Business Continuity Management System
Business Continuity Policy

Reference No:	P_COG_17
Version	3
Ratified by:	LCHS Trust Board
Date ratified:	9 March 2021
Name of originator / author:	Specialist EPRR Officer
Name of responsible committee	Emergency Planning Group
Date approved by responsible committee	7th January 2021
Date issued:	March 2021
Review date:	March 2023
Target audience:	All Trust staff NHSL and the wider Health and Social Care community (see distribution list)
Distributed via	LCHS website

Emergency Preparedness, Resilience and Response (EPRR) Policy

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		Policy removed from BCMS – now stand-alone document	10/8/2015	Ali Biegaj
2		Whole document review	21/09/2017	Ali Biegaj
3	Whole document	Full review, reformat, updated template	November 2020	Ali Biegaj
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6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
20				

Contents

Procedural Document Statement

Background Statement
Under the Civil Contingencies Act (2004), NHS organisations must show that they can deal with incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR); Business Continuity Management is an integral part of the EPRR programme.

LCHS, as a NHS funded organisation, is committed to the development, maintenance and continual improvement of the business continuity management system (BCMS) that follows the principles of ISO 22301 (International Standard for Business Continuity) and the Department of Health PAS 2015 (Framework for Health Services Resilience).

The Trust intends to demonstrate an ongoing commitment to improving the management of EPRR throughout the organisation by ensuring that suitable and effective resources, strategies, systems, training, exercising, policies and procedures are in place.

Responsibilities
Compliance with the policy will be the responsibility of all Trust staff.

Training
Training will be provided to any member of the organisation who is likely to be involved in the management of a major incident. All staff will have access to Business Continuity awareness sessions through mandatory and induction training.

Dissemination
LCHS Website
Staff intranet
Resilience Direct

Resource implication
It is expected that this policy will be delivered within the existing resources of Lincolnshire Community Health Services NHS Trust.

Consultation
A formal process for consultation and approval is required for both the initial production and subsequent reviews of this policy.
Formal consultation has been undertaken with/through:
- Heads of Clinical Services / Corporate Service Directors via the Emergency Planning Group
- Local Health Resilience Partnership

Monitoring
Monitoring requirements at Appendix A

Equality Statement
As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

1.   **Introduction**

Business Continuity Management (BCM) is a legal requirement for all NHS, private and third sector organisations, which under NHS funded Provider status, provide care or services to patients. Business Continuity Management forms part of the Care Quality Commission's essential Standards of Quality and Safety, which all health providers must comply with as a condition of registration and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
Statutory requirements under the Civil Contingencies Act (2004) require all NHS Trusts to have in place Business Continuity Management arrangements that enable them to:

- Respond to incidents (major and other) and emergencies of any kind
- Ensure the health, safety and well-being of its service users and staff
- Support partner agencies in extreme circumstances.

Lincolnshire Community Health Services NHS Trust is committed to implementing an integrated and robust Business Continuity Management System (BCMS) to ensure the continued delivery of safe and effective healthcare and management, through alignment to ISO 22301 *(Security and Resilience – Business Continuity Management Systems – Requirements)* and ISO 22313 (**Societal Security - Business Continuity Management Systems** – Guidance), and in meeting a number of statutory duties in relation to Emergency and Business Continuity Planning as detailed within:

- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2012;
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and
- Care Quality Commission Fundamental Standards.
- NHS England Emergency Preparedness, Resilience and Response Framework 2015;
- NHS England Business Continuity Management Framework 2013:
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2015;
- PAS 2015: Framework for health services resilience

Service interruption may be any disruptive challenge that threatens personnel, buildings or the operational procedures of the organisation and which requires special measures to be taken to restore normal operating functions.

All business activity is potentially subject to disruption, through incidents such as technology failure, flooding, utility failure, and terrorism. Disruption from terrorist attacks, fires and flood receive significant attention, however, almost 90% of business threatening incidents are 'quiet catastrophes', which go unreported in the media, but can have an equally devastating effect on an organisation's ability to function. The impact of service/business disruptions may be:

- Financial loss
- Loss of reputation or public confidence
- Failure to deliver a service
- Impact on stakeholders.

