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	YES	NO	N/A
			x

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Review Date	January 2024
Sponsor (Position)	Chief Operating Officer
Author (Position & Name)	Mark Stone - Emergency Planning & Business Continuity Officer
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Emergency Planning
Position of Person able to provide Further Guidance/Information	Emergency Planning & Business Continuity Officer
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
N/A		N/A

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1.0 INTRODUCTION

1.1 Sherwood Forest Hospitals NHS Foundation Trust is a Category 1 responder under the Civil Contingencies Act (2004) and as such, there is a requirement to create and publish Business Continuity Plans. To comply with the Act, the Trust needs to be able to demonstrate that an effective Business Continuity Management System (BCMS) has been established and embedded across the organisation. All plans are to be produced in accordance with the NHS England Business Continuity Toolkit, which aligns with the ISO22301 standard, and need to be exercised and reviewed regularly.

1.2 Business Continuity plans will therefore be created to define the response to all identified threats contained within the Nottingham and Nottinghamshire Local Resilience Forum Risk Register, the Trust's Risk Register and any potential threats identified at a service/ward level.

1.3 The plans will be designed initially to minimise and control harm arising from the identified risk. Thereafter, the plans will assist in the return to normal activity as soon as possible.

1.4 Where appropriate, the plans should be compiled in conjunction with partner agencies and other Category 1 responders.

1.5 The process of ensuring Business Continuity will include:

➢ Assessment of risk based on knowledge of the organisation and the likely threats to it,

➢ An assessment of the impact those risks would have should they materialise.

➢ Development of plans to mitigate the adverse effects of the identified risk,

➢ Training and Education of staff in the plans,

➢ Regular testing, maintenance and review of the plans.

1.6 This Policy should be read in conjunction with the following Trust Policies and Procedures;

- **Risk Management and Assurance Policy**
- **Emergency Planning Policy**
- **Incident Response Plan (2022)**
- **SFH Business Continuity Management Framework**

2.0 POLICY STATEMENT

2.1 The Trust will so far as is reasonably practicable fulfil its obligations under the Civil Contingencies Act (2004) to enable it to respond effectively to threats and disruptions to the organisations ability to perform its critical functions. The Trust will also comply as far as is reasonably practicable with all statutory requirements concerning Business Continuity.

2.2   The Trust will develop, maintain and test its Business Continuity plans to ensure they are fit for purpose and provide an effective response to any event, internal or external, which threatens the continuity of care offered by the Trust.

2.3   The Trust will ensure that appropriate structures and resources are made available to support the delivery and implementation of this policy.

2.4   The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origin, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

2.5   An equality impact assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the diversity and inclusivity committee. The score of this policy when assessed by the tool on 21st August 2023 was rated as **'low'.**

3.0 SCOPE AND OBJECTIVES

Scope

3.1   This policy applies to all critical activities and functions carried out by Trust in delivery of its services.

3.2   The policy will apply to all sites which form part of Sherwood Forest Hospitals NHSFT

3.3   The policy will apply to Trust services and those provided by third parties across each site

3.4   The policy will not apply to any agency, or building located on any of its sites, which are not involved in the delivery of services which SFH is commissioned to deliver.

Objectives

3.5   To identify critical functions which if interrupted would have a detrimental effect on patient care, Trust reputation and Trust finances.

3.6   To provide a framework for critical functions to be able to continue during periods of disruption

3.6   To provide SFH staff with a structure for developing plans based on Business Impact Assessments and Risk Assessments.

3.7   To provide assurance to commissioners and external partners that SFH has robust planning arrangements in place in order to continue to deliver its key services during disruptions of any foreseeable nature.

4.0 RESOURCE REQUIREMENTS

4.1   The Trust is committed to ensuring sufficient resources in terms of staff and equipment are available in order to ensure its Business Continuity Management System is robust. The Accountable Emergency Officer will provide an annual update to the Board in this respect.

5.0 DEFINITIONS/ ABBREVIATIONS

5.1   **Trust**: *means the Sherwood Forest Hospitals NHS Foundation Trust.*

5.2   **Staff:** *means all employees of the trust including those managed by a third party organisation on behalf of the Trust.*

5.3   **Category 1 Responder:** as defined in the Civil Contingencies Act 2004**,** *Category 1 Responders are those emergency services which are likely to be at the forefront of the response, such as Health, Police and Fire and Rescue, Category 2 responders are those organisations whose role is likely to be supportive such as transport or the utilities.*

5.4   **Business Continuity Management System (BCMS)** is defined as "a *holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities*". *(The Business Continuity Institute (BCI) "Good Practice Guidelines, Global Edition, 2013)*

6.0 ROLES AND RESPONSIBILITIES

6.1   The Chief Executive

The Chief Executive has overall accountability for Business Continuity Management across the organisation including compliance and adherence to the requirements of legislation and guidance.

