confirmed in writing by the manager.

Should a compromise not be achievable, the employee will need to submit a full detailed case to their manager for consideration.

Should a resolution not be found then the employee will be able to appeal this decision as detailed in Section 8 of this agreement.

All requests to not participate in the on – call rota, regardless of reason, will be considered using the above process only.

## **8.0 Appeal Process**

In the event that an employee's request not to participate in the on-call rota is not accepted by management, the employee will be provided with a right of appeal against the management decision.

The appeal must be registered within 7 calendar days of the outcome notification and addressed to the Head of Function.

An appeal panel consisting of a member of the CS Senior Management Team, an HR representative and a recognised Trade Union representative will be convened.

To ensure objectivity, the appeal panel composition will have had no prior involvement.

The appeal will be held without unreasonable delay of the appeal submission.

The appeal panel outcome will be notified within 7 calendar days of the hearing.

The one stage appeal hearing. Should the employee remain unsatisfied then the Grievance Policy will apply.

## **9.0 Training**

9.1 The importance of training and on-going professional development is jointly recognised. The Head of Laboratory/Laboratory Manager is responsible for identifying training and development needs and ensuring that all those rostered have been trained in current SOPs.

9.2 When a new member of the rota is being trained, and shadowing is necessary, both employees will be paid on call duty and call out payments. This is detailed in Section 4 of this agreement.

## **10.0 Travel**

10.1 Prior to joining the on-call rota, employees must agree with the Head of Laboratory/Laboratory Manager, their anticipated travel arrangements, and if and when these may change. In some circumstances taxis may be permitted to carry out their on-call duties, but this must be agreed with the Head of Laboratory/Laboratory Manager.

10.2 Participants in the on-call rota who are likely to experience any travel problems must notify the Head of Laboratory/Laboratory Manager or other senior member of the laboratory at the earliest opportunity.

10.3 Any travel costs can be claimed in accordance with the [Travel and Expense Policy](#) and [associated FAQs](#).

## **11.0 Communications**

11.1 Mobile phones for on call use will be provided as necessary to ensure contact is maintained with rostered on call participants at all times.

11.2 It is the responsibility of the on-call participant to ensure that they can be contacted by phone at all times.

11.3 Any changes to phone numbers must be communicated where appropriate e.g. Centre and/or Hospital employees.

- 11.4 Any personal costs incurred in relation to a personal landline and/or mobile phone, this will be reimbursed in accordance with the Travel and Expense Policy.
- 11.5 Where appropriate on call participants may be able to perform their on-call duties from home using remote access to NHSBT systems.
- 11.6 Suitable IT equipment will be provided to enable on call participants to work remotely.
- 11.7 NHSBT will not cover the cost of installation or rental of home broadband. Tethering of IT equipment through NHSBT mobile telephones can be used to achieve connectivity if no other alternative is in place.

## **12.0 Health and Safety**

- 12.1 NHSBT is aware of the particular problems posed to those who work on-call, because of their potential to be arriving at/leaving their place of work during hours when there may be few other workers on site.
- 12.2 The Organisation has a [National Health and Safety Policy](#) (MPD364) for lone workers. Reference should be made to this policy by Head of Laboratory/Laboratory Managers to ensure that local compliance is met.

## **13.0 Facilities**

On call participants will have access to rest area and facilities for making refreshments.

Vending machines should be stocked, where provided.

## **14.0 Changes in On-Call arrangements**

- 14.1 Should the numbers of people required to carry out the on-call rota fall below minimum numbers and when there are no, or insufficient volunteers the process in Appendix C will apply.
- 14.2 Should there be any significant changes that result in a reduction in on call requirements, this will be discussed in accordance with the [Organisational Change Policy](#). Should pay be impacted, this will be managed in accordance with the [Pay Protection Policy](#).

### Eligibility to participate in on call rota

**CS laboratories** carry out laboratory investigations, provide clinical advice and stem cell products to support a range of blood transfusion and transplant therapies.

**CMT laboratories** analyse and perform complex testing and processing of cell therapies, gene therapy products and/or tissues for cryopreservation and therapeutic clinical use. Employees ensure that products received are suitable for transplant, processing, storage and/or issue out of hours in support of stem cell transplant and related programmes.

CMT- Advance Cell Therapy and CMT-CBC employees carry out receipt, processing and testing of a range of cell and gene therapy products or starting materials.

All CMT employees also ensure the ongoing safe storage of patient material or other products and respond to system and equipment alarms out of hours.

The following grades of CMT staff are eligible to participate in the provision of On-call: Biomedical and Clinical Scientists at Bands 6 to 8a would normally be eligible, with additional employees at Band 5 or 8b-d according to local arrangements agreed in partnership.