LCHS bases its' Business Continuity Plans (BCPs) on 'worst case scenarios', using the Integrated Emergency Management approach of Anticipate, Assess, Prevent, Prepare, Respond and Recover.

2. Purpose

A Business Continuity Management System (BCMS) is part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves Business Continuity. The BCMS, Scope and Policy provides a structure through which:

- A comprehensive BCMS is established and maintained, to build resilience into LCHS activities, services and systems and to ensure resilience is considered as part of LCHS operations.
- Business Impact Analysis and risk assessment will be applied to key services and their supporting prioritised activities, processes and resources.
- Risk mitigation strategies will be applied to reduce the impact of disruption to key services and organisation reputation, in line with the Risk Management Strategy.
- Plans will be developed to ensure restoration of key services to a minimum acceptable standard following disruption.
- Invocation of business continuity plans can be managed
- Plans are subject to on-going exercise and revision
- The Trust Board can be assured that the BCMS remains up to date and relevant.

The key services are detailed within LCHS escalation and surge plan, with services being defined as level 1, 2 or 3 services. The key locations are determined within the service BCP's and also includes the Corporate Headquarters (Beech House).

3. Aim and Objectives

3.1 Aim

The aim of this document is to ensure that a framework is in place to support an effective Business Continuity Management System.

3.2 Objectives

- To prepare for the common consequences of emergencies rather than for every individual emergency scenario
- To have flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide range of specific scenarios
- To supplement this with specific planning and capability building for the most concerning risks in the National Risk Register (NRR)
- To ensure that plans are in place to maintain critical services to deliver appropriate care to patients during disruptions
- To ensure that plans are in place to recover from incidents and to provide appropriate support to affected communities

4. Scope

This policy sets out the framework within which the Trust will work to develop our business continuity capabilities. The framework is based on the recognised standards of ISO 22301 and ISO 22313.
It is a trust wide document, and is applicable to all employees, as well as seconded and sub-contracted staff at all levels of the organisation.

4.1 Out of Scope

Contracts with suppliers and services commissioned by LCHS, but not directly managed by the Trust.

This policy does not contain detail on plans and procedures in place for incident response. In these circumstances, staff should refer to the Trust *Emergency Preparedness Portfolio* which details the Trusts operational response to a Major Incident / Emergencies.

5. Governance

Business Continuity Management (BCM) is a corporate responsibility for the Trust and therefore, should have visibility at Trust Board level. Within LCHS the Director of Nursing, AHPs and Operations is nominated as the Executive Officer/Accountable Emergency Officer who is accountable for ensuring implementation of BCM.

6. Definitions

Accountable Emergency Officer (AEO) - NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. Chief Executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisation's governance and its operational delivery programmes. Chief Executives will be able to delegate this responsibility to a named director, the AEO. The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

Business Continuity (BC) – the capability of the organisation to continue to continue delivery of services at acceptable predefined levels following disruptive incidents

Business Continuity Management (BCM) - a holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating assets.

Business Continuity Management System (BCMS) - part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.

Business Impact Assessment (BIA) - the process of analysing ALL business functions and the effect that a business disruption might have upon them.

Business Continuity Plan (BCP) – a plan which has been developed and maintained for use during a disruptive incident to enable an organization to continue to deliver its critical activities at acceptable predefined levels.

Civil Contingencies Act 2004 (CCA) - the Civil Contingencies Act 2004 (CCA) establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. It requires organisations in the health system (emergency services, local authorities, NHS bodies) to prepare for adverse events and incidents.

Category 1 Responder - category 1 responders under the CCA have legal responsibilities and are those organisations at the core of emergency response, including all acute and ambulance NHS Trusts, Public Health England and NHS England.

Category 2 Responder – co-operating bodies who act in support of Category 1 responders.

Critical Activities – activities which must be performed to deliver key services that enable an organisation to meet its most important and time sensitive objectives i.e. provision of frontline healthcare

Emergency – the CCA defines an emergency as an event or situation which threatens serious damage to human welfare and/or the environment in a place with the UK; war, or terrorism, which threatens serious damage to the security of the UK

Emergency Preparedness, Resilience and Response (EPRR) – the programme of work to support NHS organisations in dealing with incidents and emergencies which could affect health or patient care while maintaining services.

