Mersey Care NHS
NHS Foundation Trust

TRUST-WIDE POLICY DOCUMENT

BUSINESS CONTINUITY POLICY

Policy Number:	**SA44**
Scope of this Document:	**All Staff**
Recommending Committee:	**EPRR Working Group**
Approving Committee:	**Executive Committee**
Date Ratified:	**April 2016**
Next Review Date (by):	**April 2019**
Version Number:	**Version 0.4**
Lead Executive Director:	**Executive Director of Nursing**
Lead Author(s):	**Head of Risk and Resilience**

TRUST-WIDE POLICY DOCUMENT

Version 2

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE POLICY DOCUMENT

BUSINESS CONTINUITY POLICY

Further information about this document:

Document name	**Business Continuity Policy SA44**
Document summary	**The Business Continuity Policy outlines how the Business Continuity Management System Programme will be introduced and implemented across the Trust**
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To be read in conjunction with	**Mersey Care NHS Foundation Trust Major Incident Plan (SA31) Mersey Care NHS Foundation Trust Business Continuity Strategy (SA45)**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

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Version 0.1	Jayne Bridge Head of Risk and EPRR	10 March 2016
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Version 0.5	Acquisition Steering Group	June 2016
Version 2	Acquisition Steering Group	August 2016

SUPPORTING STATEMENT

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;

- knowing how to deal with a disclosure or allegation of child/adult abuse;

- undertaking training as appropriate for their role and keeping themselves updated;

- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;

- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;

- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);

- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;

- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

1. PURPOSE AND RATIONALE

1.1 The NHS Emergency Preparedness, Resilience and Response (EPRR) Framework 2015 and Core Standards 2015 for EPRR, require providers of NHS funded care to have suitable, in date, proportionate Business Continuity Plans in place, which detail how the Trust will maintain critical services during a disruptive event.

1.2 Mersey Care NHS Trust places a great emphasis on its ability to plan for, manage and recover from an incident that could disrupt its ongoing service delivery at key locations and across the Trust. This policy and the underpinning activities have the full commitment and endorsement of the Executive Board.

1.3 Our Business Continuity process has been developed utilising best practice and in line with the International Standards Trust (ISO) 22301 ''Societal Security – Business Continuity Management Systems – Requirements'' and the supporting guidance 22313 respectively. This process includes the establishment of a Business Continuity Management System that ensures our plans are reviewed and remain current, staff receive appropriate training and regular exercising, focusing upon continual improvement.

1.4 Our Business Continuity Management System will enable the Trust to prepare appropriately, respond collectively and recover effectively from any service disruptions in the future.

1.5 This policy is underpinned by a strategy and a delivery programme, articulating the scope and process that will be undertaken to establish and embed Business Continuity into the culture of the Trust.

1.6 The Chief Executive and EPRR working group are committed to ensuring that effective Business Continuity arrangements are developed to maintain and recover business critical activities and processes as quickly as possible, thereby minimising the impacts to service delivery, patients and interested parties.

2. STRATEGY STATEMENT

2.1 The Board of Directors at Mersey Care NHS Foundation Trust is committed to having in place robust business continuity systems and processes that reduce the possibility of interruption to our clinical and support services, or should such interruption occur, minimises the impact on our services users, their carers, our staff and the wider community we serve enabling the organisation to return to routine operations as soon as possible.

2.2 In line with statutory duties and contractual requirements, this Business Continuity Strategy and Policy outlines the roles and responsibilities for staff across the organisation to oversee and implement these business continuity responsibilities. It also provides a framework for the development of plans to prevent and / or minimise the impact of incidents that may disrupt our ability to provide clinical and support services, in line with Mersey Care's overall strategic object of delivering perfect care.

3. OUTCOME FOCUSED AIMS AND OBJECTIVES

3.1 **Aim -** To ensure that Mersey Care NHS Trust has in place, an effective Business Continuity Management System, to ensure that critical services are maintained during disruptions and recovery is achieved as quickly as possible.

3.2 **Objectives -** The objectives of the Trust's policy are to:

    (a)   Define the scope and limitations.

    (b)   Confirm roles and responsibilities.