**H&I laboratories** support a diverse range of solid organ (kidney, pancreas, islet, liver, intestinal, heart and lung) and haematopoietic stem cell transplant programmes, provision of HLA selected platelets and disease immunogenetics investigations. Laboratory employees are responsible for selection of appropriately matched organ and stem cell donors and provision of clinical advice to transplant units and clinicians. Services to support local solid organ transplant programmes and donor provision for national organ allocation schemes are provided 24/7, as is emergency provision of HLA selected platelets. These activities are supported by a national on-call rota of Consultant Clinical Scientists.

The following grades of H&I staff are eligible to participate in the provision of On-call: those at Bands 6 to 8a would normally be eligible, with additional employees at Band 5 or 8b according to local arrangements agreed in partnership. Consultant Clinical Scientists (Bands 8c-9) will be eligible to participate in the on-call Consultant Clinical Scientist rota.

**RCI laboratories** investigate complex transfusion cases which cannot be dealt with by hospital transfusion laboratories and supply matched blood for transfusion. These referrals include a high proportion of cases which require complex and lengthy investigation. All of these activities are critical to patient care and failure to provide a high quality, expert and timely service could result in serious adverse events for patients.

The following grades are eligible to participate in the provision of On-call: those at Bands 6 to 8a would normally be eligible, with additional employees at Band 5 or 8b according to local arrangements agreed in partnership.

## Appendix B

<b>Location</b>	<b>Minimum Number Staff</b>
H&I Barnsley	8
H&I Birmingham	14
H&I Tooting	8
H&I Newcastle	8
H&I Colindale	8
H&I Bristol	N/a
RCI Birmingham	6
RCI Bristol Filton	7
RCI Colindale	11
RCI Liverpool	7
RCI Barnsley	10
RCI Tooting	7
RCI Newcastle	5
SCI Bristol	5
SCI Birmingham	5
SCI Barnsley	5
SCI Liverpool	5
SCI Oxford	5
SCI Southampton	5
CBC	5

- 1 Staff numbers need to fall below the minimum to trigger management intervention.
- 2 The acceptable ratio for trained to in-training staff will be determined by local management.

Should the numbers of people required to carry the on-call rota fall below minimum numbers and when there are no, or insufficient volunteers, the following criteria will be considered to select between staff to join rotas.

A selection panel will be chaired by a senior manager from a clinical services function, and an HR Colleague. The panel will consider evidence from the local laboratory manager, and the employee being considered. They have the right to representation at the panel hearing.

### **Training status, and competencies**

The CS Band 5, 6, and 7 Job descriptions and person specifications clearly indicate the requirement to be competent as an independent practitioner. Employees on these grades are therefore considered eligible and competent for on call duties. It is acknowledged that minimal orientation training may be required for some (e.g. limited shadowing) to support the transition to on call practice. Task based training required for those on on-call is defined by each function e.g. the RCI training matrix DAT 1620 or Training and competency assessment in H&I MPD782

### **Band order of selection**

Where possible panels will appoint to the rota in the following preferred sequence.

1st preference, band 5, 6 and 7 (equally preferred) 2nd preference band 8

This order of preference is consistent with the job descriptions of bands 5, 6 and 7 which most closely match on-call activity in CS laboratories. It is acknowledged that band 8 employees may participate, but this may conflict significantly with other duties in the job description, therefore bands 5, 6 and 7 are preferred.

### **Previous experience**

Previous experience of on-call or out of hours working in RCI, H&I, CMT or other laboratories will not be considered in panel decisions.

### **Part time working**

Part time staff are required to participate in on-call. Part-time status should not be a decision criterion for selection panels.

### **Travel time from home to centre**

Individuals will be selected preferentially depending on the standard travel time to the centre. Any relocation after selection to the rota, will not result in a re-evaluation of the decision.

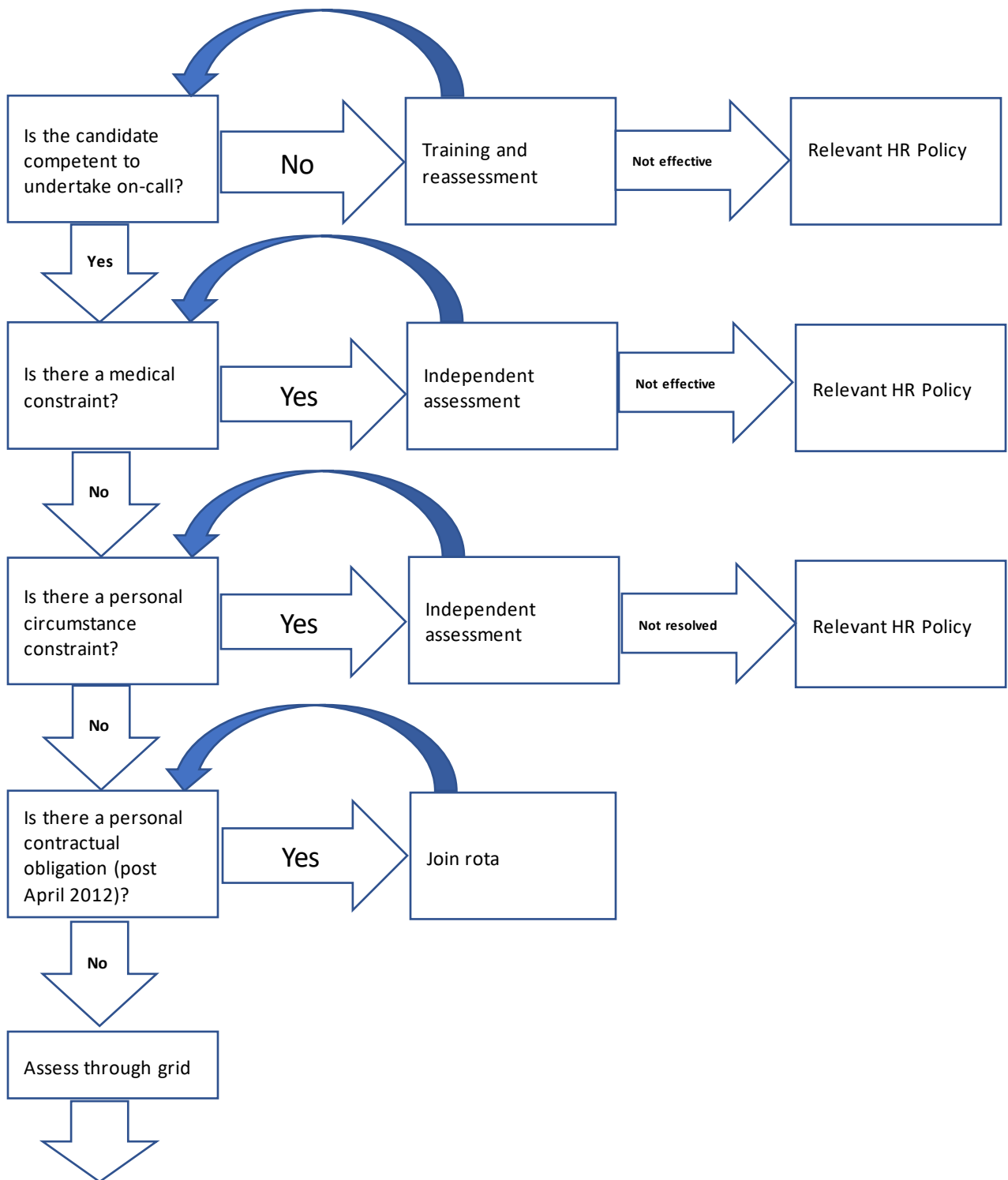
### **Employees participating in shifts or other non-core hours duties**

Where two or more individuals are being considered for a place on the rota, any significant contribution of non-core hours cover, or time commitments will be considered to preferentially to select the other candidate. This includes shift sessions

including weekend working, and travel commitments away from base for work-based activities

### Requesting withdrawal from the on-call rota

Should an employee who is contracted to participate in the on-call rota and believes that they are unable to continue to participate they must refer to Section 7 and 8 above.



### Selection Grid

Criterion	Measure	Value	Weight	Score (V x W)
Grade	Band		3	
Travel time	Minutes (AA)		1	
Non-core hours	Hours per week		1	

Categories band 6/7= 5 points, band 8 15 points



## PROPOSAL TO INCREASE MINIMUM ON CALL ROTA/POOL

Laboratory	
Current minimum numbers for on call and pool (appendix B)	
Actual number of staff on call	
Proposed minimum numbers for on call and pool	
Staff numbers	<ul style="list-style-type: none"> <li>• <i>Include everyone able to work on call including those still in training and requiring training to go on the rota on call</i></li> <li>• <i>Timescales</i></li> </ul>
Discussions with staff to date	<ul style="list-style-type: none"> <li>• <i>Ensure there has been dialogue with all staff so that they are aware of the proposal before paper goes to DTS SPC</i></li> </ul>
Background	<ul style="list-style-type: none"> <li>• <i>General commentary about work/hospitals supported by the laboratory</i></li> <li>• <i>How the rota operates e.g. 1 or 2 rotas</i></li> </ul>
Rationale	<ul style="list-style-type: none"> <li>• <i>Data on the Increase in workload over last 12 months or since rota was last amended (present numbers set in 2012)</i></li> <li>• <i>See appendix 1 as an example</i></li> </ul>

## Approval and Review

Version	UCD/People/CSOnCall V1.1
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