Business Continuity Management System

Business Continuity Procedure

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Business Continuity Procedure

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	Whole document	Amalgamation of BC Procedure and Corporate BCP	05/08/15	Ali Biegaj
2	Whole document	Update to post titles	04/08/17	Ali Biegaj

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Business Continuity Procedure

Procedure Statement

Background

The purpose of the Business Continuity Management System is to provide a Business Continuity Management Framework for LCHS NHS Trust; to ensure the resilience of the Trust to any eventuality and its ability to address business disruptions to critical services or functions, at an agreed level and within a time frame that minimises the impact to the organisation, staffing and the wider health and social care community, also protecting the brand and reputation.

The purpose of this procedure is to provide guidance and support in the event of an incident that immediately disrupts Lincolnshire Community Health Services business operations. The Business Continuity Procedure may be invoked alongside the Major Incident Response Plan.

Statement

It is the policy of LCHS NHS Trust to take all reasonable steps to ensure that the Trust can maintain or return to business as usual after a disruption, major incident or crisis and that key and critical operations continue until the situation is resolved and there is a return to business as usual.

The aim of this procedure is to provide clear guidance to enable the recovery and resumption of business operations within acceptable timescales.

Training

Directors/Heads of Clinical Services will be responsible for ensuring that all appropriate staff have appropriate training in line with the policy.

Responsibility

Compliance will be the responsibility of all LCHS staff.

Dissemination

Website
Team Brief

Resource Implication

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Business Continuity Procedure

Distribution List

Lincolnshire Community Health Services NHS Trust
- LCHS Chief Executive
- Director of Nursing and Operations
- LCHS Trust board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- Heads of Services (full cascade across LCHS Trust staff)

Clinical Commissioning Groups
- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire Clinical Commissioning Group
- South Lincolnshire Clinical Commissioning Group

NHS England
- Leicestershire and Lincolnshire Area Team

Public Health England
- PHE (Lincolnshire)

Emergency Planning Leads
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Partnership Foundation Trust (LPFT)
- East Midlands Ambulance Service (EMAS)
- Lincolnshire County Council
  - Adult and Children Services
  - Emergency Planning Unit
  - LRF

Peer Review
Business Continuity Lead Lincolnshire County Council
LPFT/ULHT

Business Continuity Procedure

Abbreviations

BCI	Business Continuity Incident
BCIMT	Business Continuity Incident Management Team
BCM	Business Continuity Management
BCMRT	Business Continuity Management Response Team
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BCRT	Business Continuity Recovery Team
BCT	Business Continuity Team
BS	British Standard
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
CRIP	Commonly Recognised Information Picture
ELT	Executive Leadership Team
EP	Emergency Preparedness
EPC	Emergency Planning Committee
EPL	Emergency Planning Lead
FHLS	Family and Healthy Life Styles
HoCS	Heads of Clinical Services
HR	Human Resources
IRT	Incident Response Team
IT	Information Technology
LCHS	Lincolnshire Community Health Services NHS Trust
LRF	Local Resilience Forum
NHS	National Health Service
NHSE AT	NHS England Area Team
MTPoD	Maximum Tolerable Period of Disruption
RTO	Recovery Time Objective

Business Continuity Procedure

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1   Introduction

1.1   The impact of a disruption to services in the public sector is a risk that many have identified at a strategic level and figures largely in risk registers. The need to plan is re-enforced by the Civil Contingencies Act (2004), which imposes a statutory duty for all NHS organisations to be resilient, developing and having in place business continuity plans. ISO 22301 and PAS 2015, is used by LCHS to benchmark their preparedness.

1.2   The BCMS looks at the totality of the Trust's operations and services which must function for critical service delivery to continue. Awareness of the changes to the business environment is necessary to allow planning to be reviewed and updated as the strategic direction changes.
This document details LCHS main Business Continuity procedure and overarching framework for response and recovery in the event of an incident, and should be read in conjunction with the Business Continuity Policy.

2.1.1   The organisation needs to be able to continue to deliver critical aspects of its day to day functions in the event of an emergency, if the impact on the health community it serves is to be kept to a minimum.

2   Aim of the procedure

- To provide a framework for the Trust's Business Continuity arrangements, identifying the critical functions of the organisation to ensure that services provided by and the business of the Trust continue at an accepted level in the event of a serious disruption (less serious disruptions to services are managed via the activation of Clinical/Corporate Service Business Continuity Plans)

- Provide a flexible framework for the overall response

- Recover all Critical Services (**Priority 1**) within agreed Recovery Time Objectives

- Restore all the **Priority 2 and 3** services disrupted during an emergency

- Provide a structure around which the selected recovery strategies for support functions and resources can be implemented

- Provide guidance and direction to the decision making of those charged with recovery activities

- Inform communications with key stakeholders (internal and external)

- Ensure the welfare, safety and security of the staff their environment and members of the public who use the services

- Comply with the duties under the CCA (2004) and with current best practice

3   Scope

3.1   This procedure covers the recovery of all LCHS services when a corporate response

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is required; it does not cover partner agencies or third party suppliers (LCHS requires evidence of robust Business Continuity arrangements to be provided for all subcontracted services).

4   Principles

The implementation of BCM is guided by the following principles:

- BCM supports the corporate governance of the Trust. This is achieved by clear links with the risk, audit and resource processes.

- BCM is delivered across all services; this is achieved by the identification of Business Continuity Co-ordinating Managers within each Clinical/Corporate Service and the use of BCM support tools, plans, training, testing and with a review structure in place.

- The BCM Response & Recovery is integrated with the Trust's Response to Major Incidents and Emergencies. This is achieved by the Emergency Planning Lead providing the linking mechanism to align BCPs with emergency response plans and the taking of a holistic approach across the Trust and with partner agencies through joint working.

- The plan may be invoked (in whole or in part) for an incident affecting, all or part of the organisation.

- BCM is driven by corporate priorities. This is achieved by agreeing critical service functions, tolerance to downtime and promoting resource allocation as part of the organisation business planning.

- Expectations and responsibilities for BCM are set out within the Business Continuity Policy. Roles are defined therein to ensure these are achieved.

5   Relationship to the Major Incident Plan

5.1   If the incident has the potential to affect people external to the organisation **or** if the incident is internal but has significant and/or widespread impacts on the organisation then the Trusts Major Incident/Emergency Response Plan contained within the Emergency Preparedness Portfolio should be activated.

5.2   If more than one Clinical/Corporate service is affected, then the Trusts Major Incident/Emergency Response Plan may also be implemented.

5.3   If the BCI occurs during/or due to a Major Incident the Director On-Call is assumed Gold Commander and concerned with managing the Trust's Major Incident Response, responsibility for the BCI must be passed to another Director (this role will be delegated at the first meeting of the Incident Response Team (Major Incident Plan).