    (c)   Outline the process required to develop an effective Business Continuity Management System.

4. SCOPE

4.1 The Policy sets out the framework within which the Trust will work to develop our Business Continuity capabilities. The framework is predicated upon the recognised standards of ISO 22301and 22313 respectively.

4.2 The Business Continuity policy applies to all Trust locations, operations and staff (temporary or permanent). All staff will be made aware of the policy, and appropriate training provided for those with specific input or duties arising.

4.3 All individuals involved in the delivery of services on behalf of the Trust shall be made aware of precautions and actions that they must take to underpin the achievement of the organisational aim and in preparation for, or during any period of disruption.

4.4 Activities out of scope include:

    (a)   Generic and specific major incident plans. These are the subject of separate documentation and are reviewed and exercised on a regular basis and are audited by Mersey Internal Audit Agency, NHS England and Clinical Commissioning Groups (CCGs) respectively.

    (b)   Incidents, where the effect falls below the Trust's business continuity 'threshold", which can be dealt with using local Standard Operating Procedures

    (c)   (SOPs).

    (d)   Detailed development of technical disaster recovery plans.

    (d)   The Trust will be informed by the standards set out in ISO 22301/22313.

5   DEFINITIONS

The following BC definitions are used in relation to business continuity and are found within ISO 22301/22313:

5.1   **Audit** – Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

5.2   **Business Continuity Policy** - The key document that sets out the scope and governance of the BCMS Programme and reflects the reasons why it is being implemented.

5.3   **Business Continuity (BC)** - is the capability of the organisation to continue delivery of products or services at acceptable predefined levels following disruptive incident.

5.4   **Business Continuity Management (BCM)** - 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 that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

5.5   **Business Continuity Management System (BCMS)** - The part of the organisations' overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity (may include organisational structure, policies, planning activities, responsibilities, procedures, processes, resources and records).

5.6   **Business Continuity Plan (BCP)** – Documented procedures that guide organisations to respond, recover, resume and restore to a pre-defined level of operation following disruption (This typically covers resources, services and activities required to ensure the continuity of critical business functions).

5.7   **Business Continuity Strategy** – An approach by an organisation that will ensure its recovery and continuity in the face of a disaster or other outage. Plans and methodologies are determined by the organisations' strategy. There may be more than one solution to fulfill an organisational strategy.

5.8   **Business Continuity Lead** – An individual who is responsible for directing the development of the business continuity plan within their divisional area of the business.

5.9   **EPRR/Business Continuity Group** – A group responsible for: maintenance and recovery of business operations following a business disruption; and subsequent resumption and restoration of those operations.

5.10   **Disaster** - A situation resultant from an uncontrolled major incident, where an organisations' Business Continuity Management System has ineffectively anticipated, prepared and responded.

5.11   **ICT** - 'Information & Communications Technology' is the electronic infrastructure upon which the organisation relies to administer the process in the modern age (e.g. Computers, Internet, Social Media, Landline & Mobile Telephones, etc.).

5.12 **Incident** - A situation that might be, or could lead to a disruption, loss, emergency or crisis.

5.13 **Interested Party (Stakeholder) -** A person or organization that can affect, be affected by, or perceive themselves to be affected by a decision or activity. This can be an individual or group that has an interest in any decision or activity of an organisation.

5.14 **Major Incident Plan (MIP)** – A clearly defined and documented plan of action for use at the time of an incident, typically covering the key personnel, resources, services and actions necessary to manage the incident.

5.15 **Prioritised Activities** - Activities to which priority must be given following an incident in order to mitigate impacts (terms in common use to describe activities within this group include: critical, essential, vital, urgent and key).

6 DUTIES

6.1 The ultimate responsibility for Business Continuity rests with the Chief Executive. However, compliance is the responsibility of all our employees, therefore a prerequisite of employment that all personnel follow relevant Trust procedures and work instructions.

6.2 Identified staff will be allocated Business Continuity roles and responsibilities, where appropriate.

6.2.1 Chief Executive - is responsible for endorsing the policy, inspiring a positive approach to Business Continuity issues through the Executive Team. The Chief Executive is ultimately responsible for the Business Continuity Management System and will therefore:

    (a) Provide strategic leadership.

