BUSINESS CONTINUITY POLICY & PLAN 10.0

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Approved by:	Trust Board
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VERSION CONTROL SUMMARY			
VERSION	**APPROVAL DATE**	**DESCRIPTION OF CHANGE**	**UPDATED BY**
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V8.0	June 2019	Approved document	Jo Downey Gill Thomas
v.9.0	August 2020	Has links embedded within the document which leads to the comprehensive list of the Trust's essential Services, which are to be continued in a critical or major incident, as defined by NHSE during the Covid19 pandemic.	EPRR Lead Director of Governance
v.10	November 2021	Annual Review	EPRR Lead EPRR Project Officer

| v.11 | September 2022 | QIS Comm 07 09 2022 | EPRR Lead EPRR Project Officer |
| | | Trust Board 28 09 2022 | |

ORGANISATION

Cambridgeshire Community Services NHS Trust
On call folders in the designated central location holds a copy of this Plan.

Other Local NHS Organisations
Local Health Resilience Partnerships (LHRP's)
Bedford, Luton and Milton Keynes Clinical Commissioning Group
and
Cambridgeshire and Peterborough Clinical Commissioning Groups.
Bedfordshire Borough Council
Bedford Hospital NHS Trust
Cambridgeshire & Peterborough NHS Foundation Trust
Cambridgeshire University Hospitals NHS Foundation Trust
Central Bedfordshire Council
East of England Ambulance Service NHS Trust
East London NHS Foundation Trust
Essex Partnership University Trust
Luton & Dunstable Hospital NHS Foundation Trust
Norfolk Community Health and Care NHS Trust
North West Anglia NHS Foundation Trust
Papworth Hospital NHS Foundation Trust

Partner Agencies
Bedfordshire and Hertfordshire Health Protection Unit
Cambridgeshire County Council
Luton Borough Council
Norfolk, Suffolk and Cambridgeshire Health Protection Unit
Norfolk County Council
Peterborough City Council
CBRE
OCS
NHS Shared Business Services
Sopra Steria
Suffolk County Council

Suffolk Integrated Healthcare
UK Health Security Agency

Chief Executive Officer and Trust AEO statement.

This Policy sets out the process by which Cambridgeshire Community Services NHS Trust (the Trust) will manage its business Continuity arrangements.

As Chief Executive Officer, I am responsible for the overall preparedness for Business Continuity of the Trust.

Board-level responsibility for Business Continuity and Sponsor of the Business Continuity Policy is the Accountable Emergency officer, whilst the Owner of the Plan is the EPRR Lead. Routine responsibility for ensuring the Business Continuity Policy is up to date and fit for purpose rests with the Trust's Emergency Preparedness Resilience and Response (EPRR) Operational Group on behalf of the Trust's Board.

The Business Continuity Policy & Plan has been approved by the Trust's Board and will be reviewed by the Trust's EPRR Operational Group on an annual basis or on the identification of amendments following a Business Continuity, Critical or Major Incident, a test/exercise of the Plan or a change in national, regional or local guidance.

The Trust's Board approved this version of the document on xxxx.

Signed

Matthew Winn, Chief Executive Officer

Date:

Signed

Rachel Hawkins, Accountable Emergency Officer

Date

IF YOU ARE IN A SEVERE BUSINESS CONTINUITY INCIDENT AND YOU ARE NOT FAMILIAR WITH THIS DOCUMENT, DO NOT READ IT NOW.

PLEASE GO STRAIGHT TO SECTION 2 – INCIDENT LEVELS & ACTIVATION

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BUSINESS CONTINUITY POLICY

1.0	INTRODUCTION

1.1 Purpose

Business Continuity Management (BCM) is the capability of an organisation to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level. (See section 4.0)

Cambridgeshire Community Services NHS Trust has a statutory obligation to ensure that a Business Continuity Management System is in place comprising Business Continuity Plans (BCPs) within all services. In the event of any major disruption of day-to-day activity, the Trust's Services will continue to supply essential services during an incident **see links below for the Trust's essential Services, which were determined during the Covid19 outbreak in 2020** and will also inform service recovery.

Bedfordshire & Luton:

https://nww.cambscommunityservices.nhs.uk/docs/default-source/coronavirus/essential-services-bedfordshire-and-luton-final.pdf?sfvrsn=e87922ce_0

Suffolk:

https://nww.cambscommunityservices.nhs.uk/docs/default-source/coronavirus/essential-services-suffolk-final.pdf?sfvrsn=b70a9dd6_0

Cambridgeshire & Peterborough:

https://nww.cambscommunityservices.nhs.uk/docs/default-source/coronavirus/essential-services-cambs-and-peterborough-final.pdf?sfvrsn=2c265081_0

Norfolk:

https://nww.cambscommunityservices.nhs.uk/docs/default-source/coronavirus/essential-services-norfolk-final.pdf?sfvrsn=478065c3_0

BCM is a vital component of Risk Management which forms an integral part of the Trust's overall Corporate Governance arrangements. The Civil Contingencies Act 2004 (CCA) requires Category 1 & 2 responders, which includes the Trust, to maintain its BCP.