Local Health Resilience Partnership (LHRP) - a strategic forum for organisations in the local health sector including the voluntary sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector EPRR matters.

Local Resilience Forum (LRF) – a multi-agency partnership made up Category 1 and Category 2 responders as the principal mechanism for multi-agency collaboration and co-ordination. LRFs are not legal entities and as such they do not have the power to direct members. Within the Lincolnshire Health Community, the Clinical Commissioning Groups (CCGs) act as the Lead for Emergency Preparedness. As such, the Health Community is represented at the LRF by a nominated Accountable Officer or deputy.

Major Incident - any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

Recovery – the process of rebuilding, restoration and rehabilitation following an emergency.

7. 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 organisational business planning.

8. Risk Assessment

8.1 Risk Register - Community
In accordance with CCA (2004) Lincolnshire Local Resilience Forum (LRF) has produced a Community Risk Register which identifies high risks for the county. LCHS will utilise the Community Risk Register to prioritise and schedule emergency preparedness activities and contribute to this as appropriate, maintaining a risk register specific to LCHS risk.

8.2 *Risk Register - Trust*

The Trust has Risk Registers in place which identify risks to the delivery of priorities, objectives and services. The Trusts EPRR and Risk Management arrangements supplement risks identified in the Community Risk Register and the National Risk Register.

8.3 *Business Continuity Management*

Under the CCA (2004), LCHS has a duty to develop and maintain arrangements to ensure continuity of service whilst responding to an emergency, be it internal or external.

LCHS recognises ISO 22301 and PAS 2015 as the definitive guidance for Business Continuity Management. In accordance with these standards, LCHS will develop, disseminate and maintain business continuity policies, strategies and plans and work to embed a culture of business continuity management within the organisation.

9. Business Continuity Management (BCM) Lifecycle

It is important to ensure that BCM is embedded within the organisation and this is achieved through the BCM cycle. Alignment to the BCM cycle will ensure the integrity of BC arrangements and assurance to stakeholders that the Trust is resilient and able to respond to disruption effectively.

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 the BC Policy.

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.

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.

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.

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.

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 BCPs
- For live exercises, it will be agreed between the Emergency Preparedness, Resilience and Response Officer (EPRRO) 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 EPRRO or Service Manager.

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.

Reviews
Reviews will include information on:
- The consistency between the scope of the Trust BC Plan, Service 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.

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.

10. **Business Impact Analysis**

The key to understanding the organisation is to identify the key business processes. This must be completed annually or on any occasion there is a significant change to business processes. The objective of this stage is to identify and rank in priority order the critical processes and activities.
Using the LCHS Operational Plan and Strategic objectives, Clinical and Corporate services should identify and align their own core operational objectives. Those critical processes and

activities which are crucial to achieving the objectives should be identified and given the highest priority.

Each Service has full ownership of its Business Continuity arrangements and is responsible for completing the BIA which will support the contingency arrangements described in the Service BCP.

11. Business Continuity Plans

A BCP template has been developed for use throughout LCHS. The completed plan should be flexible enough to enable responses to a wide variety of potential generic disruptions and should always be based on the worst-case scenario, i.e. a major disruption will happen at the worst time on the worst day possible.

The development of the plan does not signify the end of the BCM process. The process is dynamic. Nor does the plan provide BCM competence or capability, but rather it provides the approach to an effective capability to respond/recover.

Heads of Services are responsible for monitoring the status of Service arrangements. Assurance of compliance with requirements will be provided to Trust Board via the Emergency Planning Group.

12. Roles and Responsibilities

12.1 Trust Board

The Trust Board is responsible for monitoring the Trusts Business Continuity arrangements and associated governance to ensure compliance with the regulatory framework and legislation.

The Trust Board will:

- Receive reports, no less frequently than annually, including, where appropriate, reports on significant Business Continuity incidents and exercises undertaken by the organisation
- Ensure that adequate resources are made available to enable the Trust to meet the requirements of the Business Continuity Management System. This budget and resource should be proportionate to the size and scope of the organisation

12.2 Chief Executive

The Chief Executive has overall responsibility for the provision of Business Continuity leadership and is accountable to the Trust Board for ensuring systems are in place to facilitate an effective major incident response.

