



HR POLICIES & PROCEDURES (HR/C15)

BUSINESS CONTINUITY POLICY (Human Resources)

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EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

1.1 This policy supplements the Trust-wide Business Continuity Policy which exists to ensure that the South Central Ambulance Services NHS Foundation Trust (SCAS) is able to continue its functions when business continuity is challenged for any reason, which may have a major impact on the availability of staff to undertake their normal duties; for instance:

- a major increase in demand
- a major incident
- fuel disputes
- widespread illness

1.2 This policy will overwrite all other policies in the event of the above incidents (“this period”), including:

- Recruitment
- Appraisal
- Conduct
- Grievance
- Capability
- Annual leave
- Sickness absence.

1.3 This policy will come into effect following formal communication from the Director of Human Resources.

2. SCOPE

2.1 This policy, which relates to Business Continuity as it impacts on Human Resources issues, will apply to all staff within SCAS except where separate policies state otherwise.

3. EQUALITY STATEMENT

3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

3.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law, length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

3.4 Where there are barriers to understanding; eg, an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the

employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resource Department.

4. POSSIBLE TRIGGERS FOR IMPLEMENTING THIS POLICY

4.1 It is neither feasible nor practical to provide a definitive list of events that would trigger the implementation of this policy; however, for guidance, the following is a list of possible triggers:

- Activation of SCAS' Business Continuity Plan
- Declaration of Resource Escalation Action Plan Level 4.
- Declaration of a major incident
- Absence rate for an Area/Department or the whole Trust is 30% or more¹
- Absence rate for 111/EOC/PTS/SCAS wide or at Area/Directorate level is 30% or more²
- Chief Medical Officer's bulletin via DH to activate the SCAS Pandemic Influenza Contingency Plan.

NB, this list is not exhaustive.

4.2 This policy will be activated following agreement by the Director of HR and the Chief Operating Officer.

4.3 Upon agreement to implement this policy, the Director of Human Resources or their nominated deputy will notify Staff Side of the decision.

4.4 The decision to rescind the provisions of this policy, once the triggers which activated it are over, will be taken by the Director of HR and COO.

5. ANNUAL LEAVE

5.1 It may be necessary to limit annual leave to sustain services. However, from a health and safety point of view, additional pressures on staff due to increased working hours may necessitate time off, so there will not be a blanket ban on leave.

5.2 All requests for annual leave will be considered on their merits.

5.2.1 All pre-booked leave will be allowed unless in extreme exceptional circumstances.

5.2.2 Staff may cancel their pre-booked leave should they wish, especially as there may be restrictions on travel or they may not wish to travel.

5.2.3 Staff may be asked to consider cancelling their pre-booked leave.

5.2.4 If SCAS requires that staff cancel (or don't book) leave *and* they can't take it before the end of the leave year, they will be allowed to carry it over into the next year – which may mean an amount over and above the maximum of 5 days is carried over. The extra amount should be taken within the first 3 months of the next leave year (provided the

¹ SCAS A&E Capacity Plan, December 2007, pg 3.

² SCAS A&E Capacity Plan, December 2007, pg 3.

conditions which triggered the implementation of this policy are over).

5.3 Leave booked without staff obtaining prior approval (in accordance with normal procedures), is unlikely to be granted retrospectively.

5.4 At the point of a major incident or pandemic being declared, staff may have used up all their annual leave but still require time off to rest and recuperate.

5.4.1 In such circumstances, consideration should be given to initially identifying legitimate alternative ways of taking time off work; eg:

- lieu time;
- unpaid leave.

5.4.2 If, for whatever reason, this isn't possible, staff may be allowed to bring forward leave from the next leave year.

5.5 Upon formal communication that normal business has resumed, normal leave provisions will also resume.

6. SICKNESS ABSENCE

6.1 It will be necessary to implement the following sickness absence protocols:

6.1.1 It is imperative that staff are supported throughout this period, through the provision of advice and guidance.

- Staff should **notify** SCAS of their absence using their normal reporting procedures.
- **Self certification** for absences will be extended up to and including 14 days.
- **Welfare checks** for staff will be undertaken by HR to release managers for business continuity.