As part of this accountability the Chief Executive will;

- Implement effective management structures and processes to ensure compliance with this policy and delivery of the required compliance outputs
- Seek assurance that the organisation has robust Business Continuity plans in place (response and recovery) to respond to identified events which could impact on safety and service delivery
- Ensure that the Board of Directors are regularly updated with BCMS performance and matters of escalation.

Whilst the Chief Executive accepts overall accountability for the delivery of this policy, the operational day to day delivery has been delegated to the Chief Operating Officer, who will act on their behalf, as the Trust's Accountable Emergency Officer (AEO).

6.2 Chief Operating Officer (AEO and Chair of the Resilience Assurance Committee)

The Chief Operating Officer is responsible for the operational delivery of all roles and responsibilities delegated to him/her by the Chief Executive; and for the escalation of issues to the Trust Management Board that have arisen from the Resilience Assurance Committee. The COO will identify, monitor and arrange appropriate resources to ensure BCM procedures are embedded across the organisation.

The COO will also ensure partner agencies are updated with accurate and timely submission of situation reports, signed off by the appropriate Executive lead.

6.3 Risk Committee

The Risk Committee will;

- Ensure that the Business Continuity Management System is appropriately resourced, managed and embedded within the culture of the organisation
- Receive an annual Resilience Assurance Report detailing the organisation's preparedness in relation to all aspects of Emergency Planning and Business Continuity management and compliance.
- Act as a point of escalation for any risks or concerns regarding the BCMS and its implementation.

6.4 The Emergency Planning and Business Continuity Officer

The Emergency Planning and Business Continuity Officer is responsible for the day- to- day management of the Trust BCMS.

Specifically he/she will be responsible for:
- Ensuring all critical functions have a business continuity plan in place
- To ensure the plans are readily accessible by key stakeholders during any incident
- To arrange an annual programme of testing divisional and service-line BCP's
- Carry out training on producing BCP's
- Provide advice and guidance to service leads on all matters relating to the BCMS
- Report to the Risk Committee any concerns in respect of Trust preparedness for BC incidents.

6.5 Divisional Clinical Directors, Divisional General Managers, Corporate Service and Contracted Function Managers

Divisional Clinical Directors, Divisional General Managers, Heads of Nursing, Corporate and Contracted Service Managers will;

- nominate a senior manager to act as the Divisional Lead for Business Continuity who will lead and oversee the production and implementation of local business continuity plans across the Division.
- ensure that Business Continuity compliance is reviewed regularly at the Divisional Governance meetings to ensure agreed plans are being delivered and key performance indicators met.
- in March each year, produce and agree with the Resilience Working Group an annual work plan for the production, testing and review of Business Continuity plans. Delivery of these work plans will be monitored by the Resilience Working Group on a six-monthly basis.

6.6 Divisional Leads for Business Continuity

Divisional Leads for Business Continuity will;

- Oversees the production, maintenance and validation of their area plans and action cards in accordance with Trust policy and procedures
- attend the Trust's internally run training programme on developing Business Continuity Plans (BCM02) and subsequent refresher programme every 18 months.
- as part of the Business Continuity Plan; ensure each area undertakes a Business Impact Analysis and Risk Assessments in accordance with the guidance contained in this policy and the BCMS Framework Document.
- Identify local leads (where necessary) to assist in the development of local plans and action cards.
- Undertake an annual audit of the Divisions level of Business Continuity preparedness.
- Oversee and ensure staff participation in mandated training and exercises
- Oversee learning and improvement from Business Continuity exercises and incidents; and where relevant, reflect these in local plans and action cards
- Ensure that staff attend BC-related training, as set out in the Trust's Training Needs Analysis.

