



Business continuity

Sherwood Forest Hospitals NHS Foundation Trust

31 October 2024

2425/SFHFT/XX

Final draft report

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Distribution

Name, Job Title	For action	For information
Rachel Eddie, Chief Operating Officer	✓	
Sally Brook Shanahan, Director of Corporate Affairs	✓	
Mark Stone, Emergency Planning Officer	✓	
Donna Bates, Emergency Planning Support Officer	✓	

The report has also been shared with the organisation's standard distribution list for internal audit reports.

Introduction and background

NHS England has developed Core Standards for Emergency Preparedness, Resilience and Response (EPRR). On an annual basis, organisations are required to complete a self-assessment against each of the Standards.

For 2023, the Trust self-assessed at a ‘partial compliance’ rating overall; it self-assessed as fully compliant against six out of the 10 Standards in the business continuity domain, and partially compliant against the remaining four (Standard 46 – business impact analysis/assessment (BIA), Standard 47 – business continuity plans (BCP), Standard 50 – Business Continuity Management Systems (BCMS) monitoring and evaluation, and Standard 51 – business continuity audit). At the time of our review, the Trust was finalising its EPRR Core Standards submission for 2024, self-assessing as substantial.

In August 2024, NHSE set out its programme of mandated business continuity tests. NHS organisations need to work together to plan, exercise and report on their capabilities within 7 themes, which are to be undertaken in turn on a yearly basis from October 2024. In response to this NHSE programme of mandated business continuity tests, the Trust advised us that these are going to be added to the annual workplan for the Resilience Assurance Committee (RAC).

Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management. The risk matrix we use, along with definitions of different opinion levels, is available on [our website](#). We consider elements of governance, risk management, control and culture in compliance with PSIAS and findings have been categorised in accordance with this.

Audit objective

The overall aim of our review was to provide an independent assurance opinion in respect of the Trust’s business continuity arrangements.

Audit opinion

<p>Significant assurance</p>	<p>There is a generally sound framework of governance, risk management and control designed to meet the objectives of the system under review, and controls are generally being applied consistently.</p> <p>Our opinion is limited to the controls examined and samples tested as part of this review.</p>
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Summary findings and actions

The Trust has a Business Continuity Policy, Emergency Planning Policy and Business Continuity Management System (BCMS) in place.

Roles and responsibilities of individuals are clearly set out in key documents, and there is a clear governance structure in place supporting business continuity which is operating effectively overall, with reporting via the Resilience Assurance Committee (RAC) which reports upwards to the Risk Committee. This is supplemented by reporting to Board level via the annual EPRR report and Risk Committee quadrant reporting into the Audit and Assurance Committee.

At the time of our review, the Trust is in the process of implementing a new template for its business continuity plans. We have reviewed the template, confirming that it aligns with the NHSE business continuity toolkit. The Trust has provided two early draft BC plans which include a business impact analysis (BIA). We have seen that these align with the new template.

Through discussion with the Trust, we have been advised that business continuity tests are carried out on a tabletop thematic basis. We have been provided examples of post exercise reports, confirming that these are carried out around themes. Learning is also captured through post incident reports which are overseen through RAC.

Summary of actions

	High	Medium	Low	Advisory	Total
Proposed actions	0	3	3	0	6
Agreed	0	3	3	0	6

Follow up

Individual actions agreed in this report will be followed up via our online action tracking system, Pentana. Action owners are responsible for ensuring actions are completed by the agreed implementation dates and for providing relevant supporting evidence.

The expected evidence required to demonstrate implementation is included in the report. It is possible that alternative evidence may be provided by the Trust; we will assess whether alternative evidence addresses the risk identified.

Actions not completed by their agreed date are regularly reported to the Audit and Assurance Committee and impact on the organisation’s Head of Internal Audit Opinion.

Supporting documentation review

The Trust has the following policies in place which are relevant to the business continuity framework:

- Business Continuity Policy (BC policy)
- Emergency Planning Policy (EP policy)
- Business Continuity Management System Framework (BCMS Framework).

Documentation availability

Both the Business Continuity Policy and the Emergency Planning Policy are available on the Trust's intranet and the public-facing website within the 'Business Continuity and Emergency Planning' section in the 'Policies and Procedures' area of the intranet and public website.

Through discussion with the Trust's Emergency Planning Officer, we have been advised that the BCMS will be posted onto the Trust's intranet and public-facing website when training on the BCMS is completed across the organisation.