5.4   A Major Incident may result in a Business Continuity Incident in which event the response to both will run simultaneously. Recovery should start before the end of the Response phase and therefore there may also be a requirement for a Recovery Team to be activated. The composition of the Incident Response and Recovery

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Teams will vary depending upon the type and scale of the incident and the membership of each team will have to be negotiated according to the situation at the time.

5.5 The Business Continuity Management Procedures should be followed to inform the required response.

5.6 Incidents are to be reported using the Business Continuity, Risk Notification Procedure **(Appendix 3)** and the Trusts reporting mechanisms (Datix / Serious Incident) which will allow this information to be captured, reviewed and used to revise plans.

6 Roles and Responsibilities

6.1 On-Call Director

6.1.1 On being alerted to an incident the On-Call Director should assess the information communicated to them by the On-Call Manager (who will act as Business Continuity Co-ordinating Manager) and seek additional information if required. Following confirmation, the On-Call Director should consult **Appendix 1** and decide which of the escalation pathways to adopt.

6.1.2 A BC incident will be declared by the On-Call Director when any of the following conditions are arising:

- If the incident has the potential to affect people external to the organisation **or** if the incident is internal but has significant and/or widespread impacts on the organisation then the Trusts major Incident/Emergency Response Plan should be activated.

- Any interruption which causes disruption to LCHS business as usual – any incident arising which threatens personnel, patients, or patient services, premises from which services are delivered / office buildings or the operational procedures of LCHS.

- Access to, or the ability to operate normal services from a Trust site is either fully or partially interrupted due to an incident occurring.

- The Trust's IT systems are interrupted causing substantial or significant system failure and therefore disruption to either a team or wider group of users.

6.1.3 The On-Call Director should delegate to the Business Continuity Co-ordinating Manager (On-Call Manager, Out of Hours) to establish the Business Continuity Incident Management Team as appropriate and set up a control room.

If the incident can be managed at a local service or Clinical/Corporate Service level, the appropriate Heads of Clinical Services / Corporate Service Director will refer to their own Business Continuity Plans (this will be managed by the On-Call Director and Manager during the Out of Hours period).

6.2 Business Continuity Co-ordinating Manager

The manager will be notified of an incident and based on the information supplied to them they should undertake an assessment of the situation (this role will be undertaken by the On Call Manager out of hours).

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6.3 Senior Leadership Team

- Provide strategic direction and overview to ensure an effective response is being undertaken

- Establish and maintain clear communication channels / provide briefings to media and public

- Manage potential harm to the reputation of the Trust.

- Authorise expenditure

- Liaise as necessary with CCG's NHSE Area Team and the multi-agency Strategic Co-ordinating Group (if convened) as appropriate

- Keep partners / key stakeholders informed

- Receive and consider situation reports

- Consider requesting assistance from other local authorities/agencies/parties

- Define the strategic recovery objectives, in liaison with the Business Continuity Incident Management Team.

6.4 Corporate Business Continuity Incident Management Team (BCIMT)

- Manage the Trust's response to the Business Continuity Incident, providing a single focus for decisions likely to affect the whole organisation.

- To co-ordinate the incident across Clinical and Corporate Services where appropriate.

- Ensure prioritisation of critical services

- Implement Surge Plan where appropriate

- Provide representation at multi agency meetings / groups

- Co-ordinate the call-in of additional staff and ensure that briefings are undertaken.

- Provide consistent messages/ information to staff.

- Ensure effective liaison with partner agencies

ALL REPORTS, DECISIONS AND ACTIONS MUST BE RECORDED

6.5 Corporate Business Continuity Recovery Team (BCRT)

- Co-ordinate recovery activities across the Clinical or Corporate Services.

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- Establish the organisations' recovery objectives in the event of a business interruption or the threat of an interruption to the delivery of one or more of the critical services

- Co-ordinate recovery activities with appropriate stakeholders, including suppliers and manage the budget and allocate resources for recovery, resolving any recovery conflicts if required.

- Provide support to the Service Business Recovery teams and the team will also monitor and direct all staff welfare, communications and support service activities relating to recovery.

- All actions and decisions and will be recorded.

6.5.1 Depending on the nature and extent of the incident/emergency, the Business Continuity Incident Management and Recovery Teams membership may include:

Business Continuity Co-ordinating Manager	Estates Manager
Business Continuity Incident Director	Human Resources/Workforce
Business Continuity Recovery Manager	Contracting
Emergency Planning Lead	Clinical Governance and Risk
Medical Director	Corporate Managers
Communication Team	IM&T
Clinical Managers	Loggists
Finance Manager	Support staff

Other people/roles may be co-opted as required for specialist areas e.g. Pharmacy, Infection Prevention and Control Team.

6.6 Emergency Planning Lead

- Corroborate nature and extent of Business Continuity Incident

- Validate accuracy levels and sources of information

- Assess the potential impacts of the incident or threat on services – particularly Priority one, and ensure measures are in place to deal with these, e.g. Service BCP's fit for purpose

- Provide information and advice as required to support Clinical / Corporate Service plan owners, BCIMT in deciding appropriate response level.

- Support the BCIMT and the Corporate Response

The Emergency Planning Lead will co-ordinate the structured debriefing and will prepare the post incident report.

7 Identified Risks

The number of risks is not exhaustive but could include:

Risk	Reason
Loss of workplace / premises	• Fire

	• Flood • Unsafe building • Act of terrorism • Extreme weather conditions
Loss of staff	• Industrial action • Recruitment • Pandemic Influenza or other communicable disease • Extreme weather causing transport difficulties • Lottery syndicate
Loss of IT	• Loss of server access • Loss of power • Theft / crime • Loss of information • Cyber-attack/ poor virus protection
Loss of communications – phones	• Power failure affecting phone exchange / server • Loss of service due to supplier issues
Loss of communications – postal service	• Industrial action • Severe weather
Loss of utilities	• Loss of supplies – off site • Loss of supplies – on site
Loss of supplies	• Supplier going into receivership • Extreme weather

Loss of reputation	• Poor decisions
	• Clinical / Governance incident
	• Media coverage
	• Failure to meet legal or statutory requirements e.g.
	    ○ CQC compliance
	    ○ CCA (2004) requirements
	• NHSLA

Financial Risk	• Lack of sufficient budget / financial reputation • Failure to achieve Foundation Trust status • Loss of Business • Failure to protect Trusts Assets
Fuel shortage	• Industrial action • Scarcity of supply • Technical problem with part of fuel infrastructure • Public protest

8 Definitions of incident levels and response:

In the event of a serious incident affecting the operations of the organisation, the following status levels will be used:

Status	Description
Red	A serious issue, affecting the operations of either a site/service or whole organisation requiring immediate activation of the Major Incident Response and / or appropriate Business Continuity Plans. Notification of members of the Trust Incident Response Team. Total systems failure / services stopped

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■	An issue attracting national media attention /affecting the reputation of the organisation.
Amber	An issue or an incident which can be managed within individual Clinical/Corporate Services but showing the potential to escalate requiring a full activation of the Major Incident Response and / or BCPs. Standby notification given to members of the Trust Incident Response Team. An issue which may potentially attract media attention /affect the reputation of the organisation.
Green	Not deemed to be of a serious enough nature to alert the Trust Incident Response Team, managed through service level BCPs, but provide a watch and wait for further instruction. Deemed to be no adverse publicity or reputational impact.