BCM is a planned process aimed at managing the many and varied operational risks inherent in the day-to-day delivery of services. The key advantages of BCM include:

- Identification of critical functions within services in advance of serious disruption. This will enable informed decisions to be made as to how and what risks need to be managed.
- Definition of the roles and responsibilities of individual officers when responding to and recovering from serious disruption.
- Determination of resources required to maintain a predefined level of service to the community during periods of serious disruption.
- Enablement of process for continual improvement, ensuring that plans remain fit for purpose.
- To ensure an efficient recovery process

2.0 SCOPE

2.1 Aim

The **aim** of this Policy is to define the Business Continuity Management for the Trust to concentrate on the following priorities:

- Personal safety of all patients, staff & visitors
- Implement an initial emergency response
- Safety of assets including Trust financial systems, premises etc.
- Loss of public confidence and adverse publicity
- Effective communication to minimise loss of public confidence and adverse publicity
- Facilitate an efficient return to normal service provision

2.2 Objectives

The **objectives** of this Policy, are to:

- Comply with its statutory obligations under the Civil Contingencies Act 2004, the Health & Social Care Act 2012 and supporting guidance
- Align closely to ISO22301, the International Standard for Business Continuity.
- Outline the structure within which a coordinated Business Continuity response can be activated, managed and recovered from.
- Define the roles and responsibilities of officers.
- Detail training and exercise requirements.
- To ensure an efficient recovery process.
- Provide a framework for continual improvement.

2.3   Associated Documents

Plan		Date of review	Green: complete Yellow: WIP Red: yet to be undertaken
	Internal		
Critical & Major Incident Plan		2022	
Trust Business Continuity Policy & Plan		2022	
Pandemic Influenza Plan		2021	
Mass Vaccination Plan		2021	
Annual Winter Planning Assurance		2022/2023	
Heatwave Planning Assurance		2022	
Service Business Continuity Plans		2022	
Trust Risk register		2022	
Trust Emergency Contact Directory		2022	
CCS NHS Trust IT Disaster Recovery Plan		2021	

2.4   Policy Approval

- The Trust Business Continuity Policy is produced by the EPRR Lead on behalf of the Trust and adheres to the following governance structure:
- EPRR Operational Group: review and challenge
- Quality, Improvement & Safety Committee: review and ownership
- The Trust Board: ratification and adoption of this policy.

2.5   Ownership

This Policy is owned by the Trust under the following:

Owners: Chief Executive Officer & the Trust's Accountable Emergency Office.

A Non-Executive Director will provide oversight. They will support the Business Continuity Programme Management, as defined in 4.1.1

Teams: The EPRR Operational Group is responsible for reviewing the Trust Business Continuity Policy and ensuring it is regularly exercised and updated on behalf of the Chief Executive Officer. The elements of the BCM around understanding the organisation, determining, developing, implementing and exercising the BCM is the responsibility of the members of the EPRR Operational group.

The EPRR Team are responsible for drafting and reviewing the above documents in line with Trust direction, before they are sent to the EPRR Operational Group.

2.6   Policy Review

This Policy will be reviewed by the EPRR Operational Group when:

- Lessons learned from experience or exercise indicates this policy is out of date.
- A restructure or other changes to the organisation indicates this policy is out of date.
- Annually from initial publication
- Changes in legislation or standards
- Any material changes will be subject to ratification

Internal audits of Business Continuity Plans (BCPs) will be arranged at intervals with the EPRR Lead. The purpose is to determine whether BCPs continue to conform to planned arrangements, are properly implemented and maintained and remain effective in meeting the Trust's BCM policy and objectives.

3.0   RISK ASSESSMENT
3.1   Community Risk

The Cambridgeshire & Peterborough, Norfolk, Suffolk and Bedfordshire, Luton & Milton Keynes Local Resilience Forums have developed Community Risk Registers which identify a number of high risks for their local area (see below for examples)

Loss of Critical Infrastructure e.g., internet, network, telecommunications
Industrial Action
Flooding
Pandemic Flu
Severe Weather
Industrial Accidents

3.2   Trust Risk Register

The Trust has a Risk Register which identifies risks in respect of the achievement of key priorities & objectives and delivery of services and community risks. The Trust's risks together with the associated mitigating actions and controls are

subject to regular review and escalation in accordance with the Trust's Risk Management Policy.

3.3 Service/Localised Risk

It is important that any significant risks threatening the performance of critical functions in the event of an emergency or disruption are identified as risks as this enables services to focus resources in the right areas and develop appropriate continuity strategies.

Each service management team must consider risks to their Service specific risks when completing their BCP.

4.0 BUSINESS CONTINUITY MANAGEMENT

4.1 Business Continuity Management (BCM) cycle

ISO 301:2012 Business Continuity Management (British Standards Institute) defines BCM as a holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause. BCM cycle provides a framework for building organisations resilience with the capability for an effective response that safeguards the interests of its key stakeholders, for service users and the health economy, reputation, brand and value creating activities.