6.8 Heads of Service, Ward and Departmental Managers

Heads of Service, Ward and Departmental Managers will;

- Have input to the development of local Business Continuity plans and action cards
- Through documented local induction, ensure that all staff have a detailed working understanding of local business continuity plans and their individual / collective roles and responsibilities.
-

- Facilitate the Communications cascade to all staff.
- Be proactive in determining/assessing risks to business continuity and reflect these in local risk registers with appropriate escalation via the agreed risk management processes.
- Share and disseminate plans as part of local induction and ongoing staff update training.
- Complete training module (BCM02) and subsequent refresher programme every 18 months.

6.9 All Staff

Staff play a vital role in Business Continuity planning and delivery.

Staff should;
- be aware of your role in any Business Continuity incident / event.
- be familiar with local Business Continuity plans and action cards.
- report any deficiencies in Business Continuity provision or arrangements.
- attend Business Continuity training provided commensurate with their role.
- participate fully in all Business Continuity exercises and provide feedback.
- have an understanding of local Business Continuity risks and the actions in place to mitigate them.
- undertake Business Continuity Training (BCM02) on an annual basis.

6.9.1 Resilience Assurance Committee (RAC)

The Resilience Assurance Committee will oversee all aspects of BCM and compliance. In fulfilling this function, the RAC will;

- provide a focus for all Business Continuity activity
- produce an annual work plan detailing all Business Continuity activity.
- develop key performance indicators based upon the agreed terms of reference and work plan outputs
- receive the annual Divisional Business Continuity work plans to ensure quality and consistency with Policy and the RAC work plan outcomes
- oversee training delivery plans
- oversee and respond to changes in the Nottingham and Nottinghamshire Local Resilience Forum Risk Register and Trust Risk Register relating to BC requirements.
- escalate concerns to appropriate Committees for review and action in accordance with Trust Risk Management Policies and processes.
- complete annual training to support their role on an annual basis.

7.0 APPROVAL

7.1 This Policy has been presented to the following:

Contributors	Method	Timings (Dates Consulted)
NHS England (Midlands Region)	E-mail to NHS Futures	September 2023
Resilience Assurance Committee	Face to Face/Email	January 2023

8.0 DOCUMENT REQUIREMENTS

The aim of this Policy is to provide an understanding of the requirements of Business Continuity planning to enable the production of robust plans detailing the actions and arrangements that will be taken to mitigate the impact of foreseeable events that services could adversely impact on service provision.

The process centres around; a business impact assessment which identifies both generic and service specific impacts which need to be prioritised and encapsulated in local and trust wide business continuity plans.

8.1 Trust Wide Business Continuity Plans

Support functions such as Estates and Facilities, HR and ICT, in addition to their own local Business Continuity Plans, will also develop Trust wide infrastructure focused business continuity response plans to ensure prompt correction of the fault / issue in order for the Trust to revert back to normal operation. These plans will often run in addition to Local Business Continuity Plans across the Trust.

8.2 Local Business Continuity Plans

Through the Business Impact Assessment areas will identify a range of hazards where loss of provision will / could adversely impact on service delivery.

Whilst the list of hazards will vary from one location to the next; they will fall into either generic (common to all areas) or specific to the location (service specific hazards).

8.2.1 Generic Hazards

- Loss of Utilities (including water, electricity, gas and drainage)
- Infrastructure failures (Heating, Cooling, Fire Alarm, Access Control)
- ICT System (Network, Information systems, Telecommunications failure / loss)
- Delay or Loss in Internal / External Supply (for example, food, consumables, linen)

- Staff Shortage (Influenza, Infectious Disease, Industrial action)
- Evacuation (triggered by Fire, Bomb Threat, Flood etc.)

8.2.2 Service Specific Hazards

- Ventilation Failure in critical areas (Theatres, Pharmacy Production etc.)
- Spillage / exposure from hazardous substances / materials
- Radiation sources
- Service critical equipment failures (e.g. CT Scanner, ophthalmic microscopes,
- Scavenging, piped medical gases and suction etc.)

8.3 Stakeholders

8.3.1 There are multiple stakeholders with an interest in the BCMS, these include:
   a) All patients of SFH
   b) SFH staff and contractors
   c) Divisional/Service leads
   d) Board of Directors
   e) Integrated Care Boards
   f) NHS England/NHS Improvement

8.4 Guidance

The quality of your local plans will be dependent on care taken to identify potential threats and hazards (Business Impact Assessment).

This requires a full and accurate assessment of activities as it will enable services to assess the threats and therefore form the basis of a risk assessment and mitigating contingency plans.

The Forms provided in **Appendix 1** (Business Impact Analysis and Risk Assessment) will help to identify the critical services and equipment required to deliver the described activity.

