

POLICY

Reference	Business Continuity Policy (BCP0519)		
Approving Body	Board of Directors		
Date Approved	November 2023		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
			X
Issue Date	July 2024		
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Summary of Changes from Previous Version	Updating to incorporate consultation document, and inclusion of Business Continuity Plan checklist		
Supersedes	Version 6		
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Date of Completion of Equality Impact Assessment	25 th June 2024		
Date of Environmental Impact Assessment (if applicable)	25 th June 2024		
Legal and/or Accreditation Implications	Civil Contingencies Act 2004 Health and Social Care Act 2012 NHS EPRR Core Standards NHSE EPRR Framework		
Target Audience	All service leads, Business Support Managers, Resilience Assurance Committee, EPRR leads		
Review Date	June 2025		
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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APPENDICES

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CONSULTATION

The plan has been circulated internally to all divisional, department and corporate leads at all three Trust hospital sites.

The following Collaborative Planning Form outlines the external organisations with whom the plan has been shared and any comments received.

Collaborative Planning Form

Purpose: To evidence that plans and arrangements have been developed in collaboration with relevant stakeholders, including, where appropriate, emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.

Title of policy/plan: Business Continuity Policy

Date of review: June 2024

Issued for collaboration (date): 5th July 2024

Partners consulted:

Organisation	Consulted Yes/No	Comments Received Yes/No	Comments included in policy/plan Y/N Including detail
NHSE Region	Y	Y	
Notts ICB	Y	Y	
NUH	Y		
EMAS	Y		
Bassetlaw	Y		
Notts Healthcare	Y		
NEMS	Y		
Notts CityCare	Y		
Police	N		
Fire Service	N		

Date of next review: June 2025

1.0 INTRODUCTION

- 1.1 Sherwood Forest Hospitals NHS Foundation Trust (SFH) 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. SFH is an Acute Trust which operates from three sites:
- King's Mill Hospital in Sutton-in-Ashfield
 - Newark General Hospital and Urgent Treatment Centre
 - Mansfield Community Hospital

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. As part of the Trust commitment to align its BCMS with recognised standards it will adopt the NHS England Business Continuity Toolkit, which aligns with the ISO22301 standard.

- 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. Plans will need to be exercised and reviewed regularly.
- 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:
- A continued process of Risk Assessment based on knowledge of the organisation and the likely threats to it.
 - An assessment of the impact those risks would have should they materialise, including longer term risks, such as climate change.
 - 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.
 - Regular independent audit of the BCMS, with follow up report to the Board.
- 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**
 - **SFH Business Continuity Management Framework**

2.0 POLICY STATEMENT

- 2.1 The Trust is committed to 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 the 1st July 2024 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, as listed in section 1.1
- 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.

- 3.7 To provide SFH staff with a structure for developing plans based on Business Impact Assessments and Risk Assessments.
- 3.8 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. Funding for the EPRR/BCMS resources is provided within the overall budget of the Chief Operating Officer (AEO).

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;

- Recommend the Business Continuity Policy, for approval by the Board.
- Ensure that the Business Continuity Management System is appropriately resourced, managed and embedded within the culture of the organisation.
- Receive a regular update reports from the Resilience Assurance Committee 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, Directors 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.
- Annually produce and agree with the Resilience Assurance Committee a work plan for the updating, testing and review of Business Continuity plans.
- Update RAC regularly in respect of the plan review process and any risks/escalations.

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. The training schedule will be included in the Annual Workplan and regularly reviewed by the Resilience Assurance Committee. All training is captured and recorded on the Trust electronic training records log.
- 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.

6.7 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.

6.8 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.

6.8.1 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 approved at the following:

Group	Date
Resilience Assurance Committee	25 th July 2024
Risk Committee	13 th August 2023
Public Board	November 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 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.)

Such threats should be captured on the relevant divisional or corporate risk register.

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

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 **Appendices 3 & 4** (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 will 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 7**. 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 enactment 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
- e) in order to capture learning

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) A Business Impact Analysis has been carried out using the required Trust template (Appendix 3).
- 3) A Risk Assessment has been completed with clear mitigations outlined (see Appendix 4). Risk scores should aim to comply with the Trust target risk scores, as follows:

Risk Type	Risk Appetite	Target Risk
Patient Harm	Minimal	Low
Public Harm	Minimal	Low
Staff Harm	Minimal	Low
Services	Cautious	Medium
Reputation/Regulatory Action	Cautious	Medium
Finances	Cautious	Medium

- 4) Workable, easy to use Action Cards have been developed.as per Appendix 6.
- 5) Properly structured BC Plans have been produced, in line with the BC Toolkit and which align to ISO22301(see Appendix 7)
- 6) 20% of the plans been tested annually.
- 7) 95% of the plans are up to date at any time of review.
- 8) 100% of the plans have been written by a staff member trained on producing BC Plans.
- 9) The Trust will aim for an overall target 90% compliance rate for all areas in all of the foregoing points.
- 10)This will be regularly subject to independent audit, minimally every three years.

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 BCMS	Author, Ward / Service, Dept Managers, EPO, Resilience Assurance Committee	Annual review and report to Risk Committee followed independent formal audit every 3 years	Review annually and audit every three years	Author, Resilience Assurance Committee, Risk Committee 360 Assurance
Compliance with the KPI's	Author, Ward / Service, Dept Managers, EPO, Resilience Assurance Committee	Monthly RAC meetings update. Regular update reports into Risk Committee. Annual EPRR Core Standards Self-Assessment	6-monthly and annually	EPO RAC Risk Committee External Partners (ICB/NHSE) 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. Reports every six months to NHSE.	Six monthly, 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. Training will be recorded on the Trust electronic register.
- 10.2 A record of any training will be made and sent to the Training, Education & Development Department.
- 10.3 Following approval, the Emergency Planning Team will make this Policy 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

- Civil Contingencies Act 2004
- NHS Act
- Health and Care Act 2022
- NHS EPRR Framework (Guidance)
- ISO 22301

Related SFHFT Documents:

SFH – Incident Response Plan
SFH – Corporate Risk Register
Risk Management and Assurance Policy
Emergency Planning Policy
BCMS Framework Document

12.0 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
- 13.7 APPENDIX SEVEN - BC PLAN CHECKLIST

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: 24th June 2024			
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:			
<i>Mark Stone</i>			
Date:			
24 th June 2024			

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	N/A
Nuisances	<ul style="list-style-type: none"> 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

1. Service Details

Purpose: to gather basic details about your service

Directorate		Service Manager	Claire Haywood
Service/ Team/ Function		Manager responsible for BC	
Does service support MI response		Contact Information	

2. Impact Assessment

Purpose: to assess how quickly an incident disrupting your service would damage the hospital and your Service.

Nursing Team Shortages (-50%)		Impact Guide	
		1	Insignificant cost increase/schedule slippage, unsatisfactory patient experience not directly related to patient care, locally resolved complaint, short term low staffing level, temporarily reduces service quality (< 1 day), Small loss <£1,000, Minor non-compliance with standards, Rumours
4 hrs	1	2	<5% over budget/schedule slippage, Minor injury or illness requiring first aid treatment, Increase in length of stay 1-3 days, unsatisfactory patient experience, Justified complaint peripheral to clinical care, reduces service quality, Loss <£5,000, Non-compliance with standards, Local Media interest. Minor effect on staff morale
8 hrs	1	3	5-10% over budget/schedule slippage, Mismanagement of patient care, short term effects, in crease in length of stay (< than a week), Justified complaint involving lack of appropriate care, Loss < £100,000, Local Media – long term. Significant effect on staff morale

24 hrs	2
48 hours +	3
Your Service Priority is	Low
Your Recovery Time Objective is	24 hours

4	10-25% over budget/schedule slippage, Serious mismanagement of patient care, long term effects, in crease in length of stay (> than a week), Justified multiple complaints, Loss < £500,000, Enforcement action, Low rating, Non-compliance with core standards, National Media < 3 days
5	25% over budget/schedule slippage, Death or permanent incapacity, Totally unsatisfactory patient outcome or experience, Multiple claims or single major claim, Loss > £500,000, Prosecution, Zero rating, Severely Critical Report, National Media > 3 days. MP concern (Question in House)

3. Resources Purpose: to determine what your service needs to recover after an incident

Function	Resources					Dependents/Notes/Critical Periods
	Inputs from	Outputs to	Support Services	Management Services	IT Systems	

Staff Breakdown				
Role/Type	Usual Number		Specific Requirements of role	

Key Partners and Contractors				
Organisation Name	Impact of Failure	Time Needed	BCP Seen	Test Evidence

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.

	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)	

13.6 Appendix Six:-

Business Continuity Action Card Standardised Trust Format for All BCM Action Cards

Title:
Department / Area Covered:
Specific Failure / Hazard: <i>to which the action card relates</i>
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.

13.7 Appendix 7:- Business Continuity Plan Checklist

Cover Document

- Name of Trust
- Name of Document and Logo.

Plan Administration and Maintenance

- Version control and distribution list
- Security classification
- Document author and business continuity accountable officer
- Review date and schedule
- Exercising and testing schedule
- Plan approval and distribution information
- Planned review of BC Plan should be documented for audit and assurance purposes.

Introduction

- Aim of the plan
- Objectives of the plan
- Scope of the plan
- List of legal and regulatory requirements for BC as well as associated guidance
- Key plans linked to the business continuity plan

Roles and Responsibilities within the Plan

- Identification of key roles and responsibilities within the plan (include who has authority to invoke the procedures)
- Individual responsibilities and authorities of team members.
- Prompts for immediate action any specific decisions the team may need to make e.g. activating an alternative site.

Business Impact Analysis and Risk Assessment Outputs

- BC risk assessment and treatment
- Prioritised activities including Recovery Time Objective (RTO) / Maximum Tolerable Period of Disruption (MTPoD)
- Resource requirements for priority services
 - People
 - Premises
 - Technology
 - Information
 - Supplies

Plan Activation

- What are the triggers for activation/standby with appropriate incident response levels
- Activation procedures including implementation procedures i.e. invocation of continuity solutions and team mobilisation structures.
- Escalation procedures
- Stand down procedures
- There should be a relationship between business continuity plans and the organisations incident plans. This is because if a business continuity incident occurred that lead to a critical incident there would only be one level of command and control.

Incident Response

- Incident response procedures/command and control
- Incident response structure (incident response teams and single points of contact)
- A relationship between both the BC plan and incident response plan should be considered e.g. if a BC incident occurred that leads to a critical incident there would only be one level of command and control.
- Action Cards (may be in an annex of the plan)
- Incident Coordination Centre facilities (primary and backup)
- Logging of decision making
- Decision support checklists

Recovery

- BC and recovery strategies
- Debrief/post incident reports/action plans

Communications

- Internal and external comms procedures
- Procedures for warning and informing public
- Info sharing procedures aligned to IG standards
- Media management

Annexes

- Reference to Business Impact Analysis
- Contact directory (Internal and External)
- Internal and external interdependencies
- Reporting tools (e.g. sitrep template)
- Template meeting agenda/s
- Action cards
- Any mutual aid agreement