Depending on the severity of the incident they will activate the Major Incident/Business Continuity call-out cascade (Appendix 2) via Louth Hospital switchboard (01507 600100)

9 Internal and External Dependencies

9.1 Internal - Healthcare Services provided by this Trust to other PCT/Trusts

Service(s) Provided **LCHST as Sub Contract Holder**	To **Various Trusts – see Contracts Database**
Outpatient Clinic delivery at Community Hospitals	United Lincolnshire Hospitals NHS Trust
Theatre sessions at John Coupland Hospital	United Lincolnshire Hospitals NHS Trust Rotherham Hospitals NHS Foundation Trust GP practices e.g. Primary Care Surgical Scheme Providers
Child Health Outpatient bookings	United Lincolnshire Hospitals NHS Trust
Ordering of consumables for Children in the Community	United Lincolnshire Hospitals NHS Trust
Clinical Support to Inpatient services e.g. Speech and Language Therapy, Podiatry	United Lincolnshire Hospitals NHS Trust

9.2 External - Services provided by other Organisations to LCHST

Service(s) Provided	By
Various Clinical Support Services, Radiology, OT, Physio, Pharmacy (at Louth) and space at Acute Hospital Sites	United Lincolnshire Hospitals NHS Trust
Estate Ownership Agreements and resultant landlord/subcontractor services on to	NHS Property Services

occupying CCG tenant.	
Estates On-going and Backlog Maintenance	NHS Property Services
Estates Day to Day Facilities Management	NHS Property Services
Support Services:	
IMT – KEY SERVICE DELIVERY for IT involving maintenance of helpdesk, servers, support for remote working, IT infrastructure, GP practice and integration soft and hardware maintenance, Registration Authority, web services and telephony.	GEM Commissioner Support Unit
Pharmacy and Medicines Supply	Lincolnshire Co-Op
Medical Support to Hospitals and Intermediate	Louth and District Medical Services and various GP Practices
Financial Services – Payments and Procurement Lease Car Management	United Lincolnshire Hospitals NHS Trust
Payroll	Lincolnshire Partnership NHS Foundation Trust
Out of Hours GP Services (North Thoresby)	CoreCare Links Ltd.
X-ray at Peterborough MIIU	Peterborough and Stamford Hospitals NHS Foundation Trust
Transport	Thames Ambulance Service Ltd

10   Incidents with Other Service Providers or Suppliers

10.1   LCHS hosts services for other service providers. The various provider organisations are required to make their own provisions to ensure continuity of services during a Business Continuity Incident, affecting their operations in line with their own obligations under the Civil Contingencies Act (2004). All organisations that provide NHS funded care are required to be compliant with the minimum core standards contained with the Emergency Preparedness, Resilience and Response Framework (NHS England, 2015).
Corporate Services departments have identified all critical supplier dependencies. Each department has ensured that any critical supplier:

- Understands the significance to the organisation, in terms of the influence upon the delivery of the Key Services, of the services or products it supplies.

- Is aware of the associated recovery times and minimum service levels required by the organisation of the services or products it supplies.

- Has implemented continuity planning to ensure the continued provision of the services or products it supplies to the organisation.

10.2   Suppliers are required to evidence their business continuity plans and their performance is managed through the contracting process.

Where a supplier cannot provide the necessary assurances or commitments to maintain service to the organisation, relevant Corporate Services departments must implement arrangements to source alternative suppliers.

11. Reporting

The member of staff discovering an incident is responsible for the initial reporting of the incident. Reporting of the incident should be made to the service lead in the first instance. In the event of this manager being unavailable the person deputising for them or the On-Call Manager should be alerted

12. Activation of the Procedure

The process used to alert the organisation to a Business Continuity incident is via the Major Incident/Business Continuity Call Out Cascade **(Appendix 2)** which is activated by Louth Hospital switchboard **(01507 600100).**
Following this, the process of activation including whether it is necessary to do so, is the responsibility of Trust Directors / Heads of Clinical Services supported by the Emergency Planning Lead where appropriate.

12.1 Members of the Business Continuity Management Team will be provided with information at an initial briefing.

13 Escalation

13.1 The BC Co-ordinating Manager must decide whether it is appropriate to escalate to a more senior level. To assist with this decision making, the manager should utilise the Incident Response flow chart at **Appendix 1**.

13.2 If at the outcome of this, escalation is not required, the manager should work alongside those involved to manage the incident at a local level and ensure decisions are recorded appropriately.

13.3 If it is decided that escalation is required the level of escalation should be determined and the manager should contact the Heads of Clinical Services /Corporate Service Director for disruptions affecting more than one service or for incidents affecting the organisation as a whole or attracting significant political or media attention. The On-Call Director should also be contacted immediately and the findings of the initial assessment that was carried out, communicated.

It is important to ensure a detailed log of decisions and subsequent actions taken during the execution of the following procedures, using incident log books, which are available within the Control Centre and each Service Hub. Loggists should be called if required as part of the Business Continuity Cascade (**Appendix 2**).

14 Response

14.1 If the Major Incident Plan has already been or is simultaneously activated, it is assumed that an Incident Response Team will be convened. In this situation, it is the responsibility of the Chief Executive/Executive Leadership Team to ensure there is sufficient capacity to cover the response to the emergency situation and management of Business Continuity to ensure the delivery of the Trusts priority services.

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14.1.1 The focus on BCM priorities may change through the life cycle of an incident response, to meet differing demands. The need to provide cover for the response may not be just a short term requirement, but may be required over a longer period of time.

14.2   Corporate response to a serious Business Continuity Incident

A Corporate level disruption will be deemed to have occurred in the event of one or more of the following:

- The incident cannot be dealt with through normal operational procedures or the implementation of a limited number of Clinical/Corporate Service Business Continuity Plans.

- Special arrangements need to be implemented in order to deal with the incident.

- Existing responses arrangements within Service BCPs are in danger of being, or have been overwhelmed.

- A co-ordinated corporate response is required to deal with the incident.

- An issue is likely to cause widespread disruption to the majority of services.

- A Trust site accommodating multiple services is rendered unavailable

- An initially small level of disruption containable within one or a small number of BCP's escalates e.g. widespread illness and a reduction in available staffing and resources.

- The incident is as a direct result of failures of other agencies / third party suppliers which directly impact upon our services.

14.2.1 And as a result of the incident there is an impact on:

- Business as usual

- Health and Safety within the organisation

- Patient care, delivery of patient services, ability to sustain delivery of services within the organisation, affecting patients.

- Possibility of either adverse financial or reputation damage.

- A requirement to locate alternative working premises or service delivery resources.