A generic list is pre-populated on the forms, however there may be additional ones that apply only to specific areas. These must all be included on the form.

The form format will then guide you through the factors that need to be considered or described in order to define the impacts of the specified loss in provision / failure. It is important to consider the unusual causes and consequential causes: for example, loss of mains failure may be mitigated by local equipment UPS (Uninterruptable Power Supply) but this will only last so long and is dependent on battery condition, servicing and maintenance. The effectiveness of the UPS as a control needs to be considered along with an understanding of what you would do if this failed.

The thought process applied needs to consider all impacts. For example; whilst the obvious impact of a telecommunications failure will cause the loss of telephone communications it could

also impact on the bleep system as well as the ability to communicate with other areas. Different options to cope with the failure may be needed to be considered for each consequence.

Once you have considered and documented the failures that could impact on service delivery (generic and specific) the next step is to identify the alternative actions or systems available to eliminate or mitigate the loss, and assessing their potential effectiveness in maintaining the ability to deliver critical functions

For each consequence, it is necessary to develop ways of minimising the impact. They may appear to be simple, but they must also be robust and practical. For example, if heating is lost in winter, the use of extra blankets may form part of your mitigation. It is important however to check and confirm that the source for extra blankets is identified and is sufficient to ensure supply (particularly as other areas may also be seeking extra blankets as well).

It is also important that roles are identified to undertake these actions. For example, it may be appropriate for a Ward Manager to ring the Duty Nurse Manager and ask for assistance, but a porter could go for blankets.

Once the potential mitigations are defined the formwork provides a second risk assessment score to assess the impact of the mitigation (controls) on the initial risk score. This will indicate if the proposed mitigations effectively manage the risk.

If the assessment is that the risk is satisfactorily contained, you should proceed to the next stage, if not, you should look for further ways to reduce it, seeking advice if required.

Completion of the form confirms that all risks described are managed / mitigated. If identified risks cannot be satisfactorily mitigated, they should be reported and escalated through the Trust Risk Management process and structures.

The completed forms will provide a series of Action Cards / Contingency Plans to respond to specific risks at local level. It is important that the contents of the action cards are shared with staff at local induction and ongoing in service training and exercises.

These separate action cards plans should also be drawn together into the Department/Ward/Service Area Business Continuity Plan. The Plan should follow a prescribed standard format, provided in **Appendix 5**. This is to ensure that local procedures within the Trust take a consistent approach.

Once in place and trained it is important the plans remain fit for purpose, are updated and quality assured. This will be undertaken through learning from enaction of plans in real incidents and/or as part of incident drills and exercises. The Resilience Assurance Committee will ensure that incidents which result in plans being activated are reviewed and lessons learned and reflected in plan amendments and improvements. The process of BC planning is cyclic with each cycle leading to ongoing refinement and improvement of plans based on experience and learning.

Plans should always be reviewed;

    a)   annually

    b)   if a new piece of equipment, or system is introduced

    c)   if an incident has occurred

    d)   following an exercise

9.0   MONITORING COMPLIANCE AND EFFECTIVENESS

The Trust will monitor its Business Continuity Management System through a set of key performance Indicators, listed below:

1) The service has a detailed BC Plan to take account of (as a minimum) the effect the following likely disruptions would have on its critical functions;
   a) Utilities Failure
   b) Denial of Access
   c) Staff Shortage
   d) Infrastructure Failure
   e) Supply Chain Disruption
   f) IT Failure
   g) Service Specific Breakdown
2) The plans been tested
3) The plans are up to date
4) The plans have been written by a staff member trained on producing BC Plans

The review and testing schedule will be captured in and monitored through the Resilience Assurance Committee Annual Workplan

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Effectiveness of the Procedure	Author, Ward / Service, Dept Managers, EPO, Resilience Assurance Committee	Formal Review on a 3 year basis in line with Trust Risk Assessment and in line with local / national guidance	Every three years	Author, Resilience Assurance Committee, Board Risk Committee

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with the KPI's	Author, Ward / Service, Dept Managers, EPO, Resilience Assurance Committee	Bi-monthly RAC meetings update. Six monthly RAC performance report to the Risk Committee. Annual EPRR Core Standards Self- Assessment	6-monthly and annually	EPO RAC Risk Committee External Partners (ICB/NHSE&I) 360 Assurance
Monitoring Incidents and Learning	EPO, Resilience Assurance Committee, Board Risk Committee	Activity within the Incident De-brief process and in line with the Procedure	Every three years, or after any serious incidents	Emergency Planning Officer reporting to the Resilience Assurance Committee

10.0 TRAINING AND IMPLEMENTATION

10.1 Annual training in Business Continuity Planning and Business Continuity Plan review will be provided by the Emergency Planning Department which all nominated BC Leads and appropriate staff will be required to attend.