    (b) Ensure strategic commitment of resources.

    (c) Provide annual updates to the Board through the Executive Director of Nursing.

6.2.2 Executive Director of Nursing - shall endorse, communicate, and actively implement the Business Continuity requirements across the Trust and will therefore:

    (a) Ensure that resources are made available to support the development of the Business Continuity Management System.

    (b) Nominate an appropriate representative plus a deputy to conduct related activities on behalf of their respective Division.

    (c) Cascade relevant messages internally within respective Divisions and departments, where appropriate.

    (d) Receive updates, as appropriate.

6.2.3 Executive Director of Finance - is responsible for working capital, cash flow, and payments to ensure that suppliers do not withdraw services/facilities through non-

payment resulting in risks to business continuity.

6.2.4 Directors - are responsible for the overseeing activities in relation to frontline service delivery and invocation of Business Continuity arrangements, if an incident was to occur that impacted upon the ability to provide these services. Directors are to ensure appropriate time, resources and commitment are invested into Business Continuity planning, exercises and raising the level of business continuity awareness within operational personnel.

6.2.5 The Head of Risk and EPRR – is responsible for liaising with any external specialist support to oversee that Business Continuity conforms to all prescribed requirements, and for ensuring that top management are periodically apprised of performance. The Head of Risk and EPRR will:

(a) Lead the Business Continuity Management System and related activities on a daily basis, e.g. document development, training and exercising.

(b) Identify training requirements.

(c) Develop and disseminate templates, where appropriate.

(d) Monitor progress against the Programme schedule.

(e) Maintain a record of all Programme related activities.

(f) Ensure compliance with best practice and guidance.

(g) Provide quarterly updates to the Executive Director of Nursing.

(h) Raise quality assurance issues with relevant role holders.

(i) Develop and maintain a central repository, including the filing of documentation in a central computer drive location.

(j) Audit and ensure plans and arrangements are updated on an annual basis.

(k) Communicate audit results to the Trust interested parties via existing governance arrangements on an annual basis.

6.2.6 Operational Managers - Operational Managers will be responsible for participating in the Programme and producing local plans. They will be responsible for managing local internal communications and for implementing the response to disruptive operational incidents.

6.2.7 Selected Operational Managers will be referred to as Business Continuity Leads (BCLs) and will:

(a) Attend meetings of the Emergency Preparedness Resilience Response/Business Continuity Working Group.

(b) Attend an initial Business Continuity training workshop.

(c) Complete any associated questionnaires and assessment documentation.

(d)   Identify and assist with the implementation control measures to minimise any risks identified.

(e)   Raise awareness within their respective areas of work.

(f)   Provide advice on service interruptions through a process of risk assessments, impact analysis and resource implications.

(g)   Attend and facilitate internal exercises to test plans.

(h)   Liaise and work in support of the Head of Risk and EPRR.

(i)   Write, review and update the local business continuity plans.

(j)   Circulate business continuity plans for consultation, internally and externally, as appropriate.

6.2.8   The EPRR/Business Continuity Working Group - will be responsible supporting the Head of Risk and EPRR in the delivery of the Programme across the Trust. The Group will dovetail into the existing Trust governance arrangements and adopt the same reporting and accountability requirements. The Group may need to establish sub groups to manage the scale of representation and numbers of areas requiring input, or to focus upon particular bespoke time bound pieces of work.

6.2.9   Communications – will be responsible for producing (or overseeing) external communications and media statements resultant from an incident.

6.2.10   Estates – will be responsible for the management of physical fabric of the buildings and the safety/suitability of mechanical and electrical aspects, such as; Fire risk assessment/precautions/responses, Gas-safe (boilers), Portable/Fixed electrical checks, Water storage systems, access control, etc.

6.2.11   Organisational Effectiveness and Learning Team (OE&L) – will be responsible for coordinating training to enable staff to achieve appropriate levels of competency and for ensuring adequate training records are maintained.