See below diagram activities. Alignment to the BCM cycle will ensure the integrity of Business Continuity arrangements and assurance to stakeholders that an organisation is resilient and able to respond to disruption effectively.
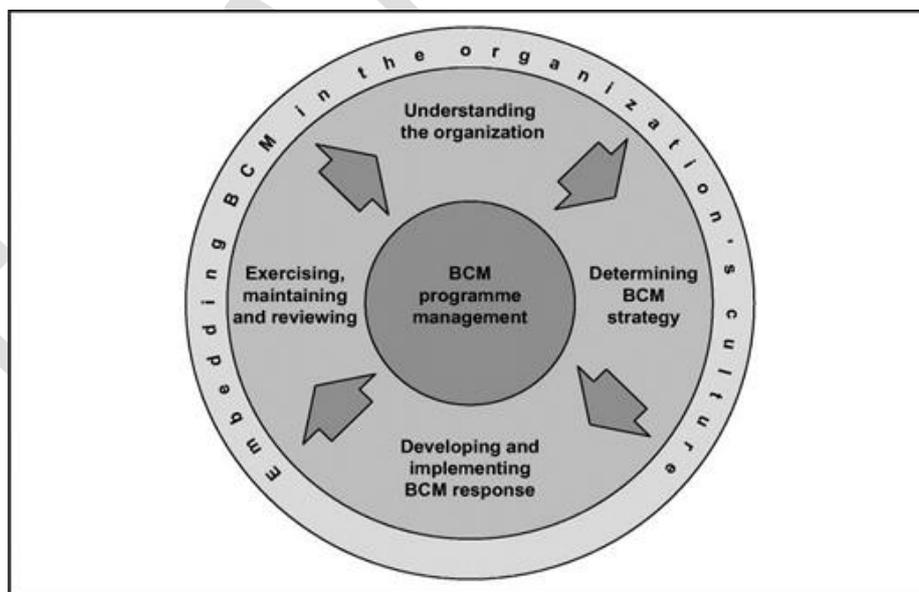
4.1.1 Programme Management

Programme Management is at the start of the BCM cycle. It is the professional practice that defines the organisational policy relating to BC and how that policy will be implemented, controlled and validated. It requires the participation of

senior management and establishes the organisations approach to business continuity. This part of the cycle is reflected in this Policy.

4.1.2 Understanding the organisation

This element assists the Trust in understanding and identifying its key products and services and the critical activities and resources that support them. The main technique used for the analysis of an organisation for BC purposes is the Business Impact Analysis (BIA). The Trust has localised Service BIA's which identify, quantify and qualify the impacts in time of a loss, interruption or disruption of business activities.
This element ensures that the BCM programme is aligned to the Trust's objectives, obligations and statutory duties.

4.1.3 Determining BCM policy

The development stage of the BCM cycle identifies and selects appropriate strategies and tactics to determine how continuity and recovery from disruption will be achieved. This part of the cycle is conducted within this document and the Trust's Service Business Continuity Plans.

4.1.4 Developing and implementing BCM response

The aim is to identify and document priorities, procedures, responsibilities and resources to assist the organisation in managing a disruptive incident, while implementing continuity and recovery strategies to a pre-determined level of service. This part of the cycle is conducted within the Trust's BC and Service plans.

4.2 Exercising, maintaining and reviewing

In order to ensure the ongoing effectiveness of the BC arrangements, a structured approach to maintenance, reviews, exercises and audits is to be adhered to. Additional exercises, reviews and audits may be implemented following significant organisational changes.

4.2.1 Exercises

Exercises provide demonstrable evidence of a business continuity and incident management competence and capability. A BCP cannot be considered reliable until it is exercised and has proven to be workable. Exercises can be no notice and live and will:
- Be consistent with the scope of this Policy and the Trust and Service Business Continuity Plans
- For live exercises, it will be agreed between the EPRR Lead and the appropriate Service managers and carried out in such a way that the risk of an incident occurring as a direct result of the exercise is minimised.
- Be subject to a post exercise report, completed by the EPRR Lead or Service Manager.

4.2.2 Maintenance

Maintenance will ensure that Service BCP's remain fit for purpose between reviews, exercises and audits and can result from changes in staff, facilities, resources, organisational objectives, policies and procedures. The maintenance of Service BCP's is the responsibility of the Service manager and their respective teams.

4.2.3 Reviews

Reviews will include information on:

- The consistency between the scope of the Trust BC Plan, Service BIA's and BCP's and, in the case of a review following plan activation, the response by the Service.
- The effect of changes in organisation and legal, statutory requirements.
- The validity of recovery time objectives, staffing and resources.
- Feedback and comment from plan users and stakeholders.

4.3 Embedding

Business continuity must become part of the way an organisation is managed to be effective. This stage provides the overarching element that ensures that opportunities are used at the various stages of the BCM process.

4.3.1 Internal Audit

The Trust's EPRR Lead will carry out an internal audit of service Business Impact Analysis (BIA) and business continuity plans (BCPs) on an two yearly basis. Plans should be submitted to the EPRR Lead before the required review date in order that any non-conformances can be identified and corrected within the required timeframe. Trust Service BIAs and BCPs will be RAG rated:

1. BIAs and BCPs that have not been submitted by the required review Date (RAG rated Red).
2. BIA's and BCPS that have been submitted and/or work is in progress but not completed (RAG rated Amber)
3. BIAs and BCPs have been reviewed and updated and corrective actions have been completed (RAG rated Green).