10.2 A record of any training will be made and sent to the Training, Education & Development Department.

10.3 Following approval, this Policy will be made available to:

➢ All Trust staff via the Intranet.
➢ Emailed to RAC members.
➢ Emailed to Departmental Managers.
➢ Emailed Managers of Contracted Functions.

11.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix One
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix Two

12.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

12.1 Civil Contingencies Act
12.2 Health and Social Care Act
12.3 NHS England EPRR Framework Guidance

Related SFHFT Documents:
12.4 SFH – Incident Response Plan
12.5 SFH – Corporate Risk Register
12.6 Risk Management and Assurance Policy

13.0 APPENDICES

13.1 APPENDIX ONE - EQUALITY IMPACT ASSESSMENT FORM (EQIA)
13.2 APPENDIX TWO – ENVIRONMENTAL IMPACT ASSESSMENT
13.3 APPENDIX THREE – BUSINESS IMPACT ANALYSIS
13.4 APPENDIX FOUR - RISK ASSESSMENT TEMPLATE
13.5 APPENDIX FIVE - RISK ASSESSMENT MATRIX
13.6 APPRNDIX SIX - BUSINESS CONTINUITY ACTION CARD

13. 1 APPENDICES

APPENDIX ONE – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Emergency Planning Policy			
New or existing service/policy/procedure: Existing Policy			
Date of Assessment: 21st August 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Not Applicable	None
Gender	None	Not Applicable	None
Age	None	Not Applicable	None
Religion	None	Not Applicable	None
Disability	None	Not Applicable	None
Sexuality	None	Not Applicable	None
Pregnancy and Maternity	None	Not Applicable	None

Gender Reassignment	None	Not Applicable	None
Marriage and Civil Partnership	None	Not Applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not Applicable	None

What consultation with protected characteristic groups including patient groups have you carried out?
None

What data or information did you use in support of this EqIA?
None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
No

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment:
Mark Stone – Emergency Planning Officer

Signature:
Mark Stone

Date:
21st August 2023

13.2 APPENDIX TWO – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	N/A
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	N/A
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	N/A
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	N/A

Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	N/A
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	N/A

13.3 Appendix 3: - Business Impact Analysis

"BIA is a process for identifying, quantifying and qualifying the impacts on a service of a loss, interruption or disruption of a critical activity and it's supporting processes and resources". **(BS NHS 25999-2:2009, Part 2: Specification)**

Business Impact Analysis (BIAV.FEB16)

Name of Division/Service:		Enter Name of Division/Service Area					
Operational Requirements	**Hazards Identified**	**Internal/External Dependencies**	**Minimum Service Requirements**	**Time period for recovery of minimal service requirements**	**Recovery Resources Required**	**Maximum Tolerable Period of Disruption before normal service must be resumed**	**Recovery Time Objective**
What critical functions are associated with service delivery.	*What could go wrong with critical functions*	*This column should identify all internal and/or external dependencies relevant to the Critical Risk Activity. This should also include suppliers and outsourced partners.*	*This column should identify the minimum service level at which each Critical Risk Activity needs to be performed.*	*This column should identify the time period for the recovery of the minimum service requirements identified in the previous column.*	*This column should detail the estimated resources required to assist with the recovery of the Critical Risk Activity.*	*This column should detail the maximum tolerable period of disruption for each Critical Risk Activity by identifying the maximum time period after the start of a disruption within which each activity needs to be resumed*	*This column should identify the time period for the resumption of Critical Risk Activities within their maximum tolerable period of disruption*
Utilities	Loss of water, electricity gas or drainage.						
Infrastructure	Loss of heating, cooling, fire alarm, access control.						
ICT Systems	Loss of network, information systems, telecoms.						