6.2.12   All Staff and 3rd Parties - All personnel have some role to play, either in the management and potential invocation of plans, or just through adherence to procedures, due diligence, and precautions in areas of risk. Staff and 3rd party representatives may be required to cooperate and participate in:

(a)   The implementation of the Business Continuity Programme, where appropriate.

(b)   Training and exercises, where appropriate.

6.2.13   Audit(s) – Divisional leads will be responsible for planning internal audits, in liaison with the Head of Risk and EPRR. The audits will sample and critically examine the Business Continuity arrangements and records to test compliance against the recognised standards, and highlight potential weakness and opportunity for improvement.

7 PROCESS

7.1 The Trust will develop a Business Continuity Management System that is fit for purpose and will be informed by the standards of ISO 22301/22313, inclusive of applicable statutory and legislative devices, national guidance and best practice.

7.2 The Business Continuity Management System Programme is broken down into 5 phases, including:

(a) Phase 1 – Establishing the Programme.

(b) Phase 2 - Context and Understanding the Business.

(c) Phase 3 – Leadership and Planning.

(d) Phase 4 – Support and Operations.

(e) Phase 5 – Evaluation and Improvement.

7.2.1 Figure 1, provides an illustration of how the approach will seek to transform the existing Business Continuity arrangements.
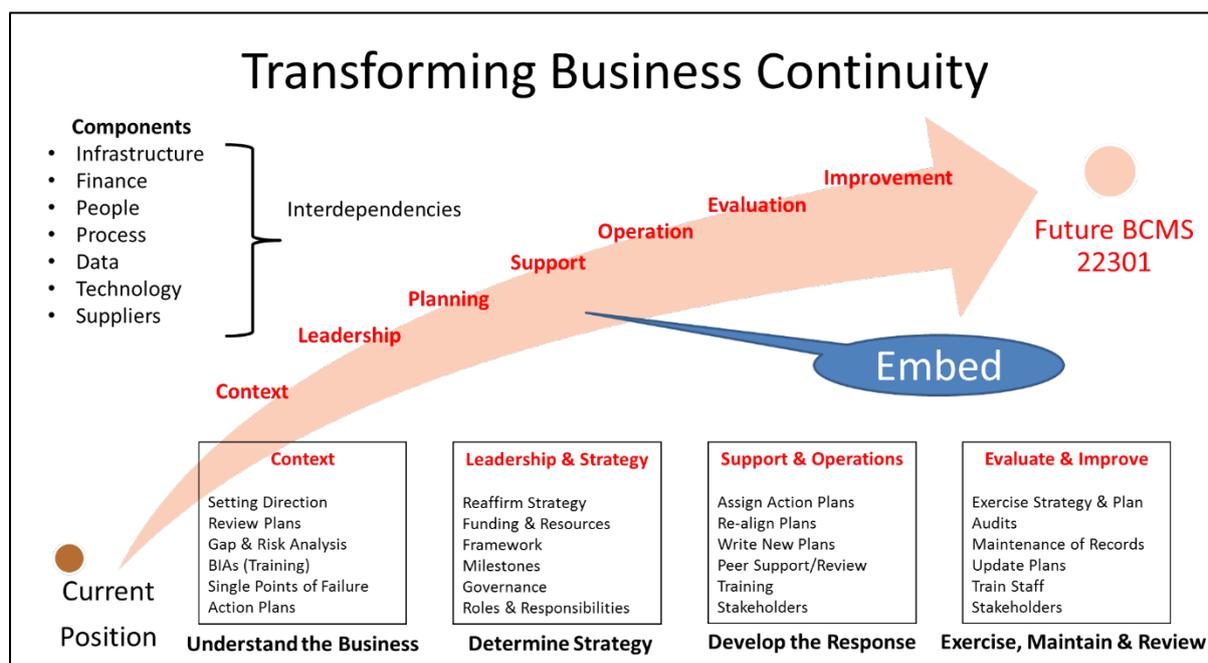
7.3 Phase 1 – Establishing the Programme

7.3.1 The BCMS Programme provides the framework for establishing and maintaining Business Continuity, proportionate to the size and complexity of the Trust. To facilitate the establishment a number of actions are required, including:

(a) Produce a Business Continuity Policy (this policy).

(b) Securing top level commitment from the Chief Executive, the Board and Executive Directors.

(c)   Identify the scope of the Business Continuity Programme.

(d)   Identify how the Programme will be financed and resourced.

(e)   Develop and implement an awareness campaign.

(f)   Develop and implement a timetable for completion along with indicative timescales.

7.4   Phase 2 – Context & Understanding the Organisation

7.4.1   The phase will set direction, identify and understand the Trust's objectives, statutory requirements, structure, assets and the relationships with key stakeholders. It will identify the key services, products and the inter-dependencies.

7.4.2   This phase will involve a desktop study, interviews with key personnel and training for staff who participate in Business Continuity related activities. It will seek to identify the business critical activities, any weaknesses and how these can be affected by perceived threats, risks and hazards, internally or externally.

7.4.3   The Scope of Business Continuity is determined through the identification of the key products and services the Trust provides and the locations that are utilised to deliver those outputs.

7.4.4   These key services and locations will form the basis and will undergo further examination to reveal any interdependencies internally with other departments/teams and externally with suppliers, sub-contractors and interested parties.

7.5   Phase 3 – Leadership and Planning

7.5.1   The aim of this phase is to identify how the Trust will provide appropriate leadership and planning in support of the Programme. The Trust will determine the governance framework, roles & responsibilities, measurable objectives and plans required to effectively implement Business Continuity. The Trust will facilitate the development of an overarching Business Continuity Strategy, underpinned by supporting response and mitigation strategies that will be employed to maintain critical activities following a disruption.

7.5.2   To be effective, Business Continuity should be an integrated management process, driven from the top of the organisation, endorsed and promoted by the principal managers and executives. It should be managed at both the operational and organisational levels.

7.5.3   The Trust is required to also address the threats to the BCMS not being successfully established, implemented or maintained. The focus is to understand the internal culture and external environment, in which the Trust operates and the likely barriers that will prevent the BCMS from becoming effective.

7.5.4   In essence The Trust must clearly define the objectives of the BCMS Programme, establish indicators of implementation and have measures and personnel with responsibility in place to address any shortfalls.

7.6   **Phase 4 – Support and Operations**

7.6.1   The aim of this phase is to raise awareness through an effective communications strategy, develop suitable plans and a robust framework for response at all levels within the organisation. The Trust will determine the competencies that key staff require and provide appropriate training.

7.6.2   The findings from the earlier phases will be analysed to produce the Trust Business Continuity Strategy as well as highlighting any risk reduction activities which need to be put in place. The Strategy will be presented to the Director or Nursing/Head of Risk and EPRR for review and agreement. Once the strategy has been defined and a programme of work for its implementation has been agreed, a suite of Business Continuity Plans will be produced.

7.6.3   **BCMS Strategy**

7.6.3.1 Strategy concerns the determination and selection of alternative methods to be used to maintain critical activities and processes after a disruption, to an acceptable and minimum level.

7.6.3.2 Strategies will be required for the initial response, consequence management and recovery phase of the disruption.   Strategies will be developed specifically to address identified staff, accommodation, utilities, equipment, supplies, data and ICT issues.

7.6.4   **Business Continuity Plans**

7.6.4.1 Plans will be required potentially at 3 tiers throughout the Trust at strategic, tactical and operational levels. The purpose of each plan will be to provide an effective, fit-for-purpose, framework and process to respond to incidents affecting critical activities. The plans should be flexible enough to enable responses to a wide variety of potential disruption scenarios. The fundamental rationale for plans is to provide continuity or recovery of service(s) either during or immediately following a disruption, within identified times and to acceptable level.

7.7   **Phase 5 – Evaluation and Improvement**

7.7.1   The aim of this phase is to develop and implement an effective training strategy and programme to test the plans and supporting business arrangements. In addition, this phase also focuses upon monitoring, measurement, analysis and evaluation of the Business Continuity Management System with a view to continually improve and mature.

7.7.2   Resources - The Trust shall ensure provision of sufficient resources to effectively achieve the Business Continuity objectives. These resources include competently trained personnel, training, finance, equipment and infrastructure.