4.3.2 External Audits

External audits will be carried out by suitably qualified auditors. Audits will:

- Be conducted by the auditor in a manner that will ensure objectivity and impartiality.
- Determine whether the BC arrangements are effective in meeting the organisations BCM objectives.
- Determine whether the BCPs have been properly maintained, in particular that changes following the preventative and corrective action processes have been completed.

- Take into account the results of previous audits.
- Be followed by a written report which details audit outcomes and includes required actions and is concluded.

Table 1. Summary of BCM Lifecycle links to Trust documents

Summary of BCM cycle links to Trust documents	
Stage of lifecycle	**Element of BC Policy/ BCP's**
Programme Management	Trust Business Continuity Policy
Understanding the organisation	BC Training and exercising/ BC Plan activations and responses
Determining BC Strategy	BC Training and exercising/live exercises BC Plan activations and responses
Developing and implementing BCM response	Trust Business Continuity Plan/ Service Business Impact Analyses and Business Continuity Plans
Exercising, maintaining and reviewing	Trust Business Continuity Plan/ Service Business Impact Analyses and Business Continuity Plans

5.0 ROLES & RESPONSIBILITIES

5.1 Roles & Responsibilities within the Trust

To implement, develop and maintain this Policy, roles and responsibilities have been identified against individual posts within the Trust's structure. Broad definitions of these responsibilities are provided below. See Appendix A

5.2 Non-Executive Director

A Non-Executive Director will provide oversight and challenge to the Trust's EPRR arrangements and compliance to its statutory obligations.

5.3 The Chief Executive Officer (CEO)

The CEO is responsible for providing BC leadership and will ensure that a structure is developed and maintained which integrates and embeds BC within the Trust.

5.4 Accountable Emergency Officer (AEO)

The Accountable Emergency Officer will be responsible for ensuring that a Trust wide business continuity plan is developed, managed and

maintained. The Health and Safety Care Act 2012 places upon NHS funded organisations the duty to have an accountable officer with regard to emergency preparedness, resilience and response (EPRR). The Accountable Emergency Officer is the designated accountable officer and represents the Trust at the Local Health Resilience Partnership (LHRP) Strategic Groups.

The AEO has the executive authority and responsibility for ensuring the organisation complies with legal and policy requirements.

The AEO will ensure there is sufficient resource within the EPRR Team to deliver an appropriate and adequate Business Continuity portfolio.

5.5 On-Call Executive Team

The On Call Executive Team provide a 24/7 365 days a year response to any incidents which are significant and cannot be managed locally and/or where the length of the disruption is impacting on the Trust's service delivery.

The Executive On-Call will liaise with the CEO or deputy to discuss what action to take and to convene the Incident Management Team (IMT) as necessary.

5.6 Service Directors

Service Directors are responsible and accountable to the CEO & AEO and Trust Board for ensuring that Services within their Directorate have BCP's in place which are developed and implemented. They will nominate Service Managers who will take the lead in BC, or undertake this role themselves, depending on the needs and structure of their services.

5.7 Service Managers

Service managers are responsible and accountable to Service Directors for the implementation, development and management of BCP's within their Service and that they fulfil a role in the response structure. They are also responsible for:

- Ensuring their Services have a Business Impact Analysis and corresponding Business Continuity Plans
- Have risk assessed their Service functions
- Regularly update their BC plans with changes in service, staff, supplies, equipment et.
- Annually review plans
- Complete the Trust annual business continuity exercise, with their teams.
- Agenda Business Continuity discussions at team meetings.
- Engage in training and exercising, at both in house and external events.
- Ensure hard copies of BC documents listed in the red emergency folder see 2.1.4
- Action any lessons learnt
- Attend or send their deputy to the Trust's EPRR Operational Group.

5.8 Emergency Planning Team

The EPRR Lead is responsible and accountable to the Trust AEO and will facilitate the implementation, development, training and exercising the Trust and Service level BCP's, in accordance with the CCA '04 and supporting guidance.

5.9 Head of Communications

The Head of Communications will be part of any major incident or emergency response, planning communications for business recovery and should, therefore, be undertaken by a combination of their team working in conjunction with the Chief Executive Officer and/or On Call Executive. The response would follow the specific communications actions within the Trusts Communications Strategy.

5.10 All Trust Staff

All Trust staff will:

- Be aware of their BCP and where to access it on site
- Ensure all details are kept current and in date
- Attend recommended training & exercising sessions.
- Assisting in the development of BCP's.
- Taking part in the BCP activation process.
- During periods of disruption, fulfilling duties to manage the disruption and to also outside of their normal role in order to meet the requirements of the Service and Trust BCP's
- Engage in debriefs and the continuous improvement process
- Action any lessons learnt

5.11 Major Subcontractors

Services provided to the Trust by external suppliers are also required to have business continuity arrangements in place. In the development or review of contracts and service level agreements, provision for business continuity arrangements should be included.
They are required to work in unison with Trust staff members to resolve business continuity incidents in accordance with this Policy and agreed contractual obligations.

