



Belfast Health and
Social Care Trust

caring supporting improving together

Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge

Guidance on HR Related Issues

This guidance is subject to review and change at any time



Working together



Excellence



Openness & Honesty



Compassion

HSC Values

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1. INTRODUCTION

This guidance supports the Trust's Pandemic Influenza Contingency Framework (2017) and Business Continuity Framework (2019), and Directorate Business Continuity Plans, and should be read and used along with those plans.

Given the increasing public health concern regarding the spread of Corona Virus or COVID-19 and its potentially adverse impact on our HSC workforce, this guidance has been developed to clarify the internal Trust processes and any workforce or staffing issues that may arise. It is based on the HSC Emergency/ Planning in preparation for COVID 19 Containment and Surge Guidance on HR Related Issues.

Within Belfast Health & Social Care Trust, the Director of Human Resources & Organisational Development will have lead responsibility for this guidance.

These Guidelines can be assessed on the Hub under Covid-19.

<http://intranet.belfasttrust.local/Pages/News/COVID-19.aspx>

Associated Human Resource policies are accessible via the links below.

<http://intranet.belfasttrust.local/policies/Pages/Policies/Human%20Resources.aspx>

These guidelines may be reviewed and developed or revised in light of changing circumstances.

2. GENERAL PRINCIPLES

The guidance is based on the following general principles:

- 2.1** During an emergency situation, such as a pandemic, service areas will focus on essential work only, in order to maximize the number of staff available to deal with the emergency situation itself. This guidance should therefore be used along with directorate / service area Business Continuity Plan, Business Impact Analysis, and any directorate Pandemic Plans.
- 2.2** An Organisation level approach will be taken in relation to the management of any immediate and unprecedented staffing issues that may arise, while recognising that some activities will be best co-ordinated during an emergency at directorate level on a daily basis due to the size of the organisation.
- 2.3** Service Managers and line-managers must have the necessary guidance and flexibility to deal quickly and effectively with any immediate staffing issues that may arise.
- 2.4** There will be a need to recognise the fears and anxieties of staff especially at a time when they may be asked to undertake new tasks which they are assessed as competent to do, and deal with increased demands.

- 2.5** Staff will, where possible, be expected to attend work during an emergency situation, however, the Organisation will be mindful of the employee's caring obligations and consider individual circumstances.
- 2.6** The Organisation will take all reasonable steps to protect staff health and safety during an emergency situation.
- 2.7** Professional / Managerial Codes of Practice will continue to apply during an emergency situation.

3. STAFF RESOURCES TO MAINTAIN ESSENTIAL SERVICES

In preparing and during the containment and surge stages the Organisation will explore the following areas to ensure a state of readiness:

3.1 Internal Redeployment of Staff

During an emergency situation staff may need to be redeployed appropriately to ensure essential services are maintained. This will require the Organisation to identify services that can be suspended – each Directorate's Business Continuity Plan should include information on this in their Business Impact Analysis.

Service Managers and relevant site leads should assess where shortfalls in staffing essential services may occur as a result of the emergency and escalate as necessary to Co-Director and Director Level within their own directorate. Every effort should be made at local / service level to reorganise and redeploy staff resources as appropriate. Consideration may also need to be given to redeployment of staff across directorates. HR Co- Directors / Strategic HR Business Partners, aligned to directorates, will assist directorates with redeployment issues.

Managers of services classed as non-essential (for the purposes of pandemic/ emergency planning) should meet with staff during the emergency, or in preparedness for an emergency, to determine what broad areas they would feel able to work in. Redeployment of staff will take account of the following issues:

3.1.1 Skills of individuals

Staff will need to be appropriately skilled, trained and inducted for any area for which they are to be redeployed, and should only be asked to take on tasks within their competence. This will be the responsibility of the local line-manager and relevant Service Manager.

Where possible, Service Managers should consider in advance of an emergency situation where there is a need to provide specific training for staff in other areas, to ensure the maximum level of preparedness.

3.1.2 Location of Staff

Staff will normally be expected within reason to be willing to work at other locations through the area.

In the unlikely event of staff travel to work being disrupted due to fuel shortages staff will be expected to relocate to their nearest Trust facility. Staff should be advised of the reporting arrangements when they alert their manager of non-attendance at their usual place of work. It may be the case that they can undertake some of their work at the other facility or they may be redeployed to assist with other services at the facility. This will be managed by their line-manager, relevant Service Manager and the relevant manager of the Trust facility.

