

TRUST-WIDE POLICY DOCUMENT

BUSINESS CONTINUITY POLICY

Policy Number:	EP02
Scope of this Document:	All Staff
Recommending Committee:	EPRR Working Group
Approving Committee:	Executive Committee
Date Ratified:	March 2019
Next Review Date (by):	March 2022
Version Number:	2019 – Version 3.2
Lead Executive Director:	Executive Director of Nursing and Operations
Lead Author(s):	Director of Patient Safety

TRUST-WIDE POLICY DOCUMENT

Version 3.2 – 2019

Striving for Perfect Care and a just culture

TRUST-WIDE POLICY DOCUMENT

BUSINESS CONTINUITY POLICY

Further information about this document:

Document name	Business Continuity Policy EP02
Document summary	The Business Continuity Policy outlines how the Business Continuity Management System Programme will be introduced and implemented across the Trust
Author(s) Contact(s) for further information about this document	Steve Morgan Director of Patient Safety Telephone: 0151 473 2874 Email: steve.morgan@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	IRP00 - Mersey Care NHS Foundation Trust Major Incident Plan EP01 - Emergency Preparedness, Resilience and response (EPRR) Policy SA02A - Risk Management Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Foundation Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Version 0.1	Jayne Bridge Head of Risk and EPRR	10 March 2016
Version 0.2	Jayne Bridge Head of Risk and EPRR	26 March 2016
Version 0.3	Jayne Bridge Head of Risk and EPRR	07 April 2016
Version 0.4	Jayne Bridge Head of Risk and EPRR	08 April 2016
Version 0.5	Acquisition Steering Group	June 2016
Version 2	Acquisition Steering Group	August 2016
Version 3	Document review	February 2019
Version 3.2	Templates reviews	June 2019

SUPPORTING STATEMENTS

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ 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/ 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 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 Trust;
- 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 Foundation 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 Foundation 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 Foundation 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 **Fairness, Respect, Equality Dignity, and Autonomy**

CONTENTS

Section No	Page
1. PURPOSE AND RATIONALE	6
2. STRATEGY STATEMENT	6
3. OUTCOME FOCUSED AIMS AND OBJECTIVES	6
4. SCOPE	7
5. BUSINESS CONTINUITY REQUIREMENTS	7
6. INTERNATIONAL AND NATIONAL STANDARDS	8
7. DEFINITIONS	9
8. DUTIES	11
9. PROCESS.....	14
10. TRAINING AND SUPPORT.....	16
11. CONSULTATION.....	16
12. MONITORING	16
13. EQUALITY AND HUMAN RIGHTS ANALYSIS	18
14. SUPPORTING DOCUMENTS	21
APPENDIX A: BUSINESS CONTINUITY MANAGEMENT PROCESS – A STEP BY STEP GUIDE	22
APPENDIX B: NHS ENGLAND CORE STANDARDS FOR BUSINESS CONTINUITY	24
APPENDIX C: BUSINESS IMPACT ANALYSIS TEMPLATE	25
.....	25
APPENDIX D: BUSINESS CONTINUITY PLAN TEMPLATE	27
1. INTRODUCTION	30
2. ROLES AND RESPONSIBILITIES WITHIN THE PLAN	30
3. CRITICAL ACTIVITIES AND RECOVERY TIME OBJECTIVES	30
4. INCIDENT TYPES & THREATS	30
5. PLAN ACTIVATION	31
5.1 TRIGGERS	31
5.2 INCIDENT ESCALATION	31
6. RECOVERY	31
APPENDIX A – ACTION CARDS.....	32
ACTION CARD – LOSS PREMISES	32
ACTION CARD – LOSS OF STAFF.....	33
ACTION CARD – LOSS OF SUPPLIES	34
ACTION CARD – LOSS OF IT & COMMUNICATIONS.....	35
ACTION CARD – LOSS OF EQUIPMENT.....	35
ACTION CARD – LOSS OF MEDICATION/ MEDICAL CASES.....	37

APPENDIX B – KEY CONTACT INFORMATION38
APPENDIX E: BCM INTERNAL AUDIT CHECKLIST.....39

1. PURPOSE AND RATIONALE

- 1.1 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.
- 1.2 Under the Health and Social Care Act 2012, the NHS Commissioning Board must be 'properly prepared for dealing with an emergency' and must monitor and control all service providers to make sure they too are prepared.
- 1.3 Under the Civil Contingencies Act (2004), NHS Trusts and subcontractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR).
- 1.4 NHS Trusts and providers of NHS funded care must therefore be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.
- 1.5 Business continuity management (BCM) gives Trusts a framework for identifying and managing risks that could disrupt normal service.
- 1.6 A Trust's business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect.
- 1.7 Disruptions can be caused by periods of severe pressure (for example, in winter), a long-term increase in demand for services, external emergencies and disasters, and internal system failures. Planning to tackle these effects goes way beyond the initial emergency response.
- 1.8 Business continuity management is an essential tool in establishing resilience.