5.12 Information Governance

5.12.1 Senior Information Risk Owner (SIRO)

The Senior Information Risk Officer is the Director of Finance and Resources who is responsible for ensuring adequate security is in place around data and systems and for the safe use and disclosure of data. They chair the Information Governance Operational Group and attend the Information Governance Steering Group. They are responsible for ensuring information risks and incidents are managed properly and that the Information Asset Register is maintained and managed by the Information Asset Owners, including by way of receiving reports on compliance and referring issues to the Information Governance Steering Group.

5.12.2 Information asset owners

Information Asset Owners are responsible for ensuring that the data their services use is identified on the Information Asset Register; for identifying Information Asset Administrators and supporting them in carrying out their responsibilities and for ensuring the data they are responsible for is managed in accordance with the law and the Trust's IG and IT policies and procedures

BUSINESS CONTINUITY PROCESS

SECTION 1

OPERATIONAL REQIREMENTS

1.0	**PURPOSE**

1.1 Aim

The aim in outlining this Process is to set out how Business Continuity operates in the Trust thereby increasing the Trust's resilience in responding to emergencies and incidents.

1.2 Objectives

The primary objective of this Process is to minimise disruption and speed recovery following adverse events, whether they be internal or external.

This Business Continuity Process will concentrate on the following priorities:

- Personal safety of all patients, staff & visitors
- Implement an initial emergency response
- Protect the safety of assets including Trust financial systems, premises etc.
- Limit the loss of public confidence and adverse publicity
- Maintain effective communication to minimise loss of public confidence and adverse publicity
- To facilitate an efficient return to normal service provision

The Trust response to disruption is made in a coordinated manner and will include solutions to managing the period of disruption actively engaging in finding solutions to the challenges presented by the disruption, in unison with its stakeholders anticipating the needs of staff and service users during the recovery period.

2.0	**LOCALISED SERVICE BUSINESS CONTINUITY RESPONSIBILITIES**

2.1 Service Director and Management team responsibilities

It is each Service Director and their respective management team's responsibility to ensure each Service in their Directorate has a
- Business Impact Analysis,
- Business Continuity Plan, which includes Service Team Details and a
- Red Emergency Folder.

Please find links to the templates here;
http://nww.cambscommunityservices.nhs.uk/the-ccs-community/support-services/emergency-preparedness-resilience-and-response-(eprr)/business-continuity

This will enable each Service to manage business continuity disruption at levels 1 & 2 in accordance with the Trust BC structure. It is only when an incident is classified as a Level 3 or 4, will the Trust activate its Major Incident Plan.

Each Service Director is responsible for oversight on continual improvement via preventative and corrective action. See Appendix B

Each Service Manager will ensure that all staff within their Service is aware of all relevant documents pertaining to BC by storing these in a red emergency folder, see 2.1.4.

A copy of the BIA and BCP will also be held by the EPRR Lead.
The EPRR Lead will be responsible for ensuring continual improvement in one Service is shared more widely across the Trust, as appropriate.

2.1 Business Impact Analysis

In line with the ISO 22301:2012, the Trust has determined and documented the impact of a disruption to the activities that support its key functions through detailed business impact analysis (BIA) carried out across within each Service. For each Service we have:

- Assessed over time the impacts that would occur if the function was disrupted
- Established the period by which a function becomes critical
- Identified any inter-dependent activities, assets, supporting infrastructure or resources that have also to be maintained continuously or recovered over time.
- Reduce the likelihood of a disruption
- Shorten the period of disruption; and
- Limit the impact of a disruption on the organisation's key functions.

2.2 Business Continuity Plan

Each Service is to update its Business Continuity Plans around these seven key points:

o Programme – proactively managing the process
o People - roles and responsibilities incl. training and exercising in BC
o Processes- all organisational data and processes, including ICT
o Premises – buildings, facilities and equipment
o Providers - supply chain, including outsourcing and utilities
o Profile– brand, image and reputation
o Performance– benchmarking, evaluation and audit

In addition, consideration around providing answers to the following questions can assist teams:

- Which functions should be continued?
- Which functions should be suspended and for how long?
- How will continuity be achieved?
- Do we have alternative solutions/resources?
- Where are the alternative resources located?
- How long can we manage like this?
- Who is involved?
- Who needs to be involved?

2.3 Service Team Details

This is a contact details list for all team members within each Service, It includes, amongst other details, next of kin, car registration, fuel type and whether the member of staff is a priority fuel user.

2.4 Red Emergency Folder

Each service team will hold a Red Emergency Folder, which all staff will be aware of and which will incorporate a number of key documents in paper format including:

- Team Business Impact Analysis
- Team Business Continuity Plan
- Contact Details for all members of the team and escalation phone numbers for On-Call managers
- Essential Fuel Workers
- Supplier details incl. contact numbers etc.
- The Trust Business Continuity Plan
- The Trust Critical & Major Incident Plan
- Patient Guidance Directives/Medicines Management Standard Operating Procedure/Standing Operating Procedures to support High & Medium business functions.

2.5 Exercising, maintaining and reviewing

The EPRR Lead in partnership with Service managers and supported by the Service Directors will hold responsibility for the annual (or earlier if required) review and exercising of their Business Continuity Plans.

2.6 Preventative and Corrective Action

Preventative and corrective action will be completed following reviews, exercises and audits as well as following the activation of BCP's. This process will:

- Ensure that any recommendations made as a result of continual improvement are completed and recorded as such.

Provide confirmation that BCPs have been amended following any relevant changes.

SECTION 2

INCIDENT & ACTIVATION PLAN

1.0	INCIDENT RESPONSE

1.1 Incident Levels

There are four levels of incident. It is the resulting impact on the ability to provide essential and non-essential services that will determine the level of response required. Please see APPENDIX A. If you are unsure about the level of disruption, please complete the Incident Impact assessment form below in APPENDIX B which can help you determine the level of incident.

ALL INCIDENT LEVELS INCLUDING THE RECOVERY PROCESS REQUIRE THE USE OF SERVICE BUSINESS CONTINUITY PLANS.

1.1.1 Level 1 – Low Level Incident

A minor business continuity incidence can potentially happen on a daily basis, from a burst pipe to a software failure. These short periods of disruption of limited and low impact will be managed by the normal day to day operational co-ordination and escalation routes, i.e., the Service manager [Bronze commander] and the Service business continuity plans.

1.1.2 Level 2 – Moderate Incident

This is a business continuity incident which may affect a number of Services or have a longer period of disruption e.g., local flooding, local IT failure, telecoms disruption, localised infection disease outbreak. This will be managed by Service business continuity plans, however depending on the severity of the impact on prioritised Services and the duration of the disruption, the Service Manager may want to inform the On-call Executive [who provides Tactical co-ordination, Silver commander]

1.1.3 Level 3 - Significant Incident

This is an incident which impacts the Trust's ability to deliver critical activities and Services and will require Executive oversight. The Executive On-Call must be informed at this stage – call 01480 398500 and the Executive will conduct an impact assessment with the CEO [who provides strategic direction – Gold commander] to determine if the Trust will declare a critical incident or major incident standby. Services will use their business continuity plans to support the Trust to manage the disruption and to maintain safe levels of patient care.

1.1.4 Level 4 – Extreme incident

An extreme incident is when the Trust cannot deliver critical activities/Services and there is a risk to service users and staff safety e.g., Fire, Severe weather conditions causing damage to site and access issues, complete prolonged IT or utility failure (such as the Wannacry incident 2017 etc) or an External Major incident such as the Covid19 Infectious disease/ pandemic etc.
The incident will be managed by the Executive On call, with advice from Subject matter experts in the Trust and members of the IMT (see 1.2). The CEO & AEO will provide the strategic direction. The Major Incident will rely on Services

business continuity plans to help minimise the incident impact and aid the recovery process.

1.2   Command & Control at Levels 3 & 4

1.2.1 The Point of Contact for any impact on Business Continuity at **Level 3 or 4** is the On-Call Executive as set out in the On-Call Rota

1.2.2 Service Managers will notify the Executive On-Call who will, in discussion with the CEO, declare a critical, major incident standby or major incident. The Executive on Call will convene the Incident Management Team (|IMT) to manage the incident. The Executive On-Call who will become the IMT Lead will **invoke the Trust Critical & Major Incident Plan.**

1.2.3 To aid clarity and minimise confusion the Trust will use the same Structure as that used during a Major Incident. See the Trust's Critical & Major Incident Plan v.13.0. This will also aid a seamless move from disruptive event to Major incident plan activation if the situation dictates.

1.2.4 If a member of staff is on duty or on-call to respond to a major incident or Business Continuity incident and is not able to for any reason, they should ensure that alternative arrangements are put in place immediately.

1.2.5 If a major incident has been declared, events will be co-ordinated in the Incident Control Rooms see the Critical & Major Incident Plan Annex I & Ia.

Use Microsoft Teams to set up an Incident Management Team meeting and remember to start logging decisions and rationale immediately.

1.2.6 The Executive On-Call should also ensure that health and safety legislation is strictly adhered to. No staff should be asked to enter areas without proper safety equipment and/or training. Outside contractors may need to be hired to deal with the assessment of a building after a fire or flood and to assess its structural integrity before staff can be allowed in to assess the damage to equipment and paperwork.

1.3   Incident Management Team (IMT)

1.3.1 In order for the Trust to manage disruptive events, an IMT is required to ensure the organisation can be responsive to the incident. The IMT will be responsible for ensuring that this Plan is implemented and to co-ordinate the Trust's response. This IMT will have immediate responsibility for assessing the potential impact on services and, therefore, the likelihood for restoring services to normality.

1.3.2 Service managers should initially assess the impact for their area of control. The Incident Management Team will report any risks associated with maintaining the critical functions of the Trust to the CEO & AEO.
The Incident Management Team will be responsible for communicating internally and externally with support from the Communications lead.

1.3.3 To aid clarity and minimise confusion the Trust will use the same structure as that used during a Major Incident. This will also aid a seamless move from disruptive event to Major Incident plan activation if the situation dictates.

- IMT roles are outlined in the Trust's Action Cards in Annex B of the Critical & Major Incident Plan.
- IMT First Agenda is in Annex H of the Critical & Major Incident Plan
- Incident Control centres instructions are in Annexes I and Ia for the Meadows and The Poynt respectively.

1.4 Relationships with key stakeholders

The Trust must maintain excellent communication with stakeholders as during a period of disruption expectations of the Trusts capabilities will be high. The Trust will adopt the same communication strategy that is mobilised during a critical or major incident. Once again, this ensures a smooth transition to major incident operating procedures if the major incident plan is activated.

SECTION 3

RECOVERY PLAN

1.0	DECLARING AN INCIDENT AS OVER

1.1 Objective

An objective of this plan is to recover each Service and their operational capability as efficiently and effectively as possible in the shortest possible time and with the minimum of disruption to staff, service users and suppliers. A phased stand down of the incident may be co-ordinated by the IMT, but this will depend upon Service activity.

1.2 IMT Considerations

The Executive on-call or an authorised deputy should declare an incident over for the Trust only when the following have been considered: -
- The incident has been controlled
- The immediate needs of affected service users have been met
- Plans have been put in place to return to normal service / functions
- A communication system has been put in place to deal with any long-term effects
- Staff and / or service user concerns have been addressed.

1.3 Trust Considerations

To enable the Trust to recover from the incident(s) there will be a need to consider the following management priorities:
- managing the return to normal service delivery
- priority of Services including the impact on targets
- communication with service users affected by the incident including the re booking of cancelled appointments
- staffing levels in the immediate future
- identifying patients who require further surgical intervention
- support of staff welfare including appropriate counselling
- re-stocking of supplies and equipment
- auditing and reporting of the incident

1.3.1 Follow-up clinics should be held at an agreed time after the incident to enable the Trust to review service users and identify any further treatment or care needed as appropriate.

1.4 Communications

This may result in a notification to staff that the incident has been dealt with and a brief summary of any changes put in place

2.0	DEBRIEFS

2.1 Review & reporting

For all incidents requiring the implementation of the business continuity plan there should be:
- a hot/cold debrief meeting

- a review of this Plan, the Trust Critical & Major Incident Plan and Service BCP's.
- a report and action plan to the AEO & CEO

2.1.1 The purpose of debriefing is to capture the lessons learned for subsequent analysis. A debriefing session after an incident or exercise will help to:
- Improve procedures
- Inform future training
- Collect evidence for any enquiry
- Identify and respond to the needs of service users**.**

2.1.2 Debriefing provides an opportunity for everyone involved in the incident to comment on the response by the Services involved and, where appropriate by the Trust as a whole. In retrospect it is nearly always possible to identify the lessons to be learned and those things that could have been done better. Criticism should be constructive and not an attempt to apportion blame. When debriefing identifies what went well, individuals should be congratulated, and good practice disseminated.

2.1.3 Debriefing may be in large or small groups. There should be an opportunity to provide written comments. Whatever the form of debrief, it should take place as soon as possible after the event and contribute towards the final incident report.

2.2 Incident Report
2.2.1 An incident report should be produced at a timescale agreed at the debrief session. The EPRR Lead with the Service Manager of the service(s) affected should write the initial report and pass it the AEO for input and comment. It needs to be borne in mind that the report may become a public document and may be used in any public enquiry or legal proceedings. In the event that more than one Service is affected then the Incident Management Team (IMT) will nominate an individual to lead the preparation of the incident report.

2.2.2 Following the publication of the report, a formal review of the business continuity plan should be instigated, immediately addressing any areas of concern raised in the report.

3.0	STAFF WELFARE

3.1 Staff Responsibilities

The welfare of staff will need to be considered in all incidents, both during the immediate incident and through the recovery period. If a Service is to remain closed for a period of time, staff will be concerned about their pay, conditions and what they are required to do in the meantime. Health and Safety legislation must take priority in ensuring staff do not return to work before it is safe to do so, either for their own health or for the safety of the premises. It is the responsibility of all members of staff to keep their contact information up to date. Services should also maintain contact details of staff to ensure that individuals can be kept informed during an incident.

3.2 Counselling & rehabilitation

Counselling and rehabilitation services may be required for staff who have witnessed a traumatic event or suffered stress from dealing with the aftermath. Staff may contact Occupational Health direct or through their line manager.

The Chief Executive & Accountable Emergency Officer Responsible for providing BC leadership	Create and maintain the organisational structure in the Trust through which BC will be implemented, delegating responsibility to the Service Directors.	Ensure the BC is an integral part of the organisation management culture and that service plans reflect this		Adapt a lead role in the activation of the Trust Corporate BCM and the strategies within individual directorates
Service Directors Responsible and accountable for the development of BCM in their area	Support, engage and cascade key messages that support the development of Service BCP within allocated area of responsibility	Ensure that Service plans include the implementation of BCM and develop a positive attitude towards BC in the area of responsibility	Ensure that adequate time & resources are made available to Service Mgrs and their teams in to develop, exercise and maintain BCM within their area of responsibility and to understand BC arrangements within their own areas.	Activate and participate in the Trusts BCM and environment in direct response to disruption within their area of responsibility.
Service Mgrs. Responsible for the development, implementation, coordination and management of the	Lead development of Service BCP within allocated area of responsibility. Attend the EPRR Ops Group and support its aims and objectives.	Ensure compliance with the corporate BCP, ensure that Service development plans include BCP and develop a positive attitude towards BC in their area of responsibility.	Ensure that adequate time and resources are made available to Team leads and staff to develop, exercise and maintain a BCP for their Service	Activate and participate in the Trusts BCM and environment in direct response to disruption within their area of responsibility.
Teams Responsible and accountable to Service Mgrs. for the development and management of BC in their area	Contribute to the development of BCP within their teams	Ensure compliance with the corporate and personal development plans include BCP and develop a positive attitude towards BC in their area of responsibility.	Work with Service Mgrs to develop Service BCP. Ensure that all staff including those transferring in from another team or Service are given the necessary training in BC. Ensure that recommendations made within the continual improvement process are completed	Activate and participate in the Trusts BCM and environment in direct response to disruption within their area of responsibility.

APPENDIX A Roles chart

Structure	Implementation & Compliance	Development & Management	Activation

EPRR Lead

Responsible for assisting in training, exercising & development of BCM.

Support Services development of BCP

Deliver BCM training to Service Mgrs. and their management teams and help them develop the BCP

Identify the need and initiate change in the corporate & Service area BCM in line with corporate plans, organisational changes and further identified risks. Manage exercises and audits.

EPRR Lead informed of and advises on serious disruptions within services.

Incident Level	Description	Example	Plan Activation	Escalation and actions:
1 – Low level incident	An incident which requires activation of local business continuity plans to ensure essential activities are maintained.	Leaks, spills, generic maintenance issues...	Managed by the **Service BCP**	Report to line manager Follow the Service BC plan Report through DATIX Take any remedial action it is safe to take. Notify Service Director if this impacts upon a priority activity
2 – Moderate level incident	A business continuity incident which requires activation of a number of Service plans or there is a severity of impact on prioritised activities.	Local flooding, local IT failure, telecoms disruption, localised infection disease outbreak.	Managed by the **Service BCP**	Notify Service/Area Manager/Divisional Director who **may** notify the Executive On-Call and Accountable Emergency Officer (AEO). Follow BC plans Report through DATIX
3 – Significant level incident	Loss of **critical activities/services** due to a disruption or incident and will need the co-ordination of an Executive.	Utility failure, damage to site, restricted access to site, partial loss of key suppliers.	Managed by the Trust Critical & Major Incident Plan & supported by Service BCPs	Notify Manager and Service Director who **will** notify the Executive On-Call. The Executive On-Call in liaison with the CEO will determine whether to declare a Critical Incident or Major Incident standby.
4 – Extreme level incident	Loss of **critical activities/services** due to a disruption or incident that **may cause risk to patient and staff safety.** An incident which requires full implementation of Trust wide plans; declaration of a major incident will be considered by the Executive Team and/or coordination of an incident management	Fire, Severe weather conditions causing damage to site and access issues, complete prolonged IT or Utility failure, External Major incident.	Managed by the Trust Critical & Major Incident Plan & supported by Service BCPs	Notify Manager & Service Director who **will** notify the Accountable Emergency Officer (AEO) Out of Hours - notify the Executive On-Call on 01223 849776 The Executive On-Call in liaison with the CEO & AEO will determine whether to declare a Major Incident.

APPENDIX B

| team under the leadership of the Executive | | | |
| **INCIDENT LEVELS & ACTIONS TABLE** | | | |

Business Continuity disruption is managed by a process of escalation. There are **four** incident levels, each with a subsequent set of actions. These are described below. If you are unsure about the level of disruption, please complete the Incident Impact assessment form below which

APPENDIX C

1.1 Incident Impact Assessment Form

Use this Impact form to help you understand the impact of the disruption/incident on the business. The criteria should not be seen as restrictive or exhaustive

BEST Incident/outcome	Impact Expectations:				WORST Incident/outcome
	Low	Med'	High	Catastrophic	
STAFF/PERSONNEL					
Illness or injuries minor or non-existent					Serious illness or injuries and/or fatalities
No impact on staff morale					Severe impact on staff morale
FINANCIAL LOSS					
Key assets unaffected					One or more key assets out-of-action or destroyed
No contract penalties					Substantial contract penalties
No additional operating costs					Substantial uninsured additional operating costs
No loss of income					Substantial loss of Income
SERVICE FAILURE					
Single event					Multiple events
No prioritised activities affected					One or more prioritised activities affected
Site/building access not affected					Access to site/building denied for a week or more
Impact will be for a short time only					Impact will be for weeks
Staff and management continuing normal duties					Staff and management attention diverted for an extended period
All site business functions are working/continuing					Full off-site re-location necessary
No impact on low priority business operations					Severe impact on low priority business operations
REPUTATIONAL DAMAGE					
No impact on reputation					Severe impact on reputation
No impact on local community					Severe impact on local community
No media interest in the event/impact					Media interest certain
No single interest group involvement					Single interest group involvement certain
No pollution/environmental impact					Severe impact on environment
REGULATORY/LEGAL NON-COMPLIANCE					
No Impact CCA obligations					Severe Impact on CCA obligations
No H&S impact					Significant H&S impact
No legal or regulatory Implications					Inevitable legal and regulatory Implications
No external agencies involved					External agencies must be notified
CURRENT IMPACT					

Incident Level:	BC 1		BC 2		BC 3		BC 4
Current Assessment	Date:			Next Review		Date:	

	Time:		**Time:**
Assessor Name			