6.1.2 If there is an outbreak of a virus/bacterium; eg, pandemic flu or legionnaire's, staff who display symptoms of the predominant virus will be sent home and told not to return until fully recovered.

6.2 Staff will be paid under normal sick pay arrangements.

6.3 Upon formal communication that normal business has resumed, normal sickness management procedures will resume:

- Self certification will return to 7 working days
- All absences (in previous 12-month period, except those mentioned in 6.1.2) will be considered when calculating absences for the purposes of managing sickness absence.
- Managers will resume full management of sickness within their departments.

6.4 In the event of a flu pandemic the following provisions apply:

- Any staff infected by the pandemic flu must remain off work to minimise the spread of the new virus, thus contributing to efforts to the prevention of a pandemic.
- Existing management information systems will be used to monitor and manage

absences caused directly by the pandemic.

- Staff who display symptoms of pandemic flu at work should be sent home and advised not to work until fully recovered.
- Absences due to pandemic flu will not be counted towards calculating absences for the purposes of managing sickness absence.
- The reasons for all absences should be established and recorded.

7. TIME OFF TO CARE FOR DEPENDENTS

7.1 Although SCAS has an obligation to maintain service delivery it is imperative that staff are supported throughout any period of increased pressure. It is acknowledged that schools, nurseries and other childcare facilities may close during floods or a flu pandemic. Similarly, other facilities such as day care centres may also close. Such closures will impact on staff with responsibilities for dependents and staff may therefore wish time off to care for their dependents. SCAS aims to deal with such requests in a sensitive and supportive manner.

7.2 The Employment Act 2002 defines dependents as:-

- child;
- spouse/unmarried partner;
- parent;
- related person living in the same household (other than tenant, lodger or boarder);
- any person who reasonably relies on the employee (BUT only in the event of the dependent's illness or injury).

7.2.2 For the purposes of this policy, SCAS acknowledges other important relationships and will add grandparents and siblings to the definition.

7.3 All pre-booked leave, granted in accordance with employment legislation, such as paternity, adoption, maternity and parental leave will be honoured.

7.4 All requests for time off will be considered on their merits. Managers should take into consideration the following when deciding if time off can be granted:

- whether the individual is the sole carer of the dependent;
- the individual's position in the organisation and the effect of their absence on the Team/Department/Directorate/Area/Trust;
- whether the individual works within one of the departments/roles designated as a critical service.

7.4.2 In addition, managers should consider whether the member of staff could be redeployed to accommodate SCAS' needs as well as those of the staff.

7.4.3 In considering whether leave can be granted, other options should be considered. Examples could include:

- Consideration of alternative individual working patterns
- Where staff with carer responsibilities live near to each other, reviewing working pattern to facilitate sharing of those responsibilities

- Consideration of flexible working arrangements, including home working if possible and appropriate. This may depend upon the staff group in question or the specific role undertaken.

7.5 If both carers are employed by SCAS, the period of leave and pay will be split 50/50 or taken as a whole by one employee; ie, two periods of dependents leave will not be granted.

7.6 Any employee is eligible to take emergency time off to make alternative arrangements (or temporarily provide care while more permanent arrangements are made) for care for dependents.

7.7 However, more permanent arrangements come under the provisions of the Flexible Working Policy, under provisions set out in the Employment Rights Act 1996.

7.8 During a flu pandemic *only*, payment for dependents leave – to care for dependents infected with flu – will be for a maximum of 7 days (due to the typical duration of infection of flu).³

7.8.1 For all other reasons, dependents leave entitlements will be in accordance with the existing SCAS policy.

7.9 Upon formal communication that normal business will resume, normal family leave provisions will also resume.

8. TIME OFF FOR PUBLIC DUTIES

8.1 For time off for public duties, there may be a national policy decision to exclude key workers from public duties. If not, SCAS may request that key workers are excluded, depending on service delivery demands.