Supply Chain	Delay or loss of internal/external supply (e.g. food, consumables, linen)					
Staff	Loss of staff due to infectious disease, industrial action, adverse weather.					
Evacuation	Loss of access to work area as a result of Fire, Flood, Bomb Threat					
Service Specific Requirement	Detailed as required					

13.4 Appendix Four : - Risk Assessment Template

Risk Area		Critical Impact of Hazard	Initial RAG Assessment			Risk Reduction Contingencies / Controls already in place	Actions	Timescale	Revised RAG Assessment		
Operational Requirements	Hazards Identified		Impact	Likelihood	Score				Impact	Likelihood	Score
Utilities	Loss of water, electricity gas or drainage										
Infrastructure	Loss of heating, cooling, fire alarm, access control										
ICT Systems	Loss of Network information systems, telecoms.										
Supply Chain	Delay loss of internal/external supply (e.g. Food, consumables, linen)										
Staff	Loss of staff due to infectious disease, industrial action, adverse weather.										

Evacuation	Loss of access to work area as a result of Fire, Flood, Bomb Threat.										
Service Specific Requirements	Detailed as required.										

13.5 Appendix Five:- Risk Assessment Matrix

In terms of assessing business continuity risks, the Trust has adopted the following risk categorisations:

Risk type	Consequence score and descriptor with examples				
	Very low **1**	**Low** **2**	**Moderate** **3**	**High** **4**	**Very high** **5**
a. Patient harm or **b. Staff harm** or **c. Public harm**	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort.	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid). e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or 3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.	Multiple fatal injuries or terminal illnesses. e.g.: Major incident casualties. Multiple missed cancer diagnoses. Outbreak of serious infectious disease.
d. Services	Disruption to peripheral aspects of service affecting one or more services.	Disruption to essential aspects of service affecting one or more services.	Temporary service closure affecting one or more services or disruption to services across multiple divisions.	Extended service closure affecting one or more services or prolonged disruption to services across multiple divisions.	Hospital or site closure.
e. Reputation / regulatory action	Minimal reduction in public, commissioner and regulator confidence. e.g.: Concerns expressed / small number of complaints received.	Minor, short term reduction in public, commissioner and regulator confidence. e.g.: Recommendations for improvement. Multiple complaints received.	Significant, medium term reduction in public, commissioner and regulator confidence. e.g.: Improvement / warning notice. Independent review. Adverse local media coverage.	Widespread reduction in public, commissioner and regulator confidence. e.g.: Prohibition notice. Sustained adverse national / social media coverage.	Widespread loss of public, commissioner and regulator confidence. e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention.
f. Finances	Adverse financial impact but not sufficient to affect the achievement annual budgets for any service / department.	Adverse financial impact affecting the ability of one or more services / departments to operate within their budget in the current year.	Adverse financial impact affecting the ability of one or more divisions to achieve their financial control total in the current year.	Adverse financial impact affecting the ability of the organisation to achieve its financial control total in the current year.	Adverse financial impact affecting the long-term financial sustainability of the organisation.

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	Likelihood score and descriptor with examples				
	Very unlikely 1	**Unlikely 2**	**Possible 3**	**Somewhat likely 4**	**Very likely 5**
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Risk scoring matrix						
Consequence	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Likelihood				

Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)

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13. 6 Appendix Six:-
Business Continuity Action Card
Standardised Trust Format for All BCM Action Cards

Title:
Department / Area Covered:
Specific Failure / Hazard: ***to which the action card relates***
Date of Issue:
Review Date;
Author:

- Risk
  Describe the risk.
  Will the risk impact on patient safety, staff safety, damage to the infrastructure or disruption to day to day operations?

- Communication
  Who to contact in the event of the risk materializing? i.e. Switchboard, Security, Estates etc. (Remember to include specific contact numbers)

- Action
  What action do we need to take to affect an appropriate response? E.g. Evacuate the building, turn off all power, shut windows and doors, responsibility for patient safety etc.
  Ensure that your actions follow a logical sequence and that they do not compromise the Health, Safety & Welfare of staff, patients and visitors.

- Recovery
  Describe the actions that would be undertaken to ensure that normal services are resumed as soon as possible. These actions will differ for every type of situation e.g. if there has been major structural damage then it would be unlikely that you would be able to go back into the building. An incident debrief should also be included as part of these actions.

Notes:

When the plan has been finalised and agreed by the Division / Corporate function to which it relates, an educational plan should be agreed. This will vary from area to area but should ensure that all members of staff are familiar with its contents.

Thereafter, the plan should be tested, and lessons learned used to refine and improve the plan. The Action Card must include Author and Review details.