14.3   Service Response

14.3.1 When an incident has occurred that will affect the organisations provision of services, the Business Continuity Incident Management Team will be convened and make decisions on how the organisation will continue to provide services; a Service / Department may be requested to activate its Business Continuity Plan.

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14.3.2 The formal request to activate a Business Continuity Plan will be received from either:

- Business Continuity Co-ordinating Manager/On Call Manager

- The Head of Clinical Service/Director for the Service

- The On-Call Director

- The Major Incident Response Team

14.3.3 Once this request has been received the appropriate Business Continuity Plan should be obtained. BCPs can be located in service/department folders within the Trust j drive and are also held within the Emergency Planning section of the staff website, without staff personal telephone numbers.

14.4 Ensuring effective continuity of the Trust's Priority 1 services

There are a number of services that have a criticality rating as priority one services (target recovery time of one day or less) in the event of an emergency or serious business disruption; this is because the service, or an aspect of it is either an essential service (i.e. Urgent Care Services/Rapid Response) or it is essential in managing the disruption or in assisting services to recover. The Priority 1 services may change dependent on a number of factors (i.e. service provided, time/date/ seasonal period, type of threat).

The Corporate Business Continuity IM Team in consultation with appropriate Service Directors and Head of Clinical Service and the Organisation Escalation/ Surge plan will determine whether services will be:

- **Enhanced** – to respond to the Business Continuity Incident

- **Reduced** – in order to enable the transfer of resources to support a higher priority service.

- **Suspended** - to enable the re-allocation of resources

Service Directors and Head of Clinical Service should be consulted to inform them of the need to transfer/reallocate resources.

The Corporate BC IMT will consider the requirement for additional premises and resources required for Priority 1 services which if affected, must be recovered first.

14.5 Ensuring sufficient staffing resources

- Identification of essential roles will be required and how quickly they need to be recovered. This will be informed by the Service Impact Assessment **(Appendix 5)**/Recovery Plans **(Appendix 6)**.

- Additional staff may need to be trained to fill roles in exceptional circumstances (e.g. Pandemic Flu).

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- Decisions about the reallocation of significant numbers of staff will be made by the BC IM and Recovery Teams, based on the organisations capabilities, constraints and the needs of the Organisation / Health Community.

- Part time / bank staff to be canvassed to work additional hours /days.

- Mutual Aid across the organisation.

- Use of agency workers (remember, if other health organisations are affected, there is likely to be competition / high demand).

- Suspension of non-essential workloads.

- Additional hours offered to staff (within agreed limits).

- Mutual Aid across the Health Community

14.6   Ensuring sufficient equipment / provisions

In order to enable the delivery of priority services, respond to the disruption and recover as quickly as possible, additional resources may be required. The BC Incident Management and Recovery Teams will ensure prioritisation of existing resources and procurement of any additional resources. This may result in some services being scaled down or suspended.

In event of a fuel shortage, LCHS should follow the actions detailed within the Fuel Plan (**Emergency Preparedness Portfolio: Section 11**). Guidance should be followed as per Central Government guidance and the national Emergency Plan – Fuel (NEP_F). Prioritisation of services will be listed, **should** a temporary logo scheme be invoked *(** the implementation of this should not be relied upon and local plans followed**)*

14.7   Ensuring Staff Health, Safety and Welfare

- In any redeployment of staff to new duties, e.g. to maintain priority services or respond to an incident, the BC IMT and Recovery Team, should ensure that service managers facilitate safe working, e.g. staff should be made aware of all relevant risk assessments and safe systems of working, and any appropriate personal protective clothing or equipment provided.

- Particular care should be given to the redeployment of inexperienced, young, pregnant or staff with pre-existing health issues.

- Managers should also ensure that staff assisting in service provision take appropriate breaks, have suitable work patterns and achieve co-ordinated changeovers. Emergency management, particularly if of protracted duration, will only be effective if the organisations capacity to continue to deliver services is not exhausted at an early stage.

- The Trust will have regard to potential impact that an incident causing service disruption could have on its staff. Staff counselling services will be available in appropriate circumstances.

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- The BC IMT will ensure the appropriate corporate response is made in the event of any injuries or fatalities being reported by service managers. This response will be recorded within the Datix system and a Serious Incident form completed if necessary.

15 Command and Control

15.1 The primary location for the Corporate Business Continuity Incident Management Team will be a nominated room within Beech House; if this is not available (Major Incident running concurrently), a suitable alternative location will be identified.

15.2 In the event of Business Continuity Plans being activated, the Service Manager or Deputy has the lead responsibility to manage the response, at a Department level and the Head of Clinical Service /Service Director for the Clinical / Corporate Service.

15.3 The Head of Clinical Service / Service Director should provide regular reports at agreed intervals to the BC Co-ordinating Manager / BC Incident Management Team.

16 Impact Assessments (Appendix 4 and Appendix 5)

16.1 The first course of action required in the event of plan activation is for mitigating actions to be put in place, following which a Service/Departmental Impact Assessment **(Appendix 5)** should be undertaken.

16.2 The aim of undertaking the impact assessment is to assess and analyse the impact that has or is likely to occur given the nature of the incident, on each key function that is detailed within the Business Continuity Plan.

16.3 The Impact Assessment should outline:

- The likely impact on service functions

- The outcome on service delivery

- The mitigating actions that can or are being implemented to reduce the effect on service delivery

- Which critical, essential or routine services will be disrupted beyond the Maximum Tolerable Period of Disruption given the current resources and what the impact of this may be for the Organisation.

16.4 The Heads of Clinical Services / Service Director may use the Clinical/Corporate Service Impact Assessment **(Appendix 4)** to collate the impact across the Clinical/Corporate Service. The collated information will provide detail of:

- Assurances of the services (critical functions) that can continue with little or no disruption

- The services that will be disrupted and the expected outcome on service delivery.

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- The mitigating actions that can or are being implemented to reduce the effect on service delivery.

- Which critical, essential or routine services will be disrupted beyond the

- Maximum Tolerable Period of Disruption given the current available resources and what the impact of this will be for the service / organisation.

16.5 This impact assessment should be given to the BC Co-ordinating Manager / Business Continuity Incident Management Team.

17   Reporting Structure

17.1 The appropriate Head of Clinical Service /Service Director should provide regular updates at agreed times to the BC Co-ordinating Manager as requested.
The Manager/Service Director should ensure that there are appropriate mechanisms within the Service / Department for updates to be provided by staff.

17.2 The responsible officer and deputy for each Clinical / Corporate Service are:

	Head of Service / Director	First Lead	Second Lead
Finance	Director of Finance	Head of Finance	Finance Manager
Workforce	Director of Workforce	Deputy Director Workforce	Senior HR Business Partner
Informatics	Director of Workforce	Head of Informatics	Head of Contracts and Business Development
Proactive Care	Deputy Director of Quality & Workforce	Head of Clinical Services	Proactive Care Matron
Urgent Care	Deputy Director of Operations	Head of Clinical Services	Urgent Care Matron
Community Hospitals	Deputy Director of Operations	Head of Clinical Services	Community Hospitals Matron
FHLS	Deputy Director of Quality & Workforce	Head of Clinical Services	FHLS Service Leads

Contact details are held within both the Manager On-Call and Director On-Call files and are held as part of the Major Incident / Business Continuity call out cascade, held by Louth switchboard.