9. RECRUITMENT

9.1 During such incidents, SCAS has an obligation to maintain service delivery of all critical core functions.

9.1.1 All recruitment activities will be reviewed to ensure recruitment is focused upon critical core functions.

9.1.2 Normal recruitment processes for all non-critical core functions will be suspended.

9.2 Successful Candidates

9.2.1 Candidates who have passed all recruitment processes including pre-employment checks and who have a confirmed start date will commence work as planned. They will be notified by the recruitment team of the implementation of the business continuity plans and the likelihood of their being redeployed and/or not commencing their substantive role in full immediately upon commencement.

9.2.2 Candidates who have passed all recruitment processes including pre-employment

³ Explaining Pandemic Flu: A guide from the CMO, DH, 19 October 2005, pg 15, para 1.1.2

checks but have yet to confirm a start date will be notified that their start date will be deferred until further notice due to the implementation of the business continuity plan.

9.2.3 Candidates who are in mid-recruitment process will be advised that there may be delays to the recruitment process explaining the reasons why and that this may include deferring assessments and/or interviews.

9.3 **Recruitment for critical core functions**

9.3.1 The posts determined as being within a critical core function are:

- State registered paramedics (including ECPs_
- Ambulance Technicians
- Registered general nurses,
- Emergency Care Assistants
- EOC staff (including CSD)
- 111 staff

This list is not exhaustive: other posts may be determined as critical depending on the situation.

9.3.2 If any of these posts is being recruited to at the point of this policy being invoked, the recruitment team will reprioritise their work to focus on continuing the recruitment of these posts with speed and efficiency.

9.3.3 Pre-employment checks must still be processed and no employee will take up an appointment without confirmation from DBS that a check has been completed, returned and reviewed by HR as acceptable for employment.

9.3.4 In accordance with existing protocol, conditional offers should be made to successful applicants subject to completion of all pre-employment checks and it should be made clear that this will not take effect unless and until the checks are successfully completed.

9.3.5 The recruitment teams' liaison with operations and education will determine where best these new staff can effectively and safely work during the implementation of the business continuity plans.

9.4 Upon formal communication that normal business will resume, normal recruitment processes will also resume.

10. **APPRAISALS**

10.1 During such incidents, SCAS has an obligation to maintain service delivery of all critical core functions. With that in mind, consideration should be given to postponement of all non-statutory functions across SCAS for the duration of the period.

10.2 Undertaking appraisals will probably be impractical in light of staff shortages and redeployment of staff, so the dates for performance reviews will need to be amended and interviews postponed.

10.3 Upon formal communication that the normal business has resumed appraisals will be

recommended as early as possible taking into account the needs of the service and the possibility of the business continuity plans being implemented again.

11. DISCIPLINARY, GRIEVANCE AND CAPABILITY PROCEDURES

11.1 All managers will have an obligation to ensure that service delivery is maintained to as high a level as possible: this means that certain duties which are the normal responsibility of managers may not be possible.

11.2 Where an individual is represented by a member of Staff Side, the manager or HR will ensure the representative is kept informed throughout.

11.3 Formal procedures

11.3.1 In the event of a major incident or any event which impacts upon business continuity, some managers may not have the capacity to manage the formal processes within the Disciplinary, Grievance and Capability policies. Managers must discuss with HR, as soon as possible, whether formal processes can be postponed until normal business is resumed. If suspension of processes is agreed, managers should inform the individual concerned, in writing.

11.4 Investigations

11.4.1 If an investigation is underway at the point a major incident is declared, the investigation must be concluded at the earliest opportunity without compromising any processes.

11.4.2 If an investigation is required but has not yet commenced at the point a major incident is declared, discussion between the manager and HR should take place to determine whether it is appropriate to continue. Consideration should be given to sourcing a suitable alternative manager to undertake the investigation where appropriate.

11.4.3 If an investigation cannot take place, managers should inform the individual concerned in writing.

11.5 Hearings

11.5.1 If a hearing has already been arranged, when a major incident is declared; every effort should be made to continue with the formal proceedings.

11.5.2 If, on conclusion of an investigation or further to an incident, formal proceedings are recommended, the appointing manager should liaise with HR to determine whether to go ahead with the hearing.

11.5.3 Consideration should be given to sourcing suitable alternative managers to present and/or hear the case if necessary.

11.6 Suspensions

11.6.1 If a member of staff is on suspension during a major incident, and there is a possibility of delay to the investigation and/or arrangement of a formal hearing, they must be notified in writing as soon as possible explaining the reasons for the delay.

11.6.2 Upon formal communication that normal business has resumed, the management of all

the above activities will return to the manager's remit.

12. REDEPLOYMENT

12.1 Service delivery is likely to change during such a period. In particular, areas of the business, which have been identified as a non-critical core function, may shut down or reduce service delivery; eg, within hospitals or other healthcare centres and surgeries; and consultants' appointments and treatment may be reduced or suspended for non-life threatening conditions.

12.2 It is essential that the delivery of our critical core function (providing 999 and 111 services) continues but, with the likelihood of there being staff shortages, this may prove difficult. To overcome staff shortages, and ensure efficient use of staff in the areas of business which need support, there will be a need to redeploy staff into different roles to help manage the situation.

12.3 Therefore, during this period, staff may be asked to fill gaps in the service which may arise from staff shortages due to sickness or any other reason and to work flexibly, possibly working at different sites, in different roles but always within their skills base and within the boundaries of safety and competence. This document provides the framework for staff regarding all redeployments as a result of the flu pandemic or any other incident affecting business continuity.

12.4 Related procedures

12.4.1 Although, as stated, this policy overrides the policies listed in section 1.2, they will, of course, be consulted in conjunction with it.

12.5 Implementation

12.5.1 In the event of an increase in demand, a major incident or a flu pandemic being declared, redeployment may be considered as a possibility but may not necessarily be required in the early stages of the event/incident or even at all.

12.5.2 Therefore it is important that, where possible, staff are advised in advance if redeployment is necessary and when it will commence.

12.5.3 Any staff who will be considered for redeployment will be notified by their line manager as soon as is reasonably practical. Where possible the line manager will meet with the member of staff to confirm the details of the redeployment;

- location of work
- type of work
- working hours
- manager reporting to

12.5.4 In addition the member of staff will be provided with a copy of this framework and advised of what pay enhancements or claims they may be entitled to, if any, and how they would claim those enhancements.

12.6 Exceptions to existing Terms and Conditions of employment

12.6.1 All other terms and conditions of employment for staff remain the same with the exception of the following.

- Notice period for redeployment: staff will be given as much notice as possible if they are to be redeployed. SCAS will aim to provide a minimum of 7 days' notice. However there may be circumstances that will prevent such notice being given and as such consideration will be given to staffs' individual circumstances regarding the practicalities of the proposed start date for redeployment.
- Payment for additional hours worked; any staff who work additional hours for the direct purpose of maintaining business continuity, further to an increase in demand, a major incident or a flu pandemic, will receive payment equivalent to at least overtime rates of time and a half in accordance with NHS terms and conditions, overtime payments or the normal hourly rate for staff grade 8 and above for whom overtime rates are not applicable.
- Working Time Regulations; it is acknowledged that during a major incident staff will not necessarily fully benefit from the provisions outlined in the Working Time Regulations Policy. SCAS will endeavour to abide by the requirements and spirit of the Working Time Directive; however, where this would or could compromise service delivery or patient care, it may be necessary to adapt the provisions, as highlighted below:
 - staff may have to work more than 48 hours per week calculated over the agreed averaging period
 - staff may have to work more than an average of 8 hours per shift over the reference period
 - staff may have to take fewer than 11 consecutive hours of daily rest
 - staff may have to take fewer than 35 hours of weekly rest (including the 11 hours of daily rest) in each seven-day period and may not receive the equivalent rest period over a 14-day period, either as one 70-hour period or two 35-hour periods.
 - staff may not be able to take their 20-minute rest break when working time is more than six hours

12.6.2 In the case of a Flu pandemic *only*, the reference period for monitoring average working time will be extended to 52 weeks.