Documentation review and approval

We reviewed the latest versions of the policies available from the intranet and public-facing website, confirming the approval and review dates. The policies were approved by the Resilience Assurance Committee (RAC). Both policies are due to be ratified by the Board in November 2024.

The versions of the policies available are due for review in June 2025.

Roles and responsibilities

Individual roles and responsibilities

Through review of the key Trust policies and BCMS Framework, we have seen that the following key roles and responsibilities are defined:

- Accountable Emergency Officer (AEO) – confirmed from review of documentation that the AEO role sits with the Chief Operating Officer
- Operational leads – confirmed that the BC Policy and the BCMS detail the roles of the operational leads, covering the divisional lead responsibilities for the oversight, production, and maintenance of plans and action cards in their area

- Service level leads – outlined in the BC Policy that Heads of Service, and Ward and Departmental Managers will have input in the development of BC plans and action cards
- Emergency Planning and Business Continuity Officer – the responsibilities of the role are clearly defined within the BC Policy.

Strategic oversight – Board and Risk Committee

Board

The EPRR Core Standards state that ‘The AEO must provide reports to the public board on EPRR activity no less frequently than annually and must publicly state its readiness and preparedness activities in annual reports within the organisation’s own regulatory reporting requirements’.

We have seen through review of Board papers for November 2023 that the Board received an annual report detailing the position against the EPRR core standards, including aspects covering business continuity, in line with expectations detailed in the Core Standards.

Risk Committee

The Trust’s BC Policy outlines the responsibilities of the Risk Committee to approve the BC Policy, ensure that business continuity is appropriately resourced, managed, and embedded and receive an annual Resilience Assurance Report.

Through review of Risk Committee papers, we have confirmed that the Committee received an annual report from RAC in November 2023. This preceded the current arrangement for monthly quadrant reports to be reported to the Risk Committee, which started from May 2024 onwards.

Risk Committee reports into the Audit and Assurance Committee (AAC) through quadrant reports. Whilst the reporting mechanism provides a basis for reporting to AAC, we have not seen any business continuity escalations from Risk Committee to AAC between July and September 2024.

1 Strategic oversight of business continuity (governance issue)

Finding:

Through review of the Risk Committee’s Terms of Reference, we have not seen that it outlines the roles and responsibilities of the Committee in relation to business continuity. The Business Continuity Policy outlines the roles and responsibilities of the Committee, however, these are not reflected in the Terms of Reference.

1 Strategic oversight of business continuity (governance issue)	
<p>The Risk Committee receives regular monthly quadrant reports from the Resilience Assurance Committee (RAC) detailing key information from RAC. Previously, the Risk Committee received twice yearly reports. The Risk Committee work plan that we have reviewed does not reflect the updated process for reporting from RAC to the Risk Committee.</p> <p>At present, there is not routine reporting on business continuity at Board Committee level, resulting in minimal oversight from Non-Executive Directors; at some organisations, responsibility for this is included within the audit committee’s Terms of Reference.</p>	
<p>Risk:</p> <p>If the strategic oversight of business continuity is not clearly defined and operating, the Trust will not have regular independent oversight of the business continuity framework taking place.</p>	<p>Medium</p> <p>(Impact x likelihood)</p> <p>3 x 3</p>
<p>Action 1.1:</p> <p>The Trust to update the Terms of Reference for the Risk Committee to clearly outline the Committee’s role and responsibilities concerning business continuity in line with the expectations detailed in the Business Continuity Policy.</p>	<p>Responsible officer: Sally Brook Shanahan, Director of Corporate Affairs</p> <p>Implementation by date: 31 March 2025</p>
<p>Action 1.2:</p> <p>The Trust to update the Risk Committee work plan to ensure it aligns with the current reporting arrangements from the Resilience Assurance Committee.</p>	<p>Responsible officer: Sally Brook Shanahan, Director of Corporate Affairs</p> <p>Implementation by date: 31 March 2025</p>
<p>Action 1.3:</p> <p>To provide for Non-Executive Director scrutiny, the Trust to review whether the Audit and Assurance Committee should have a role in relation to oversight of EPRR and business continuity and Terms of Reference to be updated accordingly.</p>	<p>Responsible officer: Sally Brook Shanahan, Director of Corporate Affairs</p> <p>Implementation by date: 31 March 2025</p>

1 Strategic oversight of business continuity (governance issue)

Evidence required to demonstrate implementation of action:

- Action 1.1 – updated Terms of Reference for Risk Committee.
- Action 1.2 – updated Risk Committee work plan.
- Action 1.3 – confirmation of amended reporting arrangements for business continuity and, if appropriate, updated and approved Audit and Assurance Committee Terms of Reference.

Management response: Agreed.

Operational oversight – Resilience Assurance Committee

The Trust’s Resilience Assurance Committee has operational-level oversight of arrangements defined in the Civil Contingencies Act (2004) and the EPRR Standards. The Committee meets monthly, reporting to the Risk Committee. The meeting is chaired by the Chief Operating Officer, with the Deputy Chief Operating Officer acting as deputy chair. We confirmed from the Terms of Reference that the quoracy/attendance requirements, responsibilities, and communication links were all appropriate.

We observed the meeting held on 25 July 2024, noting that the meeting was quorate. We noted that some items on the work plan were not covered (see [finding 3](#) – these were areas that appeared operational). The input from divisional representatives was limited in the meeting, with input primarily being from the Deputy Chief Operating Officer as the Chair and the Emergency Planning Officer.

We confirmed that monthly escalation quadrant reports were reported to the Risk Committee during the period tested, including an annual report in November 2023 as per the work plan (see [finding 1](#) regarding the Risk Committee work plan).

We have confirmed that an ongoing attendance log is maintained which is included as part of the meeting paper packs.

2 Resilience Assurance Committee quorum (governance issue)

Finding:

We reviewed papers and minutes of the Resilience Assurance Committee between May 2023 and June 2024 to confirm meeting quoracy. We identified that two of the 11 meetings were not quorate:

2 Resilience Assurance Committee quorum (governance issue)	
<ul style="list-style-type: none"> 28 March 2024 – Meeting was missing representation from one division (Surgery Division) 18 April 2024 – Meeting was missing representation from one division (Women and Children’s Division). <p>Through review of minutes, we have not seen confirmation in minutes that the meetings were quorate, including confirmation if agenda items were required to be deferred or stood down.</p>	
<p>Risk:</p> <p>If meetings of the Resilience Assurance Committee are not quorate, there is a risk that key individuals will not be involved in oversight of business continuity and wider resilience arrangements, impacting on the effectiveness of the Trust’s response to business continuity incidents.</p>	<p>Low</p> <p>(Impact x likelihood)</p> <p>2 x 2</p>
<p>Action 2.1:</p> <p>The Trust to document within Resilience Assurance Committee minutes if the meeting was not quorate, including noting within the minutes if agenda items have to be deferred due to meetings not being quorate.</p>	<p>Responsible by officer: Mark Stone, Emergency Planning Officer</p> <p><i>Supported by Donna Bates, Emergency Planning Support Officer</i></p> <p>Implementation by date: 31 October 2024</p>
<p>Evidence required to demonstrate implementation of action:</p> <ul style="list-style-type: none"> Action 2.1 – evidence of Resilience Assurance Committee minutes which detail confirmation of quorum checks having taken place and, if applicable, record deferred items. 	
<p>Management response: Agreed.</p>	

3 Resilience Assurance Committee work plan (governance issue)

Finding:

We have reviewed the work plan for the Resilience Assurance Committee against the papers from May 2023 to June 2024. We have seen that the work plan includes a number of items that appear to be operational in nature:

Emergency Planning		
Complete Review of Actions from 2023 CSSA and prepare 2024 submission	Complete	Emergency Planning Officer
Complete Review of EMAS CBRN audit complete any outstanding actions	Complete	Emergency Planning Officer
Progress Mass Notification System with DSG	Progress	Emergency Planning Officer
Carry Out Radio and Battery Checks	Conduct	Emergency Planning Officer
Update Silver and Gold On-call Lists	Update	Emergency Planning Officer
Review Stock and Serviceability of Radio Pagers	Review	EPO/Estates Lead
Conduct Stock and Serviceability Check on Mobiles at NWK	Review	Emergency Planning Officer
Review Community/ National Risk Register and Escalate to Risk Committee any Appropriate Concerns	Review	Emergency Planning Officer
Arrange for Ramgene Calibration	Arrange	Emergency Planning Officer
Arrange for PRPS Suit Servicing	Arrange	Emergency Planning Officer
Arrange CBRN Equipment Service	Arrange	Emergency Planning Officer
Arrange Decon Tent Service	Arrange	Emergency Planning Officer

We have been advised by the Emergency Planning Officer that these items would not constitute papers being brought to the Committee, rather they are a checklist of items to be completed as part of the Emergency Planning Officer role.