18   Tasks

18.1 The initial task is to ascertain what has happened; a process of collating information to ensure 'situational awareness', undertaken and a sit rep completed by the On Call Manager if a Major Incident has been declared. Business Impact Analysis templates will provide further information of impact to the organisation. Assessment needs to be undertaken, both from a service and resource perspective, to resolve any conflicts and prioritise actions

18.2 On-going actions include:

- Providing strategic /tactical direction

- Co-ordinating and focusing the response

- Ensuring the Trust response is consistent and communicated appropriately to service users, partner agencies, key stakeholders, the media and staff.

- Protecting the reputation of the organisation.

18.3   The following principles should be use alongside the Business Continuity Policy

Check Information Received	**Assess Criticality**
• Record key facts (CRIP - Appendix 7) • Validate the source of information • Corroborate the facts • Notify (as appropriate) • Document actions and outcomes	• Review key facts • Risk assess situation • Communicate according to criticality • Document actions and outcomes
Implement Plan	**Escalate and Communicate**
• Review assessment • Discuss, prioritise and disseminate actions and outcomes • Document actions and outcomes	• Contact key staff • Escalate to required level • Maintain communications (Comms Team) • Document actions and outcomes

18.4   Receiving and responding to reports:

- **Impact Assessments:** received for all affected services, the Business Continuity IMT will be required to assess the overall impact / project the developing and continued impact and ensure / develop appropriate responses

- **Situation Reports:** the Business Continuity IMT will need to receive and act upon information on the development and progress of the incident as appropriate and inform the Trust Executive Team.

19   Briefing and Reporting Responsibilities

The Corporate Business Continuity Incident Management and Recovery Teams will ensure that the Executive Leadership Team is appropriately informed of the incident and its progress, in order to inform and agreed recovery strategies.

20   Communications

20.1   Communication and Media Strategies

Incidents will often attract media interest. The media can be proactively utilised during an incident and can provide a valuable way of 'warning and informing' /

reassuring and communicating with the public. Conversely, the media can also have a detrimental effect on the response.

Handling the media effectively is the prime responsibility of the Communications Team (01522 308966/308906, via the Director on Call, Out of Hours). **No member of LCHS staff is permitted to speak to the media without explicit consent to do so.**

The BC IMT will develop/ use appropriate strategies for communicating with staff, services users, key stakeholders, the public and the media (see Communication plan contained within the Emergency Preparedness Portfolio)

- A representative from the Communications Team will be a member of the BC IMT.

- Any helplines established will, be maintained as a Priority 1 service to ensure service users / the public can contact the organisation.

- The Trust internet and staff web sites will be updated at the earliest opportunity with appropriate information.

20.1.1 The Communication Team will co-ordinate all contact with the media. In order to ensure up to date and accurate information is provided:

- Media briefings will only be carried out via the Communications Team

- Media protocols will be implemented, e.g. where and when press briefings are to be held, keeping staff, service users, key stakeholders and public aware of the current situation.

- All media enquiries must be forwarded to the Communications Team.

20.1.2 The Communications Team will work closely with HR, to ensure prompt and appropriate communication to staff:

- Information will be passed from the BC IMT to senior managers.

- The staff internet site will be used to communicate general messages to all staff.

- If significant numbers of staff are asked to stay at home/work from home (e.g. fuel crisis), consideration should be given to setting up a staff information line to keep staff updated.

20.2   Communication with Service / Department Managers

20.2.1 Where appropriate the Heads of Clinical Services /Deputy should notify Service/Department Managers who will then be responsible for notifying the staff within their own services /departments. Contact details are available in the Service BCPs. Heads of Clinical Services /Deputies should be able to access this information remotely, by use of VPN.

20.2.2 Information to Service/Department Managers should include the following information, which can then be relayed to staff within identified Services / Departments:

- What the incident is

- What the cause of the incident is or may have been (if known).

- How long the incident is likely to last

- How the incident could affect their work

- What is expected of them during the course of the incident

- Confirmation of how communication should be maintained between them and their manager.

20.3 Communication with Stakeholders

20.3.1 It is important to inform the organisations key stakeholders and it is the responsibility of the Incident Director in conjunction with Heads of Clinical Services / Service Directors to inform all stakeholders. Key stakeholders will be collated from details held within Service BCPs

20.3.2 Many stakeholders may need to be contacted during an incident and these should be prioritised. Advice may be sought from the Communications team, in developing appropriate messages.

21 Finance

The Trust financial regulations and standing orders recognise the need to make arrangements for emergencies, as outlined in the Civil Contingencies Act, 2004 and associated guidance. Arrangements in place provide sufficient flexibility for Service Directors / Heads of Clinical Services to act where additional expenditure is required to prevent or alleviate an emergency. Expenditure relating to major incidents/emergencies will be co-ordinated and authorised by the Business Continuity Incident Response Team with reference to the Director / Head of Finance.

22 Procurement of Goods and Services

22.1 Normal procedures relating to the procurement of goods and services may not be appropriate. Although every effort should be made to use the normal procedures, it may be necessary to make orders by telephone or other means.

22.2 Managers wishing to procure goods or services in the event of a Business Continuity Incident should use existing cost codes. In exceptional circumstances consideration regarding the use of an emergency cost code / purchase cards can be considered. The use of this code will be managed by the Business Continuity Incident management / Recovery Teams:

- In the first instance a request should be made through the BC IMT for approval, once this has been obtained and recorded the code will be supplied.

- Orders raised will subsequently be approved by a delegated manager, who will reject the orders if the relevant approval has not been obtained.

- It is essential that careful records of any expenditure are kept / receipts are kept, for auditing purposes.

23 Considering Partner Agencies and Trade Unions in the Response

Depending on the nature of the incident, a range of partners may be involved, e.g. those affected by the incident (Health Providers/ Emergency Services) or those who are able to support the organisation to recover. The BC IMT and Recovery Team will consider the following issues:

- Advising partners that an incident has occurred

- Understanding how an incident impacts on partners, especially where they deliver or co-deliver Priority 1 services.

- The capacity of partners to maintain services or an on-going response to the incident, especially if the incident or its impact is prolonged.

24 Post Incident

24.1 Incident Stand-down / Handover to Recovery

At the end of any incident it is the responsibility of the chair of the BC IMT to officially call 'stand-down'; this marks the end of the incident response phase and where appropriate handover to recovery. The fully implemented recovery phase may not be completed for some considerable time.

The BC IMT should ensure that stand-down is communicated to all staff, relevant key stakeholders, partner organisations and service users.

24.2 Recovery from Incidents

24.2.1 Recovery should be considered from the beginning of the incident and not left until the Response phase is over. For example as people plan to cease services to create capacity to deal with an emergency, it makes sense they should also plan how and when to start them up again (this is detailed within the Escalation / Surge plan).

24.2.2 Recovery planning may be affected by the circumstances at the end of the emergency e.g. damage to premises, staff unable to work normally. The aftermath of the incident, may also lead to an increased workload resulting from postponement of non-critical work. A Service Recovery Template **(Appendix 6)** should be completed to provide an overview of the actions required.

24.2.3 A Business Continuity Recovery Manager will be designated as appropriate (senior manager) to lead and manage the Business Continuity Recovery Team, the roles and personnel required will be specific to individual incidents and staff will be re-deployed as appropriate (e.g. Finance, Workforce, Estates, service specific staff). The Business Continuity Recovery Manager will also designate a venue from which to control and manage the Recovery (Trust Headquarters, Beech House, Lincoln) if the incident affects the Trust as a whole, or this will be in a venue agreed within the Service concerned**.** The Business Continuity Recovery Manager will decide whether or not to activate the Business Continuity Recovery Team and determine the roles required e.g. Specialist Advisor**,** Business Continuity Recovery Support Team.

24.2.4 The loss of key assets, e.g. equipment, IT, records, can present major problems in terms of recovery. The BC IMT will monitor steps taken by Clinical/Corporate Services to ensure adequate recovery and restoration.

Where required specialist assistance will be sought to reduce the long term impact on the organisation e.g. specialist service providers in the event of smoke or flood damage or decontamination services to advise of hazards (toxic fumes) etc.

24.3 Recovery Process - (**_please see the Recovery Plan contained within the Emergency Preparedness Portfolio_**)

24.3.1 The process covers the following:

- Preventing the escalation of the impact of the emergency i.e. restoring services as quickly as possible, prioritising critical functions (Escalation and Surge Plan).

- Restoring the infra-structure and the resources to do so.

- Restoring targets, governance arrangements, financial management

- Considering opportunities created by the emergency e.g. for identifying and implementing improvements

- Recording information to ensure lessons learnt and experiences are available for the future.

24.3.2 The process depending on the size and severity of the incident may need to be phased in a sustainable way taking account of the needs of the workforce, who themselves may need to recover from the incident (e.g. following pandemic flu).

- Numbers of clinical and non-clinical members of staff available to return to work at any time.

- A phasing in the resumption of normal services, depending on skills and resources available

- Provision of psychological support to staff.

- Dealing with depleted supplies and necessary maintenance or replacement of facilities / equipment/.

24.3.3 Recovery Phase

- **Notification and Incident Management followed by handover to the Business Continuity Incident Recovery Team, if not already done.**

- **Inform the initial communications plan for staff, patients and stakeholders.**

- **Consider any initial staff and student welfare or safety requirements.**

Stabilisation

- Continue to provide Strategic direction for recovery across the organisation as appropriate

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- Support the response through the allocation of Corporate Services resources.

- Monitor the rate of recovery and be prepared to escalate activities or scope if required.

- Review communications message for stakeholders and define the key messages for the media.

- Keep the informed of any strategic actions and progress

- Assess the time it will take to return to normal service levels.

- Assess the resources required to return to normal service.

Resumption

- Identify any potential to improve critical functions or services or working practices as a result of the interruption.

- Provide direction to BC IMT to implement return to normal service levels.

- Monitor recovery and be prepared to escalate if required.

- Confirm staff or patient welfare requirements.

- Continue refining communications message for stakeholders and media.

- Identify any tasks that will have to be handed over to other staff in the Consolidation phase.

- Direct stand-down / initiate through BC IMT. Consider the financial implications of the incident.
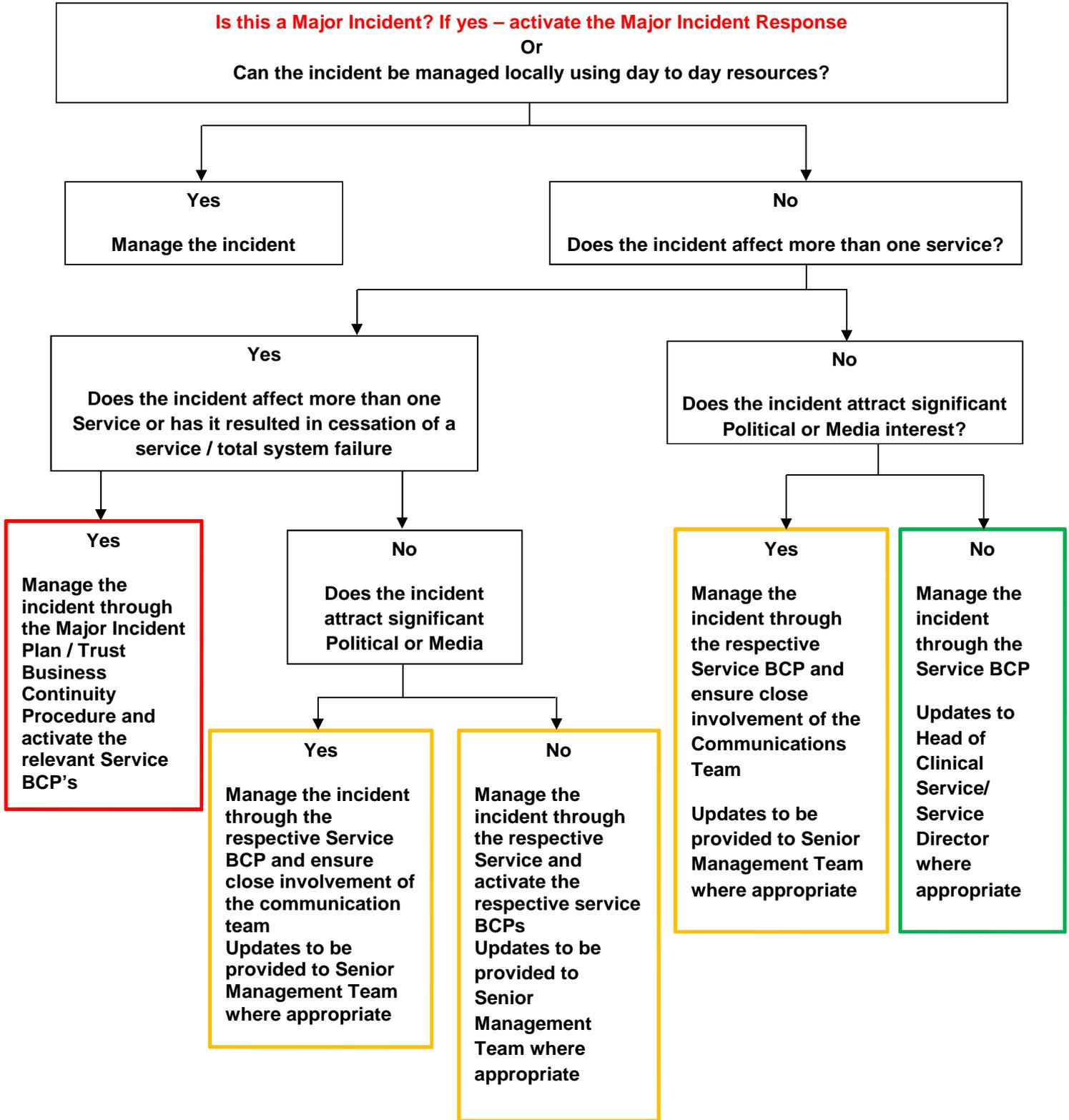
Normal Working

- Define messages for key stakeholders, including patients, suppliers and media.

- Conduct a formal debrief of the Incident and of the implementation of the Corporate BCP.

- Produce a Post Incident Report and Lessons Identified Report.

- Revise the Corporate BCP as appropriate.

25.   Post Incident Debrief

It is essential following a Business Continuity Incident for a formal structured debrief to be held, to evaluate the response, develop action plans to revise plans that are in place, ensure appropriate actions are taken to prevent further incidents and identify and cascade any lessons. The Emergency Planning Lead will normally co-ordinate attendances at an internal debrief.

25.1   The Heads of Clinical Services / Service Director in conjunction with the Emergency Planning Lead are responsible for ensuring that Business Continuity Plans are appropriately revised and updated.

Incident Response

Incident Occurs

Is this a Major Incident? If yes – activate the Major Incident Response
Or
Can the incident be managed locally using day to day resources?

Yes

Manage the incident

No

Does the incident affect more than one service?

Yes

Does the incident affect more than one Service or has it resulted in cessation of a service / total system failure

No

Does the incident attract significant Political or Media interest?

Yes

Manage the incident through the Major Incident Plan / Trust Business Continuity Procedure and activate the relevant Service BCP's

No

Does the incident attract significant Political or Media

Yes

Manage the incident through the respective Service BCP and ensure close involvement of the communication team
Updates to be provided to Senior Management Team where appropriate

No

Manage the incident through the respective Service and activate the respective service BCPs
Updates to be provided to Senior Management Team where appropriate

Yes

Manage the incident through the respective Service BCP and ensure close involvement of the Communications Team

Updates to be provided to Senior Management Team where appropriate

No

Manage the incident through the Service BCP

Updates to Head of Clinical Service/ Service Director where appropriate

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Lincolnshire Community Health Services **NHS**
NHS Trust

Major Incident / Business Continuity Call Out Cascade

↓

24 Hour Response

↓

Internal Source or External Source (usually via CCG Director)

↓

Call to Louth County Hospital Switchboard 01507 600100

↓

LCHS Director on Call Contacted (detailed on rota)

↓

LCHS Operational Manager On-Call Contacted (detailed on rota) → **Inform Emergency Planning Lead**

↓

Further Response / Support Required (TBD by On-call Director & Manager)
additional to staff currently working, i.e. additional capacity or expertise required*

↓ ↓

Corporate

Communications Team
Chief Executive
Director of Nursing and Operations
Director of Finance
Director of Workforce
Head of IT

Specific Service

Head of Clinical Services
Matron
Team Lead
HR Adviser
Estates Manager
Loggist
Admin support

If the Business Continuity Incident occurs during / or due to a Major Incident the Director on call is assumed Major Incident Director and concerned solely with managing the Trust's Major Incident response; responsibility for the Business Continuity Incident must be passed to another Director or this task delegated to another manager

RISK NOTIFICATION PROCEDURE

Background
Part of the responsibility of the Emergency Planning (Business Continuity) Lead (EPL) is to assess the Business Continuity risks faced by the LCHS - the Emergency Planning Lead (EPL) needs to know of any events occurring throughout the organisation which may indicate a risk that requires to be monitored. This document identifies the factors that should be considered when assessing if an incident should be reported to the EPL.

Notification Process
The decision to notify should be based on three factors:-
- Time – how long the incident lasts for or how long the outage is for
- Effect – the effect the incident has on service, process / system or organisational reputation
- Scale – does the incident impact upon the organisation as a whole, BU/Corporate / Countywide Service or specific service / part of.

To calculate the score the following applies: **Time + Effect + Scale**
These factors should be graded and scored, and incidents or occurrences that attract a score on or above the designated benchmark, must be notified to the EPL using the reporting form.

Score Time (outage) Effect Scale

Score	Time (Outage)	Effect	Scale
3	4 hours +	• Serious incident affecting quality, patient care/potential long term effects • Total system failure / service ceased • Adverse publicity involving national media/ affecting organisation reputation	High - Organisation wide
2	1-4 hours	• Significant incident affecting quality. Unsatisfactory patient experience / outcome with short term effects (< 1 week). • Substantial or significant system failure. • Adverse publicity involving local media potential impact on reputation	Medium – Confined to Clinical or Corporate Service
1	0-1 hour	• No impact on patient experience/ outcome • No or limited system failure • No adverse publicity or reputational impact	Low – Local effect only

Should the incident or occurrence concerned attract a combined added score of '**5' or more**, it will be required to be notified to the EPL. Incidents such as, but not limited to, the following should be reported to the EPL.
- Incidents affecting patient care   • Telecomms failure   • Power outage   • IT outage
- Incidents attracting media attention/affecting/potential to affect the reputation of the organisation

An incident that impacts on your ability to deliver a key service should be reported.

Incident Reporting Responsibilities
Any incidents meeting the above criteria should be reported to the EPL as soon as is reasonably practical following the event.
Business Continuity Reporting
- Emergency Planning Lead   • On Call Manager (when appropriate)
Departmental Reporting
- Matron/Manager   • Service Lead   • Clinical Governance Lead

Ensure a copy of the form is kept with the Business Continuity Plan and sent to the Matron and EPL. The Matron will forward to the Clinical Governance Lead.

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Business Continuity Incident Record

Time and Date of Incident	
Location	
Discovered by	
Contact Number	
Sate whether Near Miss, Local resolution or Business Continuity Plan Invoked:	
Type of incident Tick appropriate box)	

Total Loss of Building		**Significant / Partial Damage to Building**	
Significant / Partial failure of IT / Comms		**Loss of / damage to Information / Data**	
Loss of / damage to Primary Utilities		**Loss of Staff**	
Loss of Suppliers		**Other (specify)**	

Summary of Circumstances
Initial Actions
Lessons Identified
Report sent to Emergency Planning Lead by:
Date:

Clinical / Corporate Service Impact Assessment Template

Clinical / Corporate Service			
Completed by		**Date and Time Completed**	
Services included in the Impact Assessment			
Submitted to			

Impact Score

	Time	Effect	Scale
3	Likely to last > 4hours	• A serious incident affecting quality / patient care with potential long term effects • Total systems failure / service ceased • Adverse publicity involving national media, affecting organisational reputation	Whole organisation Organisation wide service
2	Likely to last 1-4 hours	• Unsatisfactory patient experience with short term effects • Substantial or significant failure • Close to Maximum Tolerable Period of Disruption (MTPoD) • Adverse publicity involving local media potential / some impact on trust reputation	Confined to Clinical / Corporate Service Department
1	Likely to last 0 – 1 hours	• No or limited failure • No adverse publicity or reputational impact	Incident within a service, local effect only

5 - 9	
4	
0 - 3	

Clinical / Corporate Service Impact Assessment Template

	5 - 9	4	0 - 3
Number of Category 1 Functions			
Number of Category 2 Functions			
Number of Category 3 Functions			
List key risks / problems			
URGENT Resource shortfalls			
Comments			

Service / Department Impact Assessment Template		
Service / Department		
Service / Department Manager		
Date and Time Completed		
Clinical / Corporate Service		**Head of Clinical Services / Director Submitted to**	
Have all staff been alerted to the incident (appropriate to the incident)?		

On the following page below please complete an impact assessment for the functions that are operated within your department. You should refer explicitly to all the processes that were submitted as part of your Service (Department), /Directorate.

For each function the priority is to establish the current impact. Please assess each service against the following criteria (Time, Effect and Scale) and provide a score: **Impact Score**

	Time	Effect	Scale
3	Likely to last > 4hours	• A serious incident affecting quality / patient care with potential long term effects. • Total systems failure / service ceased • Adverse publicity involving national media, affecting organisational reputation	Whole organisation Organisation wide service
2	Likely to last 1-4 hours	• Unsatisfactory patient experience with short term effects . • Substantial or significant failure. • Close to Maximum Tolerable Period of Disruption (MTPoD). • Adverse publicity involving local media potential / some impact on trust reputation	Confined to Clinical / Corporate Service Department
1	Likely to last 0 – 1 hours	• No or limited failure • No adverse publicity or reputational impact	Incident within a service, local effect only
Total			

5 - 9	
4	
0 - 3	

List your Dept / Service functions below	Criticality 1 2 3	Impact Score Insert x	Type of Disruption	Impact on service delivery	Action required to minimise impact / disruption	Comments i.e. additional resources required
		5 - 9 4 1 - 3				
		5 - 9 4 1 - 3				
		5 - 9 4 1 - 3				
		5 - 9 4 1 - 3				
		5 - 9 4 1 - 3				

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Service Recovery Plan Template

Service Name		Service Manager	
Date and Time Completed			
Clinical / Corporate Service		Heads of Clinical Services / Director Submitted to	

For each function you should establish the current situation. Under 'current state' please select **from:**

Impact Score

	Time	Effect	Scale
3	Likely to last > 4hours	• A serious incident affecting quality / patient care with potential long term effects. • Total systems failure / service ceased • Adverse publicity involving national media, affecting organisational reputation	Whole organisation Organisation wide service
2	Likely to last 1-4 hours	• Unsatisfactory patient experience with short term effects . • Substantial or significant failure. • Close to Maximum Tolerable Period of Disruption (MTPoD). • Adverse publicity involving local media potential / some impact on trust reputation	Confined to Clinical / Corporate Service Department
1	Likely to last 0 – 1 hours	• No or limited failure • No adverse publicity or reputational impact	Incident within a service, local effect only
Total			

5 - 9	
4	
0 - 3	

Where business disruption has been experienced, detail what must be done in order to return to normal working business.

Service Recovery Template

List your Department functions below	Criticality 1,2 or 3	Impact Score	Impact experienced on service delivery	Action required to return to normal working business	Resources required beyond those currently available.
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			
		5 - 9 4 1 - 3			

Common Recognised Information Picture (CRIP Form)

Guide Questions	Use left handed guide questions as prompts to capture required information from caller:	
Completed by:	**Date:** **Time:**	
What has actually happened or is the anticipated scenario is this an anticipated scenario (include date and geographical location if planned event).		
Which services/organisations are involved and / or has a major incident been declared and by whom?		
Where is the exact location of the incident?		
What type of incident/scenario is it?		
What hazards are currently present or anticipated or what mitigations are planned?		
What are the range or numbers of people (that could be) affected?	**Internally**	**Externally**
Which services /organisations have been affected by the incident?		
What impact will this incident have on the service / Organisation and the wider health community (if appropriate)		

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Major Incident / Business Continuity

Incident Control Centre Venues		Business Continuity Leads
Primary Incident Control Centre	Beech House Witham Park Waterside South Lincoln LN5 7JH 01522 308686 / 308687	**Finance** • Director of Finance • Head of Finance • Finance Manager **Workforce** • Director of Workforce • Deputy Director of Workforce • Senior HR Business Partner
Back-up Incident Control Centres		
Corporate	To be nominated by Senior Management, dependent on type of incident/location	
Proactive Care	John Coupland Hospital Gainsborough	Heads of Clinical Services Matrons Proactive care
Urgent Care	Boardroom Louth County Hospital High Holme Road Louth Tel. 01507 600100	Head of Clinical Services Matrons Urgent Care
	Venture House Enterprise Way Boston Tel: 01205 367358	
Community Hospitals	Johnson Community Hospital Spalding Road Pinchbeck Spalding Tel. 01775 652000	Head of Clinical Services Matron

Equality Analysis

Name of Policy/Procedure/Function* Business Continuity Procedure **Equality Analysis Carried out by:** Ali Biegaj **Date:** 04/08/2017 **Equality & Human rights Lead:** Rachael Higgins **Director of Nursing and Operations:** Lisa Green		

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Provide a business continuity planning framework and approach that will ensure resilience is considered as part of LCHS operations Provide guidance and procedure to all LCHS staff that must be followed in planning for and during the time of disruption, major incident, emergency or crisis situation. Minimise the organizational and reputational risks to LCHS during business interruptions and ensure that the organization continues to operate at an acceptable level during a time of crisis. To build resilience into LCHS activities services and systems so that they are available at an appropriate level in as short a time as possible following a disruption to business.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	The policy defines LCHS response in the event of a Business Continuity Incident, which would impact on staff, patients, carers or the wider community dependent on the incident.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Ali Biegaj		
Date:		04/08/2017		

NHSLA Monitoring Requirements

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Number and Types of Incidents/ Service Disruption	Incidents formally reported via Risk Notification Process / BCM Incident Record and Datix	Emergency Planning Committee	Quarterly	Emergency Planning Committee	Emergency Planning Committee	Emergency Planning Committee
Commissioning Performance Monitoring Standards	Report to NHS England (Leicestershire and Lincolnshire Area Team)	Emergency Planning Lead	Yearly	Emergency Planning Lead	Emergency Planning Lead/ Emergency Planning Committee	Emergency Planning Lead/ Committee
National Standards	National Capabilities Survey	Emergency Planning Lead / Committee	Yearly	Emergency Planning Lead / Committee	Emergency Planning Lead/ Committee	Emergency Planning Lead/ Committee