12.6.3 Any variations to normal working time arrangements will only remain in place for the duration of the application of this policy.

12.7 Existing Agreements Relating to Terms and Conditions of Employment

12.7.1 The following agreements are already in place. They are, however, pertinent to the deployment of this framework and are, therefore, listed as follows:

- Excess Mileage: staff who have been redeployed to a different work location will be entitled to claim excess mileage at the reserve rate/lease car rate, as appropriate.
- Unforeseen Changes to Agreed Patterns of Working: staff required to change their shift patterns with less than 24 hours' notice will be remunerated in accordance with "Unforeseen Changes to Agreed Patterns of Working", Annex E, NHS National

Terms & Conditions Handbook.

- Passenger Mileage claims: staff who car-share are entitled to claim passenger rates in accordance with Annex L of the NHS National Terms and Conditions Handbook. Claims should be made using the normal procedures.
- On-Call Payments: staff who work on call will receive pay enhancements as per Section 2 of the NHS National Terms and Conditions. Where on-call is limited or very irregular, averaging less than 1 in 12 pay enhancements will be in accordance with SCAS' local agreement, 'On-Call Payments', Section 2, National Terms and Conditions Handbook.

1 Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: **Business Continuity Policy**

Officer completing assessment: **Judy Macdonald**

Telephone: **01869 365055**

1. What is the main purpose of the strategy, function or policy?
To give clear guidance of procedures to be followed in the event of a major incident affecting the ability to carry on the organisation's business in one or more locations.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
How normal working practices will be modified in the event of a major incident affecting business to the extent that this policy needs to be implemented.
3. Who will be the main beneficiaries of the strategy/function/policy?
It will apply to all SCAS staff but especially operational and control staff with indirect effect on support staff.
1. Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	N/A	N/A	
	Men	N/A	N/A	
RACE	Asian or Asian British People	N/A	Yes	Non-native English speakers may have difficulty understanding the procedure.
	Black or Black British People	N/A	Yes	Non-native English speakers may have difficulty understanding the procedure.
	Chinese People and other people	N/A	Yes	Non-native English speakers may have difficulty understanding the procedure.
	People of Mixed Race	N/A	Yes	Non-native English speakers may have difficulty understanding the procedure.
	White (inc Irish) people	N/A	N/A	Non-native English speakers may have difficulty understanding the procedure.
Disabled People		N/A	Yes	Non-native English speakers may have difficulty understanding the procedure.
Lesbians, gay men and bisexuals		N/A	N/A	
Transgender		N/A	N/A	
AGE	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	N/A	N/A	
Faith Groups		N/A	N/A	
Equal Opportunities and/or improved relations		N/A	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	X	
Intended		X
Level of Impact	High	Low
		X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
By using clear and simple language.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
By the fact that it exists and applies to all employees, it has been written with all equality and diversity measures in mind.		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: <u>Judy Macdonald (Corporate HR Adviser)</u>		
Date:.....		

Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Business Continuity Policy

Officer completing assessment: Judy Macdonald

Telephone: 01869 365055

Part A

- Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

- Summarise the likely negative impacts:-

The usual difficulties with understanding relating to language problems and/or learning

disabilities. No perceived issues relating to other groups; actively addresses some

- Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	

Equality Target Groups	Summary of consultation planned or taken place
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:

Name:

Date:

EQIA ACTION PLAN

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments
Difficulties of understanding	Plain English, simple language		During drafting	Built into process	
Ditto	Managers to support staff to understand		In use, ongoing	Shouldn't be any.	

Please continue on another sheet if you need to.