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 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 Trust to return to routine operations as soon as possible.
- 2.2 In line with statutory duties and contractual requirements, this Policy outlines the roles and responsibilities for staff across the Trust to oversee and implement 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 the Trust's ability to provide clinical and support services, in line with its overall strategic objectives.

3. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 3.1 **Aim** - To ensure that Mersey Care NHS Foundation 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 Business Continuity policy are to:
- (a) Define the scope and limitations.
 - (b) Confirm roles and responsibilities.
 - (c) Outline the process required for the implementation effective Business Continuity Management System.

4. SCOPE

- 4.1 This document highlights the need for business continuity management in Mersey Care NHS Foundation Trust. It lists the relevant standards and indicates the guidance the Trust needs to follow.
- 4.2 It also promotes joint working arrangements between NHS Trusts when planning for and responding to disruptions. This partnership approach must focus on the best needs of patients, not the performance targets of each Trust.
- 4.3 All NHS Trusts must use this framework and the associated core standards in order to align themselves with ISO 22301 and fulfil all assurance processes.
- 4.4 The Business Continuity policy applies to all Trust locations, operations and staff (temporary or permanent). All staff will be made aware of the policy via the business continuity leads of their area, and appropriate training provided for those with specific input or duties arising.
- 4.5 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.
- 4.6 Activities out of scope include:
- (a) Generic and specific major incident response plans. These are the subject of separate documentation and are reviewed and exercised on a regular basis and are audited by NHS England and Clinical Commissioning Groups (CCGs).
 - (b) Incidents, where the effect falls below the Trust's business continuity "threshold", which can be dealt with using local Standard Operating Procedures
 - (c) Standard Operating Procedures (SOPs).
 - (d) Detailed development of technical disaster recovery plans.

5. BUSINESS CONTINUITY REQUIREMENTS

- 5.1 Mersey Care, under the Civil Contingencies Act (CCA) 2004, has a legal duty to

develop robust Business continuity management arrangements which will help them to maintain its critical functions if there is a major emergency or disruption. This could include, for example, an infectious disease outbreak, severe weather, fuel shortages, industrial action; loss of accommodation, loss of critical information, loss of information and communication technology (ICT) or supply chain failure.

5.2 Each NHS Trust is responsible for making sure it meets the legal requirements and core standards for business continuity set out in this document. This responsibility extends to services provided through partnerships or other forms of contractual arrangement.

5.3 The business continuity core standards in Appendix B are the minimum standards which NHS Trusts and sub-contractors **must** meet.

6. INTERNATIONAL AND NATIONAL STANDARDS

6.1 The main guidance for business continuity management is contained in:

- a) **ISO 22301** Societal Security - Business Continuity Management Systems – Requirements
- b) **ISO 22313** Societal Security - Business Continuity Management Systems – Guidance
- c) **PAS 2015** - Framework for Health Services Resilience.

6.2 ISO 22301 is an international standard for Business Continuity Management. This standard specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of, prepare for, respond to and recover from disruptive incidents when they arise. Mersey Care must provide evidence of aligning its business continuity management system to this standard.

6.3 PAS 2015 is a Publicly Available Specification that provides a resilience framework for NHS Trusts and states that each Trust must undertake Business Continuity Management to ensure that it is resilient and that this should be carried out in a structured and well-planned manner.

7. DEFINITIONS

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

- 7.1 **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.
- 7.2 **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.
- 7.3 **Business Continuity (BC)** - is the capability of the Trust to continue delivery of products or services at acceptable predefined levels following disruptive incident.
- 7.4 **Business Continuity Management (BCM)** - A holistic management process that identifies potential threats to a Trust 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.
- 7.5 **Business Continuity Management System (BCMS)** - The part of the Trusts' 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).
- 7.6 **Business Continuity Plan (BCP)** – Documented procedures that guide Trusts 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).
- 7.7 **Business Continuity Strategy** – An approach by a Trust that will ensure its recovery and continuity in the face of a disaster or other outage. Plans and methodologies are determined by the Trusts' strategy. There may be more than one solution to fulfill an organisational strategy.
- 7.8 **Business Continuity Lead** – An individual who is responsible for directing the development of the business continuity plan within their divisional area of the business.
- 7.9 **Business Impact Analysis** – the process of analysing activities and the effect that a business disruption might have upon them.
- 7.10 **EPRR** – Emergency Preparedness, Resilience and Response
- 7.11 **ICT** - 'Information & Communications Technology' is the electronic infrastructure upon which the Trust relies to administer the process in the modern age (e.g. Computers, Internet, Social Media, Landline & Mobile Telephones, etc.).
- 7.12 **Incident** - A situation that might be, or could lead to a disruption, loss, emergency or crisis.
- 7.13 **Infrastructure** – system of facilities, equipment and services needed for the

operation of a Trust.

- 7.14 **Interested Party (Stakeholder)** - A person or Trust 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 a Trust.
- 7.15 **Maximum Tolerable Period of Disruption (MTPD)** – Time it would take for adverse impacts, which might arise as a result of not providing a product/ service or performing an activity, to become unacceptable.
- 7.16 **Minimum Business Continuity Objective** – Minimum level of services and/ or products that is acceptable to the Trust to achieve its business objectives during a disruption.
- 7.17 **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).
- 7.18 **Recovery Point Objective (RPO)** – point to which information used by an activity must be restored to enable the activity to operate on resumption.
- 7.19 **Recovery Time Objective (RTO)** – period of time following an incident within which
- Product or service must be resumed, or
 - Activity must be resumed, or
 - Resources must be recovered
- 7.20 **Risk appetite** – Amount and type of risk that an Trust is willing to pursue or retain

8. DUTIES

8.1 **Chief Executive** - The Chief Executive has overall responsibility and accountability for Business Continuity Management under the Civil Contingencies Act (2004).

8.2 The **Board of Directors** is responsible for the overall strategic direction of the Trust with regards to Business Continuity. The Board will hold the Trust to account for the delivery of the Business Continuity strategy and seek assurance that Business Continuity procedures in place are robust and reliable. The Board will monitor progress and ensure that the Trust is compliant with statutory Business Continuity duties.

8.3 **Executive Director of Nursing and Operations**

8.3.1 As the Trust's Accountable Emergency Officer (AEO), the Executive Director of Nursing and Operations:

- (a) Holds Executive level accountability for Business Continuity and is responsible for ensuring that the Trust has robust business continuity planning arrangements in place which reflect standards ISO 22301.
- (b) Will be supported where appropriate, by a non-executive director or appropriate other board member, to endorse assurance to the board that the Trust is meeting its obligations with respect to Business Continuity and relevant statutory obligations under the Civil Contingencies Act 2004.
- (c) Will ensure that the Trust is appropriately represented at Business Continuity governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) or Local Resilience Forum (LRF).

8.4 **Head of Risk and EPRR**

8.4.1 On behalf of the Accountable Emergency Officer, the Head of Risk and EPRR will ensure that the Trust meets its statutory obligations under the CCA (2004) and complies with all relevant Business Continuity guidance for the NHS, providing assurance to the Board as summarised by NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

8.4.2 The Head of Risk and EPRR will develop and deliver the Trust's Business Continuity Management Programme, improve standards of Business Continuity management across the Trust and provide leadership on specialist Business Continuity issues. The Head of Risk and EPRR will coordinate larger Business Continuity training exercises internally for the Trust and externally with multi-agency partners.

8.4.3 The Head of Risk and EPRR will develop and contribute to professional relationships with multi-agency partners that facilitate the continual development of Business Continuity arrangements and ensure appropriate representation at LHRP and LRF Business Continuity sub-groups.

8.5 **EPRR Group**

8.5.1 The EPRR Group will be responsible for 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.

8.6 Executive Directors

8.6.1 All Executive Directors are responsible for the overseeing activities in relation to frontline service delivery, if an incident was to occur that impacted upon the ability to provide these services. Executive Directors are to ensure appropriate time; resources and commitment are invested into Business Continuity management, training, exercises and raising the level of business continuity awareness within their areas.

8.7 Associate Director of Estates and Facilities

8.7.1 The Director of Estates and Facilities is responsible for ensuring that the directorate's response procedures to foreseeable disruptions such as utility failures, fires and floods are documented, tested, reviewed, maintained and readily available. These plans must include estimated timeframes that can be shared with Trust departments so that they can plan accordingly.

8.7.2 The Estates and Facilities Team will need to engage with departments during the creation of Business Impact Analyses and Business Continuity Plans and provide support as required.

8.7.3 The Director of Estates and Facilities also has responsibility for ensuring that timely and effective communication systems are in place to alert the Head of Risk & EPRR, the Risk & EPRR Officer and the wider Trust to incidents or forthcoming planned work that may cause Business Continuity disruptions.

8.7.4 During a Business Continuity disruption, the Estates response team will need to respond to the incident in a timely manner as required and ensure that they liaise effectively and regularly with the Resilience Manager, Business Continuity Officer and the incident response team (if convened) to keep them informed of developments, issues and timeframes for recovery.

8.8 Chief Information Officer

8.8.1 The Chief Information is responsible for ensuring that the department's response procedures to foreseeable disruptions such as network outages are documented, tested, reviewed, maintained and readily available. These plans must include estimated timeframes to be shared with various departments so that they can plan accordingly.

8.8.2 The IM&T department will need to engage with departments during the creation of Business Impact Analyses and Business Continuity Plans and provide support as required.

8.8.3 The Chief Information Officer also has responsibility for ensuring that timely and effective communication systems are in place to alert the Head of Risk & EPRR, the Risk & EPRR Officer and the wider Trust to incidents or forthcoming planned work that may cause Business Continuity disruptions.

- 8.8.4 During a Business Continuity disruption, the IM&T response team will need to respond to the incident in a timely manner as required and ensure that they liaise effectively and regularly with the Resilience and incident response team (if convened) to keep them informed of developments, issues and timeframes for recovery.
- 8.8.5 The Chief Information Officer is also responsible to ensure that the Trust is compliant with the Data Protection and Security Toolkit on an annual basis.

8.9 **Communications Team**

- 8.9.1 The communications team will be responsible for producing and/or overseeing external communications and media statements resultant from an incident.

8.10 **Chief Operating Officers and Senior Managers**

Divisional senior Managers have responsibility for ensuring that Business Continuity Plans capable of maintaining minimal acceptable standards of service delivery are in place for each department. Each division will carry out an annual review of Business Continuity Management and ensure that plans are exercised annually as a minimum and updated as appropriate. Chief Operating Officers will be responsible for the identification and support of Divisional EPRR Business Continuity lead.

8.11 **Divisional EPRR & Business Continuity Leads**

- 8.11.1 Divisional EPRR & Business Continuity Leads will be identified by Divisional Managers and will work closely with the Head of Risk & EPRR and operational managers to ensure that departments complete Business Impact Analyses and develop, test, review and maintain Business Continuity Plans within the timeframes required. They will review completed departmental Business Impact Analyses and Business Continuity Plans with the Head of Risk & EPRR.
- 8.11.2 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.

8.12 **Matrons / Clinical Service Managers**

- 8.12.1 Matrons and Clinical Service Managers are key role models for effective Business Continuity Management and have responsibility for continuing to provide safe levels of care during Business Continuity disruptions. They must work closely with departmental Business Continuity Leads to develop, test, review, maintain and train against departmental Business Continuity Plans. They are also responsible for ensuring that regular audits are carried out, to check Business Continuity equipment such as back up paper systems, torches etc. are functional and accessible.

8.13 **Operational Managers**

- 8.13.1 Operational Managers will:

- (a) Attend Divisional meetings related to Emergency Preparedness Resilience Response as and when required.
- (b) Attend any Business Continuity training workshops as appropriate.
- (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 and Divisional EPRR / Business continuity leads.
- (i) Write, review and update the local business continuity plans.
- (j) Circulate business continuity plans for consultation, internally and externally, as appropriate.

8.14 **Commissioned providers/ suppliers**

8.14.1 Commissioned providers and suppliers should be in place to provide assurance to the Trust that they have adequate business continuity plans which include arrangements that work with their own. The business continuity plans should be accessible upon request for assessment and/or assurance purposes.

8.15 **All Staff**

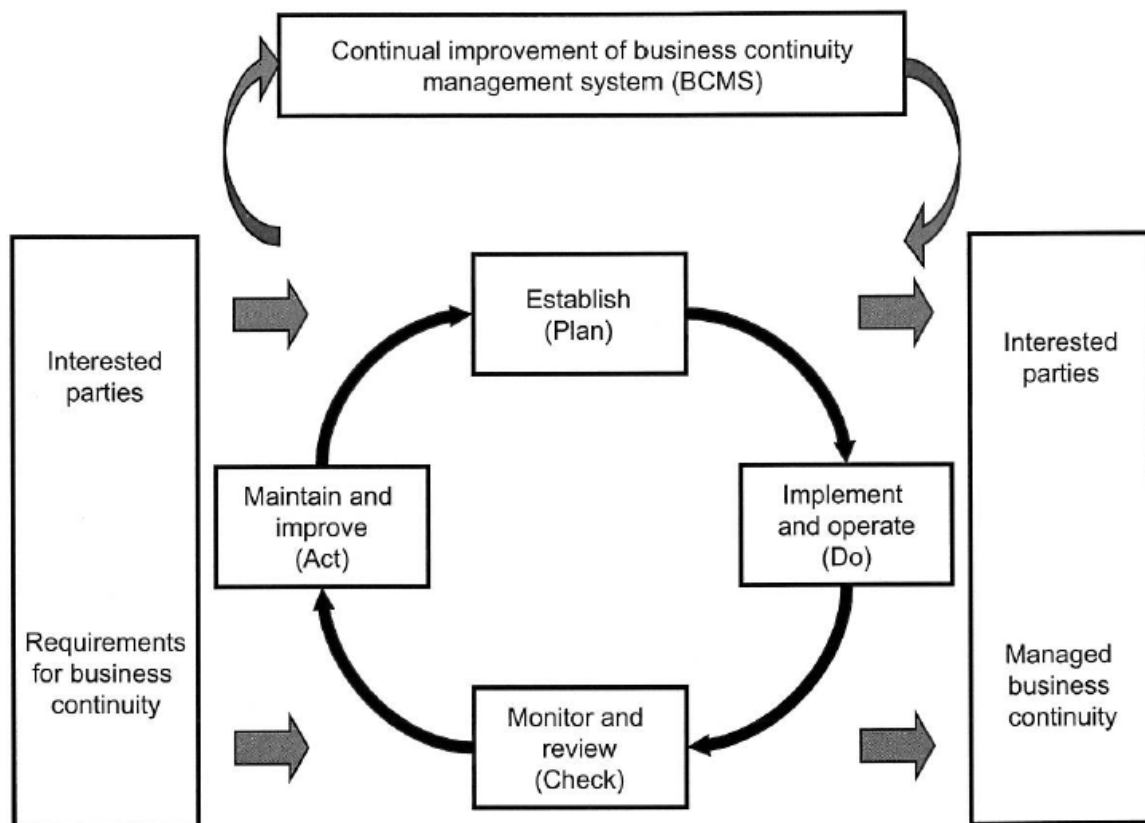
8.15.1 All personnel have some role to play, either in the management and potential invocation of business continuity plans, or just through adherence to procedures, due diligence, and precautions in areas of risk. Staff and 3rd party representatives may be required to cooperate and participate in:

- (a) The implementation of the Business Continuity Programme, where appropriate.
- (b) Training and exercises, where appropriate.

9. **PROCESS**

9.1 Mersey Care NHS Foundation Trust has adopted the “Plan-Do- Check-Act” PDCA model to planning, establishing, implementing, operating, monitoring, reviewing, maintaining and continually improving the effectiveness of a Trusts Business continuity management system. This model is underpinned by the ISO 22301 and is supported by NHS England.

9.2 The figure below illustrates how a BCMS takes as inputs interested parties (internal and external stakeholders) requirements for continuity management and through the necessary actions and processes, produces continuity outcomes (i.e. managed business continuity) that meet those requirements.



9.3 Brief explanation of the PDCA model

Plan (Establish)	Establish business continuity policy, objectives, targets, controls, processes and procedures relevant to improving business continuity in order to deliver results that align with the Trust’s overall policies and objectives.
Do (Implement and Operate)	Implement and operate the business continuity policy, controls, processes and procedures.
Check (Monitor and review)	Monitor and review performance against business continuity policy and objectives, report the results to management for review, and determine and authorize actions for remediation and improvement.
Act (Maintain and Review)	Maintain and improve the BCMS by taking corrective action, based on the results of management review and reappraising the scope of the BCMS and business continuity and objectives.

9.4 **The Business Continuity Management System process is described in detail in Appendix A which can be used as an operational BCM toolkit.**

10. TRAINING AND SUPPORT

- 10.1 Mechanisms for raising awareness include:
- involving staff in the development of the Trust's strategy;
 - written and oral briefings;
 - learning from internal and external incidents; and
 - discussion based exercises
- 10.2 All new staff should be made aware of the Trust's BCM arrangements on joining their teams and this should form an integral part of their team induction process.
- 10.3 A series of workshops will be made available to all staff having a role in the management and implementation of any of the components of the BCM process which will be announced periodically via the EPRR group.

11. CONSULTATION

- 11.1 The following Trust representatives have been consulted in the development of this policy:
- (a) Executive Director of Nursing and Operations
 - (b) Head of Risk and EPRR.
 - (c) EPRR group.

12. MONITORING

- 12.1 Characteristics of the Trust Business Continuity Management System will be monitored and analysed where appropriate.
- 12.2 Monitored information includes:
- (a) Reports on business continuity incidents that have invoked a formal response.
 - (b) Exercises completed (to help ascertain comprehensiveness).
 - (c) Training sessions completed
 - (d) Business continuity plan audit checklists (template in Appendix D)
- 12.3 **Audit**
- 12.3.1 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.

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

12.4 **Management Review**

12.4.1 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.

12.4.2 This Review will include identification of opportunities for improvement and the need for changes.

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

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

12.5 **Continual Improvement**

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

12.6 **Nonconformity and Corrective Action**

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

12.7 **Lessons Identified**

Lessons identified from incidents, training and exercises will be used to determine any amendments or inclusions required in business continuity plans and to identify gaps in communication and operational processes. All identified lessons will be presented to the EPRR group, will be cascaded to divisions via the EPRR leads and will inform the annual EPRR work plan.

13. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: SA01:Business Continuity Policy
Area covered: TRUST-WIDE NON CLINICAL POLICY DOCUMENT

<p>What are the intended outcomes of this work? To ensure that Mersey Care NHS Foundation 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.</p>
<p>Who will be affected? All staff</p>

Evidence
<p>What evidence have you considered? Legislation & National Guidance</p>
<p>Disability inc. learning disability No issues identified within discussions.</p>
<p>Sex No issues identified within discussions.</p>
<p>Race No issues identified within discussions.</p>
<p>Age No issues identified within discussions.</p>
<p>Gender reassignment (including transgender) No issues identified within discussions.</p>
<p>Sexual orientation No issues identified within discussions.</p>
<p>Religion or belief No issues identified within discussions.</p>
<p>Pregnancy and maternity No issues identified within discussions.</p>
<p>Carers No issues identified within discussions.</p>
<p>Other identified groups No issues identified within discussions.</p>
<p>Cross cutting No issues identified within discussions.</p>

Human Rights	<p>Is there an impact? How this right could be protected?</p>
<p>This section must not be left blank. If the Article is not engaged then this must be stated.</p>	

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):

Christiana Vasiliou

Frank Westhead

Steve Morgan

Date assessment completed:

01/02/2019

Name of responsible Director: Executive Director Of Nursing and Operations

Date assessment was signed: February 2019

14. **SUPPORTING DOCUMENTS**

This document corresponds with:

- The structure of 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.
- NHS Commissioning Board Business Continuity Management Framework (service resilience)

Appendix A: Business Continuity Management Process – A step by step guide

These steps will produce a business impact analysis, identify priorities and allow accurate and useful plans to be drawn up. This guide supports the BIA and plan/action card templates.

Step 1 – dig out your current plans and work done previously

Don't throw away the time and effort you've already put in; have a look at existing plans, questionnaires, Business Impact Analysis and it should help you understand your part of the business and where you sit in the wider organisation.

Business Impact Analysis (BIA)

This is the part where you analyse what your team does, who does what, who you depend upon for delivering the service, what IT, communication and other requirements are involved and based on those you identify key contingencies and timeframes for response and recovery.

Step 2 – work out what's in your team and write it down

Make an initial list of all activities you can think of taking place in your team and think of what the impact would be to the delivery of service if they were to be disrupted. Common areas for consideration are patient safety, service delivery, statutory/ legal duties, financial, reputational, staff safety etc.

Step 3 – look at the impact over time on the activities

You'll need to decide how long it is acceptable for each activity to be disrupted; the time it reaches that level is the maximum tolerable period of disruption (MTPD). You can now list your findings in the appropriate column in the BIA template (section 6).

Step 4 – identify what is needed to complete the activities

Work out what you need to support the activities (e.g. staffing, resources, premises, suppliers) and complete the appropriate sections in the BIA template (sections 7-13). You'll need to include normal levels of work including single points of dependency (is there only 1 person who can do a particular task?) and minimum levels of service. Please also include what backup options you currently have (e.g. using an alternative location).

Step 5 – look at the impact over time on the resources

Assume you are working with the minimum resource requirements for this step.

Go to the **Recovery Time Objective (RTO)** section (section 14) and decide on the time when you need to have recovered by, which should be less than the MTPD Write the RTO (in hours) at the end.

That's the BIA done.

Business Continuity Plan (BCP)

Step 6 – complete the business continuity plan template

This is the plan those in your team will need when something goes awry. Using the plan template, fill in the sections explaining who does what (including internal and external teams you are dependent on), which particular sites/resources it refers to, what it's priority and

supporting processes are, the command/contact structure.

The action cards will be for generic problems (e.g. loss of electricity) and specific problems as highlighted in the BIA (e.g. loss of a certain vital piece of equipment). Don't get too creative, keep it simple and build them on everyday processes. If your everyday processes don't work when pushed to extremes then you might want to rethink your everyday processes.

You might have interdependencies with other departments, talk to them about it, don't make assumptions.

Step 7 – train people and test it

You'll need to show the plan/action cards to people who would use them and talk them through it. Put about 1.5-2 hours aside for a training/testing session – you're testing the plan not the people. Ideally, use scenarios that have actually happened and they are familiar with.

Work through the scenarios using the plan and action cards. Work out if you need to add something, take something out or change wording. Make sure the group know you are doing it - they will then have a connection to something they have helped build. Broadcast the new version of the plan.

Step 8 – on-going training

There is no point putting in all this work if no one knows about the plans. When you get someone new in, show them where they are, tell them when they should use them, show them they are day-to-day processes so they have confidence in using them

Step 9 – exercise is good for you

Situations keep changing so you'll need to make sure your plans are up to speed. They should be tested at least once a year. This can be supported by the EPRR lead/ manager of your division and the EPRR practitioner of the Trust.

Step 10 – and if it happens for real.

The point of a BC plan is that it supports real situations so they might just happen! If they do, report on Datix as usual then have a debrief. Your EPRR lead can support you with this. Get the staff involved, find out if they used the plan (if not, why not?), if it worked, what could be improved. Write it all down (post incident report). Celebrate the bits that went well, it's success in adversity. Action plan anything that needs to be changed and make sure it gets done, publicise the update. Add the post incident report to Datix and store with the BC paperwork for evidencing.

Speaking of evidencing...

NHS England requires NHS organisations to show they have done a BIA and have plans that they train and exercise. This is done as part of the self-assessment for the EPRR Core Standards. It will also be included in an annual board report including the number of exercises that have taken place.