3.2 Other Sources of Staffing / Resources during an Emergency

The following key sources for staffing / resources should also be considered by Service Managers during an emergency situation:

3.2.1 Bank Staff – line-managers / Service Managers should contact the Nursing Bank Office for assistance in relation to Bank Staff (in addition to continuing to use any existing bank resources already in their service area).

3.2.2 Agency Workers – in line with Organisation protocols for use of Agency Workers

3.2.3 Additional Hours / Overtime – existing full time and part-time staff may be asked to work additional hours / overtime, mindful of Working Time Regulations.

3.2.4 Flexible Working – for example staff may be facilitated to work from home or from another Organisation facility, or to work different hours or work patterns to allow them to balance personal (eg. childcare) and work commitments.

3.2.5 Recent Retirees and Staff on Career Breaks – may be contacted by their line managers and asked if they can assist during an emergency situation. Appropriate pre-employment checks need to be undertaken and consideration given to registration / revalidation issues, where relevant.

3.2.6 University Students

If educational facilities are closed to limit the spread of an outbreak, educational and clinical academic staff could also assist, eg. by offering more time to front line duties if joint appointments, providing professional supervision and other support for healthcare students. The use of healthcare students' needs to be carefully considered and properly supervised. Healthcare students should not be used as a substitute for front line staff.

3.2.7 Volunteers

Volunteer services may be able to provide a valuable role. All necessary checks will need to be carried out in advance of Volunteers supporting services.

Any staff due to retire or leave the Organisation may also be approached by line managers / Service Managers to ascertain if they would be willing to continue working during an emergency situation. Details should be shared with the relevant HR Co-Director / Strategic HR Business Partner. Service Managers may contact individuals directly or request HR assistance through Strategic HR Business Partners.

The Senior HR Recruitment Manager will be responsible for ensuring relevant pre-engagement checks on all recent retirements / staff on career breaks are undertaken and recorded, where relevant.

3.2.8 Sharing Staff / Resources between Organisations at a Local Level

Should the necessity arise contact with other local organisations may be considered by Directors, to consider the deployment/redeployment of staff / resources from such organisations, for example voluntary organisations and the independent sector.

The following principles should apply to any such arrangement:

- The staff member / individual is willing to work for an alternative employer;
- Secondment arrangements will apply on existing terms and conditions;
- Where relevant appropriate engagement documentation issued: Senior HR Manager, Pay & Conditions and/or HR Co-Director should be contacted and involved for support with this;
- Staff / individuals identified should be appropriately qualified in terms of skills, qualifications, experience and professional registration – line-managers / Service Managers / Clinical Directors / Divisional Nurses will be responsible for decisions on this, and for maintaining appropriate records for audit purposes;
- Staff / individuals identified should meet the Trust's vetting requirements – line-managers / Service Managers will be responsible for decisions on this – guidance / support may be requested from the HR/OD Department;
- Appropriate induction to the service area and role – line-managers / Service Managers will be responsible for this;

Note regarding General Practice and the Independent Sector: It is imperative that services provided by General Practices and the Independent Sector such as nursing homes for older persons are maintained. This should be addressed within the relevant Directorate Business Continuity Plans. The Trust will co-operate with General Practices to help ensure adequate staffing during an emergency situation.

4. GUIDANCE FOR DEALING WITH STAFF ABSENCE ARISING FROM SCHOOL CLOSURES AND/OR BREAKDOWNS OF NORMAL CARING ARRANGEMENTS FOR DEPENDENTS

An emergency / pandemic situation may affect staff in a number of ways, including:

- Staff with caring responsibilities may be adversely affected by local measures, such as closure of schools. As a result these staff may have to stay at home to care for dependent children, and in other cases staff may be caring for partners or other dependants such as older relatives.
- During an outbreak staff may themselves become infected, which is likely to lead to an unprecedented level of sickness absence. In addition, stress levels are likely to be high because of pressures on staffing.
- Some staff may have fears of being infected while at work and, in particular, of passing on the infection to their families and friends.

4.1 Guidance for dealing with staff absence arising from school closures and/or breakdown of normal caring arrangements

Staff need to make every reasonable attempt to attend work during an outbreak to maximise staffing resources to provide health and social care, however, HSC Organisations also acknowledge the challenges this will cause for staff who have caring responsibility. The following arrangements will apply:

Procedure for authorising time off for dependants during a pandemic

The following process for approval of time off for dependents will apply in line with the Special Leave policy - Section 1: Emergency Leave. This policy can be found on the intranet, Policies and Procedures under Human Resources.

- (i) Employee to contact line manager to explain difficulties and to request paid time off to arrange alternative childcare arrangements. Based on the individual's circumstances, line managers will have the discretion to agree reasonable time off (maximum of three days given exceptional circumstances) to make alternative arrangements.
- (ii) At all stages, the line manager should ascertain and agree with employee what alternative working arrangements could apply, for example working at evenings, working from home using annual leave, time in lieu etc.. Staff should be prepared to be as flexible as possible given the exceptional nature of the emergency / pandemic circumstances and the need to ensure that essential services can be maintained.
- (iii) If, despite having made efforts, the employee has been unable to arrange alternative care or work alternative working patterns / times then any further time absent from work beyond a maximum of three days should be taken as time owing / annual leave.

5. GUIDANCE FOR DEALING WITH ABSENCE ASSOCIATED WITH COVID-19

5.1 Self-Isolation

On the advice of a GP and Occupational Health, staff may be required to self-isolate at home, based on guidance from the Public Health Agency. In this event, staff will be authorised by Occupational Health to take special paid leave for an advised period of time. Managers will code this special leave on HRPTS as <Risk Assessment (Paid)>: click [here](#) for guide.

5.2 Sickness Notification by Employees

In the main, the normal sickness absence notification arrangements will continue to apply:

- Staff who because of illness are unable to report for duty should notify their line manager as soon as they know they are not going to be able to attend. This is to ensure managers have as much notice as possible to source alternative staffing cover.

- Where symptoms associated with COVID-19 are reported, the manager should advise the employee to remain at home and make contact with their own GP and Occupational Health Department for advice.
- The line manager must reinforce the need for the employee to keep in touch with him/her on a regular basis.

5.3 Monitoring of Sickness Absence During COVID-19

Usual absence recording on HRPTS will apply.

Managers must use the following code for sickness absence relating to COVID-19: IN28 : Other Infectious Disease (click [here](#) for guide).

5.4 SitRep Reporting

Due to the need for close daily monitoring all line managers must ensure that details of the number of staff who are both self-isolating and reporting ill due to COVID-19 are recorded daily in the SitRep.

5.5 Certification Arrangements

Normal certification arrangements will apply, unless otherwise advised (due to pressures on GP services, these arrangements may change over time).

5.6 Return To Work Interviews

Due to the emergency and demands placed on line managers, the normal requirement to undertake return to work interviews will be suspended. Where appropriate, return to work interviews should be resumed as soon as possible after normal services resume and emergency arrangements cease.

5.7 Sickness Absence Monitoring 'Triggers' - Sickness Absence relating to COVID-19

Staff on sick leave as a result of becoming infected with COVID-19 will not have this period of absence taken into consideration for purposes of normal sick leave monitoring arrangements under the Trust's Management of Attendance Protocol.

6. GUIDANCE IN THE EVENT THAT STAFF REFUSE TO ATTEND WORK DURING AN EMERGENCY / PANDEMIC

Staff are contractually obliged to attend during an emergency / pandemic. Managers should however acknowledge the level of anxiety that the emergency / pandemic is likely to be generating for many staff and should therefore seek to persuade rather than deal with the matter in a way that is likely to cause increased anxiety.

Staff are encouraged to work within the guidelines to ensure appropriate care is provided to those in need. All staff should be reassured that there are measures in place to protect their safety while on duty.

Where some services are designated as 'non-essential' for the purposes of an emergency / pandemic and are therefore suspended to enable redeployment of staff to maintain essential services, staff are expected to comply with all reasonable requests to work in another service, department or facility for a period of time.

In the exceptional circumstance that a member of staff unreasonably refuses a request to work in an alternative role to assist in maintaining services during an emergency/ pandemic, the member of staff will remain at home without pay, provided the request was to work in a role that was a suitable alternative.

7. IF AN EMPLOYEE BECOMES UNWELL AT WORK WITH SUSPECTED COVID-19 AND HAS BEEN TO AN AREA AFFECTED BY COVID-19

If someone becomes unwell in the workplace and has recently come back from an area affected by COVID-19, they should:

- Get at least two metres (seven feet) away from other people;
- Go to a room or area behind a closed door, eg. staff office;
- Avoid touching anything;
- Cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough or sneeze into the crook of their elbow;

The unwell person should use their own mobile phone to call the NHS helpline on 111 and Occupational Health on 028 90 630 010 and follow all appropriate guidance.

8. INDEMNITY ARRANGEMENTS DURING AN EMERGENCY / PANDEMIC

Normal indemnity arrangements in respect of clinical and social care negligence will continue to apply during an emergency / pandemic. In accordance with existing guidance, staff should continue to take reasonable steps to maintain patient/client records. Where staff or students are asked to work outside their normal role, they must continue to work within their scope of competence and receive adequate training and supervision. Students in particular, should be properly supervised. Registered staff should be guided by their professional codes.

9. STAFF SUPPORT CONSIDERATIONS

Line-managers / Service Managers should be conscious that during an emergency / pandemic situation staff may have increased anxieties, for example of becoming infected while at work and passing on the infection to their families and friends, or as a result of service pressures and staffing shortages.

Line managers should ensure that all staff have access to clear information about the steps the Organisation is taking to minimise any risk and for the need for staff to adhere to all available guidance from the Organisation or their professional body.

Line managers should ensure a supportive culture continues to be provided to staff and that team working is maximised.

In addition, line managers should ensure that staff who are required to wear PPE for prolonged periods during their shift, receive adequate rest breaks, to combat fatigue.

10. COMMUNICATIONS WITH STAFF

There is likely to be a great deal of concern among staff about the potential risks of pandemic or any other emergency situation. The HR/OD Directorate in conjunction with the Trust's Communications Team will be responsible for ensuring the effective communication of all relevant information to managers and staff before and during the outbreak.

Appendix 1 contains Frequently Asked Questions for staff and managers during a pandemic. These FAQs will be kept under review and supplemented as planning progresses.

11. REDUCING THE RISK IN THE WORKPLACE

11.1 Personal Protective Equipment

Relevant front line staff will be fully briefed and trained on the Personal Protective Equipment (PPE) and Managers have the responsibility to ensure PPE is in place.

11.2 Occupational Health and Control of Infection

It is important that staff are protected from acquiring infection from patients and likewise patients are protected from acquiring infection from staff. All staff should be fully aware of the need for good hygiene and infection prevention measures. The Infection Prevention and Control (IPC) Team and Occupational Health Service will work in partnership with the Public Health Agency to offer the most up to date and appropriate advice to concerned staff based on an accurate risk assessment. The advice given will be dependent on the outcome of the risk assessment and may include working as normal while asymptomatic, or monitoring health and contacting NHS 111 (also applicable in Northern Ireland). In some instance, the advice may be to continue to self-isolate and remain off work.

11.3 Training and Awareness of Staff

The provision of effective training and awareness of staff will be provided.

11.4 Health and Safety

Health and Safety representatives will lead on the range of health and safety issues for staff / managers.

11.5 Working Time Directive

There may be a need for staff, if willing, to work longer hours to maintain services. Advice on working hours, night shifts and rest breaks and working time issues is available from the HR Workforce Governance Team.

12. HR/OD DIRECTORATE SUPPORT

The HR/OD Director is involved in Trust level arrangements for emergency planning situations, pandemic situations and business continuity planning.

HR Co-Directors / Strategic HR Business Partners, aligned to directorates, will assist directorates with staff resourcing issues during an emergency situation, at local directorate level and at wider Organisation level through appropriate Trust emergency / pandemic structures. Should an HR Co-Director / Strategic HR Business Partner report sick during an emergency situation another member of staff from the HR/OD Directorate will be allocated to the directorate to provide assistance.

13. PARTNERSHIP WORKING WITH TRADE UNIONS

During an emergency situation, the HR/OD Director and HR Co-Directors and Senior HR Staff will ensure appropriate contact is maintained with Trade Union colleagues, and that a partnership working approach is adopted, for all staffing and work related issues.

14. KEY CONTACTS LEADS / DETAILS OF HR/OD STAFF

A list of HR / OD Key Contacts and Leads are set out in Appendix 3.

Appendix 1: FAQ's



Questions &
Answers.pdf

Appendix 2: NHS Staff Council Statement on COVID-19



NHS Staff Council
Statement on Covid

Appendix 3: List of HR / OD Key Leads and Contacts

Name	Key Area	Contact Details
Joan Peden	Co-Director Lead	[REDACTED] joan.peden@belfasttrust.hscni.net
Catherine Shannon	Co-Director Lead	[REDACTED] catherineP.shannon@belfasttrust.hscni.net
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Elaine Kehelly	Business Partner: Children's Community	[REDACTED] elaine.kehelly@belfasttrust.hscni.net
Alison Kerr	Business Partner: PCSS / Surgery & Specialist	[REDACTED] alison.kerr@belfasttrust.hscni.net
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