7.7.3   Competence - Throughout all operational activities, the Trust's management shall ensure that personnel conducting key tasks are competent to do so, on the basis of having received or possessing the adequate training, qualifications and/or experience. Where there is an agreed requirement, appropriate training shall be provided.

7.7.4 Records - Documented records shall be maintained for each and every individual working for and on behalf of the Trust. Information will include details of all relevant skill and training pertinent to their own roles and responsibilities. Records shall be maintained electronically, wherever feasible, thus ensuring retrievability during or following an incident. All hard or electronic records shall be held in suitably named/identified folders in a legible manner.

7.7.5 Awareness - Embedding Business Continuity into the Trust's culture is critical for the effective implementation of arrangements during time of disruption.

7.7.6 Documented Information - The Documentation requirements (Documented Information) of ISO 22301 are addressed both within this Policy, the Trust Business Continuity Strategy and also by supporting documentation. Each Business Continuity Management System document shall show suitable identifying details, such as a title and/or reference number, including revision status and/or date.

7.7.7 Critical documentation shall also be made electronically available via the SharePoint, which is accessible to staff both locally and remotely.

7.7.8 Any changes to legislation which may affect operational requirements, will be considered by the Trust.

7.7.9 Any potential changes may require a change in the business model, organisational structures, policies and procedures. These changes may also generate latent risk.

7.7.10 The Chief Executive shall review and approve the BCMS Policy before it is released into use.

8 CONSULTATION

8.1 The following Trust representatives have been consulted in the development of this policy:

(a) Executive Director of Nursing.

(b) Head of Risk and EPRR.

(c) Chair of the Trust Business Continuity Task and Finish Group.

(d) Director of Finance.

(e) EPRR working group.

(f) Trust Policy Group.

9 TRAINING AND SUPPORT

9.1 Training will take place on a regular basis for those officers likely to be called on to lead the Trust's response at Corporate, Divisional and Department levels. Operational training will be defined by agreement with the departmental managers and exercises held to familiarise them with the content of the respective plans.

9.2   To verify that personnel have been made aware of Business Continuity Management issues, and to validate that the BCMS s effectively embedded across the organisation, a series of 'exercises' will be conducted periodically.

9.3   Due to the sensitive nature of the Trust's service provision, and so as not to instigate occurrence of a real incident, these exercises will be take the form of:

(a) Office based desktop scenarios.

(b) Workshops, presenting a range of 'mock incidents'.

(c) Live exercises.

9.4   An annual exercise plan will be defined with the approval of the Executive Director of Nursing.

9.5   The Head of Risk and EPRR will be responsible for coordinating and overseeing the training as well as maintaining training and exercise records.

10   MONITORING

10.1   Characteristics of the Trust Business Continuity Management System shall be monitored and analysed where appropriate.

10.2   Monitored information includes:

(a)   Number of incidents that have invoked a formal response.

(b)   Number of exercises completed (to help ascertain the comprehensiveness).

(c)   The Executive director of Nursing will provide an annual update on business continuity plans and exercises and will reported this to the Executive Committee and Trust Board to provide assurance that effective arrangements are in place.

10.3   **Audit**

10.3.1 Internal audits will be planned, documented, undertaken and recorded. Identified non conformity will be recorded within the audit report, and any required corrective actions implemented.

10.3.2 The Trust will participate in externally lead audits as requested. Outcomes will be presented to at the EPRR/ BC working group and considered by the Executive Director of Nursing.

10.4   **Management Review**

10.4.1 One mechanism for maintaining and reviewing the Business Continuity arrangements is through the annual management review, where performance, suitability, and the need for systemic changes are discussed.

10.4.2 This Review shall include identification of opportunities for improvement and the need for changes.

10.4.3 The Reviews shall be clearly documented and maintained in accordance with the Trust's governance arrangements.

10.4.4 The Head of Risk and EPRR shall review the Trust's Business Continuity Management System annually, to ensure its on-going suitability, adequacy, and effectiveness.

10.5 **Nonconformity and Corrective Action**

10.5.1 In a situation where the Business Continuity arrangements have not performed as expected, a nonconformity report must be raised to record the situation and subsequent improvement actions thereof.

10.6 **Continual Improvement**

10.6.1 Through the setting and monitoring of objectives, acting upon problems and outcomes of exercises and incidents, The Trust shall endeavour to continually improve the effectiveness of its Business Continuity arrangements.

10.7 **Lessons Learnt**

10.7.1 Lessons learnt from training and exercises are used to determine any amendments or inclusions required when the plan is updated. All lessons will be presented to the EPRR/ BC working group and cascaded to the divisions via the EPRR leads.

11   EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: SA01:Business Continuity Policy

Area covered: TRUST-WIDE NON CLINICAL POLICY DOCUMENT

What are the intended outcomes of this work?
To ensure that Mersey Care NHS Trust has in place, an effective Business Continuity Management System, to ensure that critical services are maintained during disruptions and recovery is achieved as quickly as possible.

2.2   Objectives - The objectives of the Trust's policy are to:

    12   Define the scope and limitations.

    13   Confirm roles and responsibilities.

14   **Outline the process required to develop an effective Business Continuity Management System.**

Who will be affected?
1.2   **The NHS Emergency Preparedness, Resilience and Response (EPRR) Framework**
2015 and Core Standards 2015 for EPRR, require providers of NHS funded care to have suitable, in date, proportionate Business Continuity Plans in place, which detail how the Trust will maintain critical services during a disruptive event.

Evidence

What evidence have you considered?
The policy.

Disability inc. learning disability **No issues identified within discussions.**
Sex **No issues identified within discussions.**
Race No issues identified within discussions.
Age No issues identified within discussions.
Gender reassignment (including transgender) **No issues identified within discussions.**
Sexual orientation No issues identified within discussions.
Religion or belief **No issues identified within discussions.**
Pregnancy and maternity **No issues identified within discussions.**
Carers **No issues identified within discussions.**

Other identified groups **No issues identified within discussions.**	
Cross cutting No issues identified within discussions.	

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	**No issues identified within discussions.**
Right of freedom from inhuman and degrading treatment (Article 3)	**No issues identified within discussions.**
Right to liberty (Article 5)	**No issues identified within discussions.**
Right to a fair trial (Article 6)	**No issues identified within discussions.**
Right to private and family life (Article 8)	**No issues identified within discussions.**
Right of freedom of religion or belief (Article 9)	**No issues identified within discussions.**
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	**No issues identified within discussions.**
Right freedom from discrimination (Article 14)	**No issues identified within discussions.**

Engagement and involvement N/A
Summary of Analysis
Eliminate discrimination, harassment and victimisation **This is a non clinical policy document.** **No equality or Human Rights issues have been identified.** **This is concerned with business issues and contingency plans.**
Advance equality of opportunity **No issues identified within discussions.**
Promote good relations between groups **No issues identified within discussions.**
What is the overall impact? **No impact on equalities detected within discussions.**
Addressing the impact on equalities **No impact on equality groups.**
Action planning for improvement **Not required.**

For the record
Name of persons who carried out this assessment (Min of 3): **George Sullivan** **Jayne Bridge**
Date assessment completed: **06/04/2016**
Name of responsible Director: Executive Director Of Nursing
Date assessment was signed: April 2016

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			

12   SUPPORTING DOCUMENTS

This document corresponds with:

- The structure of BS ISO 22301:2012 Societal Security – 'Business Continuity Management Systems' – Requirements.

- ISO 22313: 2012 Societal Security – 'Business Continuity Management Systems' – Guidance.
- Cabinet Office Civil Contingencies Act 2004

- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005

- Business Continuity Institute Business Continuity Good Practice Guidelines 2013 – A Guide to Global Practice in Business Continuity.

- The Route Map to Business Continuity Management Meeting the Requirements of ISO 22301

13   GLOSSARY OF TERMS

BC	Business Continuity
CCGs	Clinical Commissioning Groups
EPRR	Emergency Preparedness Resilience and Response
NHS	National Health Service
ISO	International Standards Organisation
SOPs	Standard Operating Procedures