Appendix B: NHS England Core Standards for Business Continuity

BC policy statement	The Trust has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).
BCMS scope and objectives	The Trust has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.
Business Impact Assessment	The Trust annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).
Data Protection and Security Toolkit	Trust's IG/ IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.
Business Continuity Plans	<p>The Trust has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure <p>These plans will be updated regularly (at a minimum annually), or following Trustal change.</p>
BCMS monitoring and evaluation	The Trust's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.
BC audit	The Trust has a process for internal audit, and outcomes are included in the report to the board.
BCMS continuous improvement process	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.
Assurance of commissioned providers / suppliers BCPs	The Trust has in place a system to assess the business continuity plans of commissioned providers or suppliers; and is assured that these providers arrangements work with their own.

Appendix C: Business Impact Analysis Template

Community and Mental Health Services

Service Name		
1	Name of Author:	
2	Job Title of Author:	
3	Author telephone and e-mail:+	
4	Date:	
5	Business Continuity Lead:	

ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD))

6	ESSENTIAL Activities Priority 1 MPTD: None Permissible	HIGH PRIORITY Activities Priority 2 MPTD: 4hrs	MEDIUM PRIORITY Activities Priority 3 MPTD: 12hrs	LOW PRIORITY Activities Priority 4 MPTD: 24hrs+
	Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hours or more <i>but are required</i> in order to return to normal operation conditions and alleviate further disruption to normal conditions.
	<i>List activities</i>	<i>List activities</i>	<i>List activities</i>	<i>List activities</i>

LOCATION OF SERVICE(S) - PREMISES

7	Name and description of building/service and location:	
	Alternative location of usual work location is lost:	
	Estate Provider(s) and Contact Details	

STAFF

8	Essential Positions & Clinical and non-clinical skills required to maintain activities:	
	Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:	
	Location of staffing contact details:	

SUPPLIERS

9	List internal services which your activities rely upon				
	Service	Service Provided	Sites covered	In hours Contact Number(s)	Out of hours contact number(s)

List external suppliers which your activities rely upon (include utility suppliers)				
Supplier	Service Provided	Sites covered	In hours Contact Number(s)	Out of hours contact number(s)

IT REQUIREMENTS

10	Business Critical Software Applications	
	IT Failure	

COMMUNICATION REQUIREMENTS

11	Business Critical Communication Systems/Hardware	
	Loss of Communications	

EQUIPMENT REQUIREMENTS

12	List equipment that you regard as activity critical.			
	Equipment	Provider	Contact	Alternative Provider (if Appropriate)

MEDICATION REQUIREMENTS

13	List Medication (including Medical Cases) that you regard as activity critical.			
	Medication	Provider	Contact	Alternative Provider (if Appropriate)

RECOVERY TIME OBJECTIVES

14	Activity	Recovery Priority (1 being highest priority 4 being lowest)	Recovery Time Objective (Maximum time Period to recovery (in hours))

Appendix D: Business Continuity Plan Template

Note:

Before using this template to create a plan, please make sure that a Business Impact Analysis was carried out.

For more information and assistance please contact: christiana.vasiliou@merseycare.nhs.uk

Business Continuity Plan for
Add the name of the service here

Ownership

Service/ Team Name	
Division	
Approved by:	
Date approved:	
Author:	
EPRR/ BC Lead	
Date issued:	
Review Date:	

Document Control

Author	Version	Date	Target audience

Record of amendments

Date	Amendment Reference	Page (s)	Amended Action By

Plan Location

Electronic Version	
Hardcopy	As per recipients above plus "insert location(s)"

This document is controlled. If you would like to suggest amendments to it, please contact the document author.

This document is classified as OFFICIAL SENSITIVE and is controlled by Mersey Care NHS Foundation Trust. The information contained within is operationally sensitive and should not be shared without prior reference to the Trust. Consideration should be taken into account when responding to requests for release of the whole or part of this document under the Freedom of Information Act (2000). In all cases the Trust's Information Governance team should be consulted before any decision about release is made. This is an evolving document and will therefore be subject to future changes and improvements; revised editions will be circulated when necessary.

Contents

1. Introduction	30
2. Roles and responsibilities within the Plan	30
3. Critical Activities and Recovery Time Objectives	30
4. Incident Types & threats	30
5. Plan activation	31
5.1 Triggers	31
5.2 Incident Escalation	31
6. Recovery	31
Appendix A – Action Cards	32
Action Card – Loss premises	32
Action Card – Loss of staff	33
Action Card – Loss of Supplies	34
Action Card – Loss of IT & Communications	35
Action Card – Loss of Equipment	35
Action Card – Loss of Medication/ Medical Cases	37
Appendix B – Key Contact Information	38

1. Introduction

- 1.1 A business continuity incident is an event or occurrence that disrupts, or might disrupt, normal service delivery below acceptable predefined levels, where special arrangements need to be implemented until services can return to an acceptable level.
- 1.2 The Civil Contingencies Act (CCA) 2004 and the Health & Social Care Act 2012 require NHS trusts to maintain plans to ensure that they can continue to perform their functions in the event of an emergency so far as is reasonably practicable. All teams within Mersey Care NHS Foundation Trust are required to have Business Continuity Plans (BCPs) which are updated annually, to assist with the continued delivery of critical activities within their day-to-day functions in times of undue pressure.
- 1.3 The purpose of this Business Continuity Plan (BCP) is to provide the internal framework to prepare for, respond to and recover from business and service disruption irrespective of the cause.
- 1.4 This plan forms part of a wider Trust response framework in readiness for any service disruption, whether natural, technical or man-made. It can be invoked in response to a major incident or service disruption.

2. Roles and responsibilities within the Plan

List all those with a role within this plan. Briefly describe their responsibilities and consider whether there is the need for separate action cards.

3. Critical Activities and Recovery Time Objectives

(What did the BIA identify? Use table 14 of BIA)

4. Incident Types & threats

Most types of incidents have the potential to cause disruption which will impact on the ability to deliver the critical activities of the service (e.g. flood, adverse weather, major incident, industrial action, supply chain, etc.). All of these require incident management & command structures to be put in place.

In the event of multiple or long-term incidents affecting the Trust and requiring support beyond normal Team functions, this may also cause disruption to the service delivery.

Action cards in Appendix xxx outline the management of incidents which impact the continuity of service delivery. Disruptions to the following are some of the most common although the list is not exhaustive:

- people
- premises
- IT & Communications
- Supplies, suppliers and contractors
- Data & information

5. Plan activation

5.1 Triggers

This plan would be invoked if an incident had or was about to occur, which would cause significant impact to the delivery of the services, impacting upon patient safety and the quality of care.

Under 'normal' circumstances, this BCP is invoked by xxx (add job title), in communication with the team lead(s) escalating concerns. In the absence of the xxx, the invocation of this plan would be decided by xxx (add job title) (in hours) or the on-call manager (out of hours).

5.2 Incident Escalation

Add a diagram which outlines the escalation process here. Consider whether these processes differ in and out of hours.

5.3 Communications

Use this section to identify which other teams/ individuals and external stakeholders would potentially need to be informed during an incident (e.g. IT, estates, staff at home, visitors etc) and how

6. Recovery

This section is applicable to the whole Trust and will be in effect after an incident has been escalated.

Once the incident manager is satisfied that the incident has been dealt with or is under control they will communicate to the rest of the Team (and other interested parties) when appropriate, that the recovery stage of the BCP is now in operation.

The recovery will be discussed and agreed between the team lead and the service lead (as appropriate), updating the risks and items awaiting action. These will be reviewed regularly and communicated to all interested parties on stages of recovery.

The recovery will gradually resume the normal activities of the Team, including any backlog of activities that were affected by the incident. The priority is to resume normal patient activity and then resume all other previously restricted activity.

The recovery will be managed dynamically and according to the specific circumstances utilising the BCP and, where necessary, the **Recovery section of the Mersey Care Major Incident Plan.**

Appendix A – Action Cards

The headings on the action cards that follow are indicative and are based on the most common areas affected by disruptions.

- The team completing this template must amend this section and adjust it to fit the findings of their BIAs.**
- Consider whether actions would be different in and out of hours**

Action Card – Loss premises

Loss premises – Team Lead		
	Completed by (Name)	Date & Time

Loss of Premises - Operational Options (bronze)		
	Completed by (Name)	Date & Time

Appendix B – Key Contact Information

Key Team/ Division Contacts

Name	Job Title	Location	Contact Number(s)

Internal & External Services & Suppliers

Internal Service	Service Provided	Sites Covered	In hours Contact Number(s)	Out of hours contact number(s)

Supplier	Service Provided	Sites Covered	In hours Contact Number(s)	Out of hours contact number(s)

Appendix E: BCM Internal Audit Checklist

No	Procedures	RAG Status	Note
1	Determine whether an adequate Business Impact Analysis (BIA) and risk assessment have been completed.		
2	Has the BCP been updated in line with the Trust's procedures and timescales		
3	Determine if the scope and objectives are documented in the BCP		
4	Determine the support provided by senior management within Divisional / Departmental Business Continuity Plan's (BCPs)		
5	Determine whether appropriate business continuity risks are documented in Divisional / Departmental risk registers and/or the Trusts risk register.		
6	Determine whether the Business Continuity Plan (BCP) include appropriate testing to ensure the business process will be maintained, resumed, and/or recovered as intended.		
7	Determine whether the Business Continuity Plan (BCP) identifies appropriate backup and/or alternative contingencies for recovery.		
8	Determine whether the Business Continuity Plan (BCP) identifies critical functions.		
9	Determine whether the Business Continuity Plan (BCP) identifies critical outsourced or stakeholder activities.		
10	Determine whether the Business Continuity Plan (BCP) identifies appropriate training requirements		
11	Determine whether corrective and preventative findings have been documented and communicated.		
12	Evidence of embedding BCM in the culture, competency and training records.		
13	Evidence that BIAs and BCPs have been reviewed through internal audit		
14	Determine whether the Maximum Tolerable Period of Disruption (MTPD) and Recovery Time Objectives (RTO) are documented		