Risk:

If the work plan for the Resilience Assurance Committee also includes operational tasks, the work plan will not be reflective of the expected papers and updates to be presented to the Committee which could impact on the effectiveness of the Committee.

Low
(Impact x likelihood)
3 x 2

Action 3.1:

The Trust to separate out the work plan for the Resilience Assurance Committee into the papers/updates to be presented to the Committee and the operational tasks expected to be carried out for emergency planning.

Responsible officer:
Mark Stone, Emergency Planning Officer
Implementation by date:

3 Resilience Assurance Committee work plan (governance issue)	
	31 January 2025
<p>Evidence required to demonstrate implementation of action:</p> <ul style="list-style-type: none"> Action 3.1 – updated Resilience Assurance Committee work plan which reflects items expected to be presented to the Committee, and not operational checks to be carried out by the Emergency Planning Officer. 	
<p>Management response: Agreed. The Trust is looking to review the work plan going forwards to ensure that criteria for reporting to RAC are being more clearly defined.</p>	

Service level business continuity plans

Availability of plans

All the Trust’s business continuity plans and action cards are available from the Business Continuity section of the intranet. We were advised by the Emergency Planning Officer that hard copies of plans are held in locations within the relevant divisions, along with the Emergency Planning Officer retaining copies of all plans within the Duty Nurse Manager’s Room and the Incident Control Centre.

Business continuity plan template

The Trust has recently developed a new template for its business continuity plans. We reviewed the Trust’s business continuity plan template against the guidance from the NHS England Business Continuity Toolkit, confirming that the template aligns with the requirements of NHS England.

At the time of review, Divisions are developing plans in the new template. We were provided with two draft business continuity plans developed using the Trust’s new template for the Urgent and Emergency Care Division and Women and Children’s Division. Through reviewing the plans against the Trust template, we have confirmed that the plans are mostly consistent with the template. The draft templates provided were missing some appendices detailed in the Trust template, however, the Emergency Planning Officer has outlined that not all plans will require all the appendices detailed in the template to be included, for example, in instances where divisions are following Trust-wide lockdown procedures.

The Deputy Chief Operating Officer has set a deadline for new plans to be provided by Divisions in line with the updated Trust template by 17

October 2024. Furthermore, the Emergency Planning Officer has established a sub-group of RAC, which is responsible for oversight of the delivery of updated plans.

Business impact analysis template

The Trust has recently introduced a new business impact analysis (BIA) template. We have been provided with examples of BIAs that have been completed in line with the new template for the following areas:

- Antenatal Clinical and Pregnancy Day Care (Women and Children's Division)
- Acute Medicine – Discharge Lounge (Urgent and Emergency Care Division)

Through review of the BIAs provided, we have confirmed that they align to the Trust's template document.

Testing of business continuity plans

The Trust utilises a thematic tabletop approach to testing of business continuity arrangements rather than testing all plans. We have seen an example of a post exercise report for 'Exercise Rasher', outlining the outcome of testing in the event of a regional and national outbreak of measles. We have seen that the Trust is currently in the process of reporting the post exercise report for its recent 'Exercise Trident' through RAC and Risk Committee. The exercise included participation from across the Trust in multiple scenarios to test its plans to respond to a variety of incidents.

The approach taken by the Trust is consistent with the EPRR core standard for business continuity, requiring that organisations should carry out at least an annual tabletop exercise.

Learning from business continuity incidents

The Trust's Business Continuity Policy outlines that monitoring and learning from incidents is through the incident debrief process, with debriefs expected to always take place following an incident. Through discussion with the Emergency Planning Officer, we were advised that the Trust utilises post incident reports, with actions shared and monitored through the Resilience Assurance Committee to facilitate learning from incidents.

We reviewed evidence of post incident reporting for the following incidents, taken from the incident register provided by the Emergency Planning Officer:

Incident	Date of incident	Comments
Flooding in ED, PC24, Minors and entrance to Ward 25	12 June 2023	Post incident report provided.
Water ingress – multiple areas	20 – 21 October 2023	Post incident report provided.
IT incident, Rhapsody system not working	29 – 30 November 2023	No post incident report provided. The Trust has advised that due to internal pressures as a result of NHS industrial action, debrief report was not produced for this incident.