12.3 Executive Lead for Emergency Preparedness (Accountable Emergency Officer)

The Director of Nursing, AHPs and Operations, nominated by the Chief Executive will act as the Executive Lead, and is responsible for ensuring that Trust-wide Business Continuity Plans are developed, managed and maintained.

12.4 Specialist Emergency Preparedness, Resilience and Response Officer (EPRRO)

The EPRRO is accountable to the Trust AEO and will:

- Facilitate and audit the development, implementation, training and exercising of the Trust Business Continuity programme, policies, plans and procedures
- Conduct risk assessments on current and future threats identified by horizon scanning and intelligence gathering
- Liaise with external agencies and NHS partners as required
- Provide specialist advice and guidance in respect of BCM issues

12.5 Directors/Heads of Services/Service Managers
Directors/Heads of Services/Service Managers are the designated Business Continuity Leads and are responsible for:
- Implementing and supporting the Business Continuity Management policy
- Ensuring a Business Impact Analysis for their services is undertaken
- Developing, maintaining and reviewing their BIAs and BCPs at least annually ensuring that any significant service changes or risks are reflected in plans
- Participating in exercises
- Ensuring all their staff are familiar with their Service Business Continuity arrangements and BCPs

12.6 All 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.
- Assist in the development of BIAs and BCP's.
- Take part in the BCP activation process.
- During periods of disruption, fulfil duties to manage the disruption 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

12.7 External Suppliers
External suppliers to the Trust are 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 in place.

13. Incident Declaration

A BC incident will be declared 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 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.

The process to be followed is detailed in the Trust Business Continuity Procedure.

14. Budget & Financial Commitment

LCHS will identify the budget elements required to implement the Business Continuity Policy and make provisions where the existing dedicated budget is likely to be insufficient to meet the requirements.

15. Reporting Structure

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

	Director	**First Lead**	**Second Lead**
Clinical Services	Director of Nursing, AHPs & Operations	Deputy Director of AHPs & ICC	Heads of Services
		Deputy Director of Operations	
Quality		Deputy Director of Nursing & Quality	
Medical	Medical Director	Deputy Medical Director	Service Leads
Finance & Business Intelligence (F&BI)	Director of F&BI	Deputy Director of F&BI	Heads of Services
Workforce	Director of People & Innovation	Deputy Director People	Deputy Director Innovation
Digital Health			
L&D			
OD & Transformation			
CEOs Office	Deputy Director of Corporate Governance	Deputy Head of Corporate Governance	Stakeholder Engagement Manager

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

16. **References**

- Civil Contingencies Act (2004)
- The NHS Act 2006
- The Health and Social Care Act 2012
- ISO 22301 (International Standard for Business Continuity)
- PAS 2015 (Department of Health Framework for Health Services Resilience)
- NHS Standard Contract
- NHS England EPRR Framework
- NHS England Core Standards for EPRR
- NHS England Business Continuity Management Framework

The following documents should be consulted in partnership with this Policy.
- LCHS Emergency Preparedness Portfolio:
  o Strategic Overview
  o Section 1 – Major Incident and Emergency Plan Response
  o Section 2 – Command and Control
  o Section 3 – Incident Control Centre
  o Section 4 – Escalation and Surge
  o Section 5 – Chemical, Biological, Radiological, Nuclear and Explosives (CBRNe)
  o Section 6 – Severe Weather
  o Section 7 – Communications
  o Section 8 – Outbreak Plan (including Pandemic Influenza and Norovirus)
  o Section 9 – Mass Casualty

- o Section 10 – Lockdown
  - o Section 11 – Lockdown
  - o Section 12 – Recovery
  - o Section 13 – Managing Strike Action
  - o Section 14 - Telecommunications
- P_CoG_01 LCHS Business Continuity Procedure
- P_CoG_09 LCHS Emergency Preparedness, Resilience and Response Policy
- LCHS Risk Registers
- Local Resilience Forum (LRF) Community Risk Register
- LCHS Emergency Planning Group Terms of Reference

17. Review of document

This policy will be reviewed annually by the Emergency Planning Group (EPG) and approved by the Trust Board.