For the two incidents that had post incident reports (PIRs), we confirmed that they were reported to the RAC for oversight. We have seen that all actions included on the PIR for the November 2023 IT incident were recorded on the RAC action tracker, and implementation was monitored throughout subsequent meetings.

We have seen that post incident and exercise reports are monitored through RAC and subsequent escalation to Risk Committee as part of routine quadrant reports.

4 Learning from incidents (control issue)	
<p>Finding:</p> <p>Through review of the post incident reports for two incidents from the Trust’s Incident Register, we identified that actions are recorded on the reports. However, the actions recorded are not SMART. For one of the incidents reviewed (Water ingress – multiple areas (October 2023)), we have not seen that actions from the incident were recorded on the action tracker for the Resilience Assurance Committee.</p> <p>The Trust does not have a template for debriefing reports.</p> <p>The Trust has advised that the NHS England regional team is developing a model to allow for a consistent approach to reporting following incidents, with the Trust expected to follow future guidance from NHSE.</p>	
<p>Risk:</p> <p>If the Trust does not have a consistent approach to debriefing and learning following a business continuity incident, actions may not be deployed consistently, and learning may not be shared effectively within the organisation impacting on the effectiveness of the Trust’s response to business continuity incidents.</p>	<p>Low</p> <p>(Impact x likelihood)</p> <p>2 x 3</p>

4 Learning from incidents (control issue)

Action 4.1:

The Trust to implement a template for business continuity incident debrief reports and debrief action tracking to ensure consistent post incident reporting and SMART actions, in line with future guidance from the NHSE regional team. Updated post incident reports should be overseen through the governance structure for business continuity.

Responsible officer:

Mark Stone, Emergency Planning Officer

Implementation by date:

31 Mach 2025

Evidence required to demonstrate implementation of action:

- Action 4.1 – example of a template for business continuity debrief reports and an example of a debrief report aligned with the template, as well as an example action tracker, including processes for reporting through RAC and/or Risk Committee.

Management response: Agreed.

Scope area	Audit testing
Policy review	We reviewed the Trust's Business Continuity Policy, Emergency Planning Policy, and its recently developed BCMS Framework, to establish the control framework for business continuity at the Trust.
Roles and responsibilities	<p>We:</p> <ul style="list-style-type: none"> • established via review of relevant documents and by inquiry whether roles and responsibilities of key individuals for oversight of the business continuity framework are clearly defined and operating effectively. • reviewed relevant reports presented to the Board and relevant assurance committees to ensure appropriate Board-level oversight. • evaluated the scope of work and effectiveness of the Resilience Assurance Committee, through review of papers and minutes and through observation of one meeting.
Service level business continuity plans	At the time of review, the Trust is implementing a new business continuity plan template which aligns with the template from the NHS England Business Continuity Toolkit. We have been able to test two draft plans in the new Trust template. We tested the Trust's business continuity plan template against the NHSE guidance, confirming that it is consistent. We have sought to understand the process for testing of current plans, confirming if they are accessible to staff.
Learning from business continuity incidents	We evaluated how the Trust identified and disseminated lessons learnt from business continuity incidents via review of a sample of recent incidents which impacted the Trust's ability to deliver core services.
<p><i>Limitations of scope:</i> The scope of our work was limited to the areas identified in the agreed Terms of Reference. This review has not replicated the EPRR Core Standards assurance process. Our review excluded business continuity arrangements in relation to the Trust's informatics service and its arrangements in relation to 'cyber security'. Our review of IT systems was limited to the extent to which loss of IT systems has been considered as part of business impact assessments. We have not tested whether approved business continuity plans comply with the Trust template as, at the time of our review, no approved plans had been produced using the new template, we have reviewed two draft plans against the new Trust template. We have commented on the template plan having compared it to the template from the NHS England Business Continuity Toolkit.</p>	

Risk matrix and opinion levels

Risks contained within this report have been assessed using a standard 5x5 risk matrix. The score has been determined by consideration of the impact the risk may have, and its likelihood of occurrence, in relation to the system’s objectives. The two scores have then been multiplied in order to identify the risk classification of low, medium, high or extreme.

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

Our risk matrix and audit opinions are available to view in full on [our website](#).

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