Appendix A Definitions of Incident Levels and Response

Level	Description	Example	Plan Activation	Actions
1 Low	Not serious/widespread and unlikely to affect operations to a serious degree, managed through service level BCPs, but provide a watch and wait for further instruction. Deemed to be no adverse publicity or reputational impact. No significant impact on staff / patient safety.	Leaks, spills, maintenance issues	Service BCP	Report to Line Manager Follow Service BCP Report via Datix Take necessary remedial action Escalate to On-call Manager if critical functions affected
2 Moderate	Expected to be resolved within 24 hours Requires activation of a number of Service BCPs Limited impact on staff / patient safety	Localised: Flooding, telecoms disruption, infectious outbreak, IT failure	Service BCP	Report to Line Manager Escalate to On-call Manager Follow Service BCP Report via Datix
3 Significant	Likely to last longer than 24 hours Potential to escalate requiring activation of the Major Incident Plan / Incident Control. An issue which may potentially attract media attention / affect the reputation of the organisation. Significant impact on staff / patient safety	Utility failure Damage/restricted access to site Loss of key supplier	Manage by Major Incident Plan supported by Service BCPs	Report to Line Manager Report to On-call Manager for escalation to On-call Director for decision on declaration of Major Incident / standby Follow Service BCP
4 Extreme	A serious issue, affecting the operations of a site and/or service or whole organisation Requires immediate activation of the Major Incident Plan / Incident Control. An issue attracting national media attention / affecting the reputation of the organisation. Major impact on staff / patient safety	Fire Prolonged IT failure Prolonged utility failure	Manage by Major Incident Plan supported by Service BCPs	Report to Line Manager Report to On-call Manager for escalation to On-call Director for decision on declaration of Major Incident / standby Follow Service BCP

Appendix B Identified Risks

The number of risks is not exhaustive but could include:

Risk	Reason	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 / power • Theft / crime • Loss of information • Cyber-attack/ poor virus protection	Loss of reputation	• Poor decisions • Clinical / Governance incident • Media coverage • Failure to meet legal or statutory requirements
Loss of communications – phones	• Power failure affecting phone exchange / server • Loss of service due to supplier issues	Financial Risk	• Lack of sufficient budget / financial reputation • Loss of Business • Failure to protect Trusts Assets
Loss of communications – postal service	• Industrial action • Severe weather	Loss of supplies	• Supplier going into receivership • Extreme weather
Fuel shortage	• Industrial action	Loss of utilities	• Loss of supplies – off / on site

	• Scarcity of supply • Technical problem with part of fuel infrastructure • Public protest		

Appendix C 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 (multi -disciplinary) 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 Datix and the Emergency Planning Group	Emergency Planning Group	Quarterly *(more frequently if required)*	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
EPRR Report	Report to Q&R / Trust Board	EPRRO / AEO	Quarterly Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
NHS Core Standards for EPRR	Yearly Report to CCG / NHS E&I	EPRRO / AEO	Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group

Appendix D Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Business Continuity Policy		
Date form completed	December 2020	Name of lead for this activity	Tracy Pilcher

Analysis undertaken by:		
Name(s)	Job role	Department
Ali Biegaj	Specialist EPRR Officer	

What is the aim or objective of this activity?	To outline how LCHS will meet its statutory and mandatory duties as set out in the Civil Contingencies Act, 2004, the Emergency Preparedness Framework (NHS England, 2015), the Health and Social Act (2012), The NHS Planning Guidance – Everyone Counts Planning for Patients 2014 - 19 and the NHS Standard Contract.
Who will this activity impact on? *E.g. staff, patients, carers, visitors etc.*	The policy defines LCHS responsibilities for Emergency Preparedness, which would impact on staff, patients, carers or the wider community dependent on the incident.

Potential impacts on different equality groups:

Equality Group	Potential for **positive** impact	**Neutral** Impact	Potential for **negative** impact	Please provide details of how you believe there is a potential positive, negative or

				neutral impact (and what evidence you have gathered)
Age	☐	☒	☐	
Disability	☐	☒	☐	
Gender reassignment	☐	☒	☐	
Marriage & civil partnerships	☐	☒	☐	
Pregnancy & maternity	☐	☒	☐	
Race	☐	☒	☐	
Religion or belief	☐	☒	☐	
Sex	☐	☒	☐	
Sexual Orientation	☐	☒	☐	
Additional Impacts *(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)*	☐	☒	☐	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	☐	☐
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	☐	☐	☐

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?

Future review date: