

# Business Continuity Policy

## Version No: 1

**Document Summary:**

The aim of the MWL Business Continuity Policy is to ensure that the Trust has an effective business continuity programme in place, which includes a Business Continuity Management System (BCMS) to ensure continuity of operations during disruptions is maintained on a continual cycle.

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<b>Policy Author</b>	Emergency Preparedness Lead	
<b>Target audience</b>	All staff	

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## Document Control

Section 1 – Document Information	
<b>Title</b>	MWL Business Continuity Policy
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<b>Equality Analysis completed?</b>	Yes

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\*Please remember to consult with all services provided by the Trust, including Community & Primary Care

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### Section 3 – Version Control

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1 PD	14/08/2023	Harmonisation with S&O
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## 1. Scope

The Mersey and West Lancashire Teaching Hospitals NHS Trust (subsequently referred to as MWL or “the Trust”) Business Continuity Policy applies to the entire Trust.

The Executive Directors are ultimately responsible for ensuring that all MWL services they are responsible for have in place business continuity plans, aligned with this document and guidance.

MWL is not responsible for the business continuity arrangements of their suppliers or contractors. However, as per the NHS Standard contract, providers must have Business Continuity Management Systems (BCMS) in place and MWL must, as per NHS EPRR Core Standards, seek assurance that such arrangements are in place.

In the case of the Trust Private Finance Initiative (PFI) Contract with NewHospitals, they and their subcontractors Vinci, Medirest, GE and Gentian are bound by contractual building and service provision contracts to comply with specifications and method statements agreed in conjunction with the Trust, which includes Business Continuity provisions.

## 2. Introduction

All NHS organisations have a duty to put in place continuity arrangements, under the Civil Contingencies Act (2004) and the Health and Social Care Act (2022). The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out these requirements for all organisations. This means that services should be maintained to set standards during any disruption or recovered to these standards as soon as possible. This work is referred to in the health service as ‘emergency preparedness, resilience and response’ (EPRR).

Business continuity management (BCM) gives organisations a framework for identifying and managing risks that could disrupt normal service. The holistic process of business continuity management is an essential tool in establishing an organisation’s resilience, this policy outlines the framework that MWL will enact to meet their business continuity management obligations.

## 3. Statement of Intent

The aim of the MWL Business Continuity Policy is to ensure that the Trust has an effective business continuity programme in place, which includes a Business Continuity Management

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System (BCMS) to ensure continuity of operations during disruptions is maintained on a continual cycle.

This Policy will act as a framework for the BCMS, outlining the following:

- a) Definition of business continuity for use in MWL.
- b) Governance for the management of the BCMS.
- c) Strategic aims and objectives for the BCMS.
- d) Agreed methods and frequency for measurement and review of all stages of the business continuity lifecycle.
- e) Identify standards and guidelines that are used as a benchmark for the business continuity programme.
- f) Methods for sign-off and communication of the policy and all programme activities
- g) How MWL will share their BC provisions with all interested parties.

The content of this policy content is aligned to the ISO-22301:2019 standards and is informed by the practices outlined by the Business Continuity Institute ‘Good Practice Guidelines’ (2018).

Compliance with this Policy will ensure procedures exist for recording, assessing, and managing business continuity risk; identifying and prioritising activities; and plans are in place to respond to business disruptions or incidents regardless of cause to maintain essential services (or restoring services to a minimum acceptable level).

## 4. Definitions

Definition	Meaning
<b>AEO</b>	Accountable Emergency Officer
<b>ADO</b>	Assistant Director of Operations
<b>BCMS</b>	A business continuity management system, or BCMS for short, is a management system that bundles interrelated methods, procedures, and rules to ensure that critical business processes keep running in the event of damage or emergencies and continuously develops and improves them.
<b>BIA</b>	A business impact analysis (BIA) predicts the consequences of disruption of a business function and process and gathers information needed to develop recovery strategies. Potential loss scenarios should be identified during a risk assessment.
<b>Business Continuity Incident</b>	According to the NHS incident classification, is an event or occurrence that disrupts an organisation’s normal service delivery, below acceptable

	predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
<b>CCA</b>	Civil Contingency Act 2004
<b>Critical Incident</b>	According to the NHS incident classification, is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
<b>Emergency</b>	An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies
<b>EPRR</b>	Emergency Preparedness, Resilience and Response
<b>LCO</b>	
<b>MCS</b>	Managed Clinical Services
<b>MTPD</b>	Maximum Tolerable Period of Disruption is the time frame within which the impacts of not resuming activities would become unacceptable
<b>MWL</b>	Mersey and West Lancashire Teaching Hospitals NHS Trust
<b>Resilience</b>	The ability of an organisation to adapt, respond and recover to disruptions, whether internal or external, to deliver organisationally agreed critical activities.
<b>Response</b>	Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders.
<b>RMC</b>	Risk Management Council
<b>RTO</b>	Recovery Time Objective is the time frames for resuming disrupted services at a specified minimum acceptable capacity

## 5. Duties, Accountabilities and Responsibilities

### 5.1 Accountable Emergency Officer (AEO)

The MWL Director of Nursing, Midwifery & Governance is the Accountable Emergency Officer (AEO) and has executive authority and responsibility for ensuring the organisation complies with legal requirements, this includes putting in place business continuity management arrangements as per the Civil Contingencies Act 2004. The AEO will provide assurance to the Risk Management Council (RMC) and, by through this, to the Trust Board that this Business Continuity Policy and the management system it provides is actioned across the Trust. The AEO will be aware of their legal duties to ensure preparedness to respond to an incident within the Trust’s remit to maintain the public’s protection and maximise the NHS response.

Specifically, the AEO will be responsible for:

- a) Ensuring that MWL is compliant with the business continuity requirements as set out in the Civil Contingencies Act (2004), the NHS Act (2006) (as amended) and the NHS Standard Contract, including the NHS England EPRR Framework (2022) and the business continuity standards as set out by the NHS England Core Standards for EPRR.
- b) Ensuring that the organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; that these are aligned to ISO 22301:2019 or subsequent guidance, and MWL are assured that these providers business continuity arrangements work with MWL s own business continuity arrangements.
- c) Ensuring that the organisation is appropriately prepared and resourced for dealing with a disruptive incident impacting the continuity of MWL operations.
- d) Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance with business continuity arrangements.
- e) Providing NHS England with such information as it may require for the purpose of discharging its functions.

### 5.2 Emergency Preparedness Lead

- a) Chairing the Group EPRR Committee and supporting implementation of the Business Continuity Policy across all hospital, managed clinical services (MCS), and local care organisations.
- b) Providing quarterly business continuity updates to the AEO following Group EPRR Committee.
- c) Ensuring that business continuity mapping is completed by all MWL services RMC annually, requesting assurance from all ADOs (for non-clinical functions: Heads of Service) that identified services are included in service level business continuity plans.
- d) Ensuring Business Continuity Plan ratification is a standing item on the EPRR Working Group agendas.

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- e) Providing assurance to the AEO / Board that effective business continuity arrangements are in place that have been reviewed and exercised.
- f) Developing, maintaining, and exercising the MWL Business Continuity Plan.
- g) Highlighting areas of risk or gaps in business continuity arrangements to both the EPRR Working Group and the RMC.
- h) Ensuring that business continuity training and exercising is in place in line with a training needs analysis, and available to the Trust via the MWL EPRR Training and Exercising Programme.
- i) Organising external audits for business continuity quality assurance as appropriate.

### 5.3 Emergency Preparedness, Resilience and Response (EPRR) Team

The EPRR Team, under direction of the Emergency Preparedness Lead, is responsible for:

- a) Develop business continuity mapping for the whole Trust to ensure an accurate overview of services.
- b) Supporting the head of services to ensure all mapped services have in place a Service-Level Business Continuity Plan.
- c) Highlighting areas of risk or gaps in business continuity arrangements to Emergency Preparedness Lead
- d) Working with the service managers to embed business continuity planning across the Trust.

Please note: if for any reason during a period the EPRR Team roles should remain vacant, it would be responsibility of the Emergency Preparedness Lead to ensure that the functions above described are going to be fulfilled in alternative ways, as appropriate.

### 5.4 Assistant Directors of Operations (for non-clinical functions: Heads of Service)

- a) Ensuring that business continuity is part of everyday culture, promoted and embedded across all services.
- b) Ensuring that this Policy, the MWL Business Continuity Plan and the Service-Level Business Continuity Plans are implemented at local level, and that there are appropriate records in place to support Trust governance and audit process.
- c) Ensuring all identified services within the business continuity mapping are included in a Service-Level Business Continuity Plan.
- d) Escalating any gaps or risks relating to Business Continuity to the EPRR Working Group.
- e) Ensuring adequate support and resource is offered at service level to allow the hospital / MCS / LCO to benefit from the business continuity training and exercising / workshops offered by the EPRR Team.
- f) Alerting the EPRR Team to business continuity incidents and requesting support to facilitate debriefing sessions. hospital/MCS Director of Operations/LCO Chief Operating Officer will be responsible for any actions highlighted because of the debrief.

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## 5.5 All MWL staff<sup>1</sup>

- a) Familiarise themselves with business continuity plans relevant to their role.
- b) Participate to business continuity training and exercises, as appropriate for their role.
- c) Recognise an incident happening and escalate it appropriately, as per instructions of the relevant business continuity plan.
- d) Respond appropriately to specific threats, as per instructions of the relevant business continuity plan.

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<sup>1</sup> This section applies to all staff working on Trust premises, included agency staff, contactors employees, PFI partners and all other organisations whose employees are present on Trust premises.

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## 6. Activation of the Plan

### 6.1 Internal Declaration

Any member of staff may notice an event or incident that gives cause for concern. These should be escalated to their Line Manager. The Line Manager will deal with the incident or event or report it to the most Senior Manager in their area. All decisions about escalation and activation of business continuity plans should be made in conjunction with the Accountable Emergency Officer (AEO) and/or Chief Operating Officer (COO) or their nominated deputy during office hours and the General Manager On Call and Executive Manager on Call, out of hours.

Rising Tide events will follow the same process though this will usually be more measured. Incidents or events may be announced by NHS England & NHS Improvement Gold Commander.

As the Trust is geographically placed between Merseyside and Lancashire Resilience Forums, it would be expected to respond to incidents within both regions. For the purpose of reporting however, the Trust reports to NHS England Cheshire and Merseyside Integrated Care Board.

### 6.2 Business Continuity Management Activation and Process

Once an incident or event has been identified, the AEO or COO will make the decision as to how BCM reporting, and management will occur. This will usually take place in the Incident Control Room (ICC). The location of the ICC will depend upon which site the incident occurs (please refer to the Incident Control Centre Standard Operating procedure). An incident or event may result in activation of the Business Continuity & Critical Incident Plan and related appendix. This will be in conjunction with Business Continuity Management.

The following would be expected to provide situation reports on a regular basis and to ensure attendance at Trust meetings:

- Senior Nursing Representative (usually DON or DDON)
- Operational Teams for the Clinical Business Units (usually, ADOs and/or Deputy Heads of Nursing, Assistant Directors of Nursing, Directorate Managers)
- Estates and Facilities Senior Managers
- Communications Manager or deputy
- Bed Management representative

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### 6.3 External Reporting

NHS England & Improvement will send and request information at various times throughout the incident or event. This will include information about business continuity and recovery. The information is shared via 'Sitrep's' and requests for information are added as required.

### 6.4 Recovery

Each Business Continuity Plan should include plans for recovery. A graduated return to normal services would be expected as operational plans return to normal. It would be usual for those services that were stopped or reduced last should be the first to be reinstated.

## 7. Process

### 7.1 Overview

HM Government Emergency response and Recovery (updated October 2014) highlights the importance of focusing on critical functions and how they can continue to be delivered in the event of a major incident or critical event. The following should be given due consideration when considering Business Continuity Management.

Business Continuity Plans (BCP's) should always be read in conjunction with the Trusts other emergency documentation, especially the Major Incident Plan.

The aims and objectives of BCP's are as follows:

- reduce the effects of any incident or disruption to services.
- reduce or avoid the impact on patients, staff, and the wider community.
- provide an easy-to-read guide for Trust employees and Senior Managers
- ensure a speedy re-establishment of Trust services.
- reduce the impact on the Trusts financial income.
- reduce the impact on the Trusts reputation.

The Plan may be considered from minor events or incidents to high impact events such as a 'Big Bang' incident or a Rising Tide event such as Pandemic Flu, in conjunction with other emergency plans.

A Business Continuity Incident is any incident that affects the Trust's ability to deliver one or more services. This could be anything from a minor disruption to something major and may be out of the Trusts control i.e. flood, heatwave, flu. Risk assessments must take into account Community Risk Registers and include scenarios for:

- severe weather (including snow, heatwave, flooding)
- staff absence (including industrial action)
- loss of equipment, loss of building
- IT and communications failure etc.

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## 7.2 Things to consider when preparing Business Continuity Plans

### 7.2.1 Criticality

It is essential that all Business Continuity Plans focus on ensuring critical functions can be delivered. Which functions are critical may depend on the nature of the emergency in question and may be different for each department or area. The following guiding principles should be used when deciding whether or not a service or activity is critical.

### 7.2.2 Emergency Management/Civil Protection

Functions that underpin the capability to respond to the emergency itself, and take effective action to reduce, control or mitigate the effects of the emergency. i.e. electricity generators in the event of a power failure.

### 7.2.3 Impact on human welfare, the environment and security:

The significance of services to the effective functioning of the community in the event of an emergency should be considered when preparing business continuity plans. This should include any potential impact to the environment.

### 7.2.4 Climate Change Adaptation

The significance of considering the impact of current and future effects of climate change when writing business continuity plans. Effective planning to reduce mortality and morbidity associated with climate change, whilst ensuring resilience and service continuity.

### 7.2.5 Legal implications:

Statutory requirements and the threat of litigation if a service is not delivered or is delivered inadequately. i.e., emergency planning provision.

### 7.2.6 Financial implications:

Loss of revenue and payment of compensation. i.e., theatre failure or outbreak of Hospital or Community Acquired Infection.

### 7.2.7 Reputation:

Functions that impact on the credibility and public perception of the organisation – quality issues or targets such as cancer and the ED.

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### 7.2.8 Service levels:

The Trust would be required to continue to deliver services at ordinary levels in the event of an emergency. However, some critical functions may need to be increased while others (which are non-critical) may need to be scaled down or suspended. i.e. ED is critical at all times but RVS shop/WHSmith's is not.

### 7.2.9 Balance of investments:

The Trust cannot commit unlimited resources to BCM. There must therefore be a process for effectively managing the prioritisation of services, see below. However, a budget code has been made available for those times when unexpected expenditure is necessary.

Business Continuity requires the review and prioritising of core services and activities which may include, but is not exhaustive:

- Service Continuity – Delivering safe patient care
- Staff Security and Welfare
- Communications (i.e. fax, phones & mobiles)
- Internet / Intranet / E-mail
- Backup Facility & Data Security
- Building Security
- Health & Safety
- Finance
- Equipment / suppliers
- Flexible Working Practices
- MHA Compliance

## 7.3 Risk Assessment

The Trust risk register is monitored and managed by the RMC: this will include threats within the Trust's control (for instance: equipment failure, which can be prevented by proper maintenance).

The process of risk assessing business continuity threats is subtly different to the conventional approach, as it is not possible to reduce the likelihood of many of the threats MWL face (for instance: adverse weather): these types of events simply must be planned for on the basis that they can happen. The cause of the problem is, however, usually immaterial when it comes to business continuity (for instance: it doesn't matter whether a building is inaccessible because it has burned down or is completely flooded; in either case the organisation must respond to a

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loss of resource). For this reason, MWL will take into consideration the following risks to services as part of the planning assumptions to develop its business continuity arrangements:

Hazard	Risk to Services	
Data stolen/lost	Data loss	
Destruction of paper files		
Failure of back up or failsafe		
Hard Disk Drive Failure		
Damage to internal telephone network	ICT Failure	
Damage to the data network		
Destruction of active directory		
Localised hardware failure		
Loss of major application		
Loss of minor application		
Loss of mobile/telephone phone networks		
Loss of switchboard		
Server failure		
Contamination		Loss of operating premises
Structural defect/failure		
Disruption to direct medical gas		
Disruption to water supplies		
Electric Supply Disruption		
Failure of fixed equipment		
Fire		
Flooding		
Introduction of cordon		
Loss of heating/cooling		
Clustered notice giving	Staffing Shortage	
Transport disruption		
Epidemic illness		
Industrial Action		
School closures		
Sudden onset demand		
Contamination/product quality		Supplier Failure
Contract Breach		
Failure to fund/supply		
Industrial action by drivers		
Industrial action in supplier		
Stock management failure		
Supplier goes into administration		
Supply chain collapse		
Under production by supplier		
Contamination/product quality		

Source: NHS EPRR Business Continuity Management Toolkit

For specific planned operations (for instance: downtimes) ad-hoc risk assessments will be carried out and tailored business continuity provisions put in place as appropriate.

## 7.4 Business Impact Analysis

The Business Impact Analysis (BIA) is the process aimed to identify, quantify, and qualify the business impacts of a loss, interruption, or disruption of services, providing the data from which appropriate continuity strategies can be determined.

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The process shall:

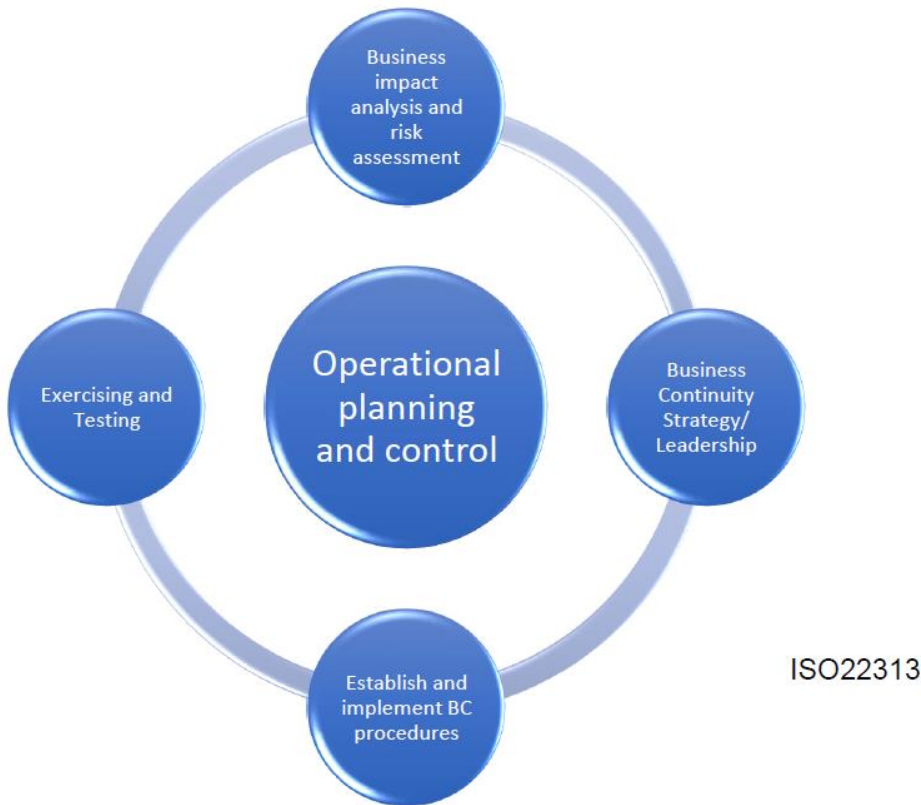
- a) Define the impact types and criteria used to measure them.
- b) Assessing the impacts over time resulting from the disruption of these services.
- c) Identify the time frame within which the impacts of not resuming activities would become unacceptable: this timeframe is defined as “maximum tolerable period of disruption (MTPD)”.
- d) Set prioritised time frames for resuming disrupted services at a specified minimum acceptable capacity: this timeframe is defined as “recovery time objective (RTO)”.
- e) Identify prioritised services, based on the MTPD and RTO.
- f) Determine which resources are needed to support the above-mentioned prioritised services
- g) Determine the dependencies, including partners and suppliers, and interdependencies of prioritised services.

The BIA will be executed by the EPRR team in conjunction with service managers and support will be requested to clinical staff or other relevant subject matter experts and it will inform the development of business continuity plans. The BIA will classify services as follows:

Essential	High Priority	Medium Priority	Low Priority
Cannot tolerate disruption, disruption could present threat to life / harm and significant fiscal / reputational damage.	Can tolerate up to 24 hours of disruption, no immediate threat to life / harm within 24 hours of disruption, patients, staff, and visitors can be directed to another service or activity can be postponed until disruption resides. May have a fiscal impact but no reputational impact.	Can tolerate up to 48 hours of disruption, no immediate threat to life / harm and the activity is easily postponed with no lasting impact. Minimal financial and no reputational impact.	Can tolerate 48-72+hours of disruption. Should disruption last up to 72 hours, can be paused until further notice so resource can focus on any backlog in high/medium priority activities, and be resumed when all other backlogs are sufficiently cleared. No financial or reputational impact.

## 7.5 Business Continuity Management Cycle

The planning and implementation of Business Continuity Management is focused around key steps, as depicted below:



### Step One 'Business Impact analysis and risk assessment'

Focuses on risk assessment and business impact analysis.

It is important that any significant risks threatening the performance of critical functions in the event of an emergency are identified and mitigated for, as this will enable resources to be targeted to the right areas. Both short-term and long-term impacts should be considered.

In this context, there are two strands to risk assessment, relating to external threats (i.e. risk of an emergency occurring) and internal risks (i.e. business risks) that could cause loss or disruption of critical services required to control, reduce or mitigate the effects of an emergency.

These may be identified separately but the business continuity management process and implementation may be the same. i.e. one plan may be suitable for a number of risks.

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Business Impact Analysis is crucial to ensure full understanding of the effects of any disruption and how this can be managed. It will also enable priorities to be identified.

**Step Two ‘Business Continuity Strategy/Leadership’**

Identifies the alternative strategies and mitigation that can be put in place to reduce or remove the identified risks and maintain the business-critical functions.

**Step Three ‘Establish and implement BC Procedures’**

Develops the response through improvements or changes to operational management and other factors that may be called into play to enable the business to continue.

**Step Four ‘Exercising and Testing’**

Is the education and awareness of all Trust employees and associated stakeholders. EPRR Group meetings incorporate any Business Continuity Planning issues, and these meetings are held monthly to ensure that each Managed Clinical Area (MCA) is able to request assistance in completing and reviewing their plans if required.

Business Continuity exercises will be raised through the EPRR Group and will contribute to the training cycle for Emergency Preparedness, Resilience and Response.

**7.6 Business Continuity Plans**

The MWL EPRR Team, in conjunction with service managers, develops the Service-Level Business Continuity Plans, based on the data acquired through the BIA. Such plans are developed giving full consideration of the NHS England Business Continuity Management Framework (2013), the NHS Business Continuity Management Toolkit (2023) and other relevant NHS guidance. Service-Level plans are intended for use when incidents or events that could lead to disruption, loss, or emergency occur within single services or departments and can be managed locally. Escalation criteria are included within these plans, to ensure adequate response is enacted in case the disruption should require additional support to be managed and resolved.

The Service-Level Business Continuity Plans are ratified by the EPRR Working Group. Business Continuity Plan ratification should be a standing item on the Group agenda.

MWL has a Trust Business Continuity Plan will ensure that MWL has effective arrangements in place to respond to a trust-wide business continuity and critical incidents (please see

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definitions), in line with current guidance and legislation. This plan is ratified by the Risk Management Committee.

Both the MWL Business Continuity Plan and the Service Level Business Continuity Plans will be reviewed annually from their date of initial completion.

#### *7.6.1 Interested Parties, External Suppliers and Contractors*

MWL works with many external suppliers, contractors and providers that are important to the daily running of the Trust, these are identified as interested parties. MWL will ensure that all contracts / agreements with commissioned suppliers, contractors, and providers state that their business continuity plans can be requested by MWL at any time for audit to ensure they work with MWL plans and arrangements, and, that their participation in an exercise can be requested.

MWL have a diverse community portfolio, with a range of different sites and providers: this section does apply to them as well. The specific requirements, in this sense, are managed by the MWL Property Department.

As mentioned in section [1](#), in the case of the Trust Private Finance Initiative (PFI) Contract with NewHospitals, they and their subcontractors Vinci, Medirest, GE and Gentian are bound by contractual building and service provision contracts to comply with specifications and method statements agreed in conjunction with the Trust, which includes Business Continuity provisions.

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## 7.7 Business Continuity Plan Development

To maximise the benefits of a successful BCMS, it is advised that all NHS organisations should continually refer to the PDCA cycle as depicted below:



Source: Smartsheet, ISO 22301, PDCA Cycle

### 7.7.1 Step 1 – Understand Your Organisation

#### Risk Analysis and Business Impact Analysis

To mitigate for the unexpected, it is essential that a ‘Business continuity risk assessment and impact analysis form’ (Appendix B) is completed (Please refer to the ‘*Generic BCP template v2.2023*’). Each ward/department/service area is requested to complete the template so that their risks can be clearly identified, assessed and planned for.

Topics for consideration when completing the assessment:

- 1. What would be the impact upon your service if a Major Disruption or Loss affected critical service provision?**

#### Consider:

- Critical Services that must be kept operational – identify these and put them in priority order of red, amber, and green.

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- Identify and consider who the key Internal and External stakeholders are and what their impact would be on the service i.e. Staff, patients, local community, CCGs, local authority, social services.
- Staffing – Levels / Skills / Availability etc. How can extra staff be called in as necessary? Can skills be transferred in the event of an incident? Are staff aware of this? Will they potentially refuse? What would they be expected to do when they are moved? Will they work at their current level? Do they require training prior to an incident occurring?
- Services (internal & external) – Pharmacy, Linen Services, Catering, Finance, Portering, Estates, Mortuary, Procurement. Have you got copies of external business continuity plans? If not, how do you determine how they will provide services in the event of an incident such as extreme weather?
- Environments – Consider suitability and accessibility, alternative locations for services displaced etc. in the event of fire, loss of power. i.e. theatres providing ICU cover if ICU not available. We could transfer services from one hospital site to another if this was necessary and safe to do so.
- Help from the independent healthcare sector – we have an independent healthcare provider located less than 4 miles from the Southport Hospital site so this could be a consideration for additional help in needed.
- Timescales for recovery – will the plans cover for Immediate, Mid-term and Long-term timescales? i.e. theatre out of action for longer than 3 months.
- Systems - Mass Evacuation of service area such as a ward, IT and Medical Records in the event of system failure. Security of the Trust and all associated premises. Machinery and essential equipment – hire in or do without?

## Matrix & Risk Assessments

The Business Impact Analysis contains a Risk Assessment Matrix (Appendix B) to enable full risk assessment to be completed. By risk assessing each hazard, each area will enable prioritisation of services and provide details of any mitigation put in place to reduce the risk.

### 7.7.2 Step 2 – Alternative Strategies

The nature of the risk will determine which business continuity strategy is appropriate and what, if any, action is required. At one end of the spectrum, disruptions that are low likelihood

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and low impact may require no specific action and may be dealt with through generic arrangements. Risks that are high impact and high probability point to the development of specific plans and risk mitigation strategies.

**Options available:**

- a. **DO NOTHING** – in some instances top-level management may consider the risk to be acceptable;
- b. **CHANGE, TRANSFER OR END THE PROCESS** – such decisions to alter business process must be taken with regard to the organisation’s key objectives and statutory responsibilities;
- c. **INSURE** – may provide some financial recompense or support but will not aid the organisation’s response and will not meet all losses (e.g. reputation and other non-financial impacts, human consequences);
- d. **MITIGATE LOSS** – tangible procedures to eliminate or reduce risk within the business; and
- e. **PLAN FOR BUSINESS CONTINUITY** – an approach that seeks to improve resilience to interruption, allowing for the recovery of key business and systems processes within the recovery time frame objective, while maintaining key functions.

*7.7.3 Step 3 – Develop and Instigate a Response*

Each BCP needs to describe the management process for making these decisions (e.g. how will the prioritisation be made? Who makes this decision and on what basis?), and then the operational process for implementing them.

Where a service needs to be enhanced in the event of an emergency, where will the additional resources come from?

Where a service needs to be scaled down, how will demands on it be managed?

Where a service is withdrawn, how will staff and patients be informed?

*7.7.4 Step 4 – Exercising and Testing*

Ensure staff are fully aware of departmental BCPs and know what to do should they need to be implemented. Test, review and update regularly.

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The Plans will be tested on a regular basis via the organisations Emergency Planning events and usual day to day activities.

### 7.7.5 *Writing the Plan*

**Short and succinct** - it will need to be read and understood in challenging and pressured circumstances.

**Realistic** - e.g. numbers of staff directly affected by the incident, the effect of the ‘backlog trap’ (i.e. the impact of the accumulation of tasks left uncompleted on recovery).

**Referenced** - e.g. guidance, databases, lists of key contacts, resources and suppliers.

**Action Plans and Checklists as Required** – Plans should be in compliance with ISO 22301:2019.

**Clearly Identify Who ‘Owns’ Key Tasks?** – What is expected of team members? Identify roles and who is the lead person.

**Communications Management** – Both internally and externally. This will usually be handled by the Communications Team. The Comms Team liaise closely with other NHS organisations to ensure messages are consistent. Please ensure the Communications Team are contacted before any messages are circulated.

## 7.8 Business Continuity Review

This Business Continuity Policy will be reviewed annually by the EPRR Working Group.

A systematic, independent, and documented process for obtaining audit evidence of Service-level Business Continuity provisions will be implemented across MWL, allowing for evaluation against a set of agreed audit objectives. This business continuity audit cycle will run across three years as recommended by the NHS England Business Continuity Toolkit.

The business continuity review will use the following assessment methods:

### 1. Self-Assessment

MWL Service-Level Business Continuity Plans will need to be self-assessed annually by using the checklist outlined in Appendix A. This checklist has been developed line with the NHS England Business Continuity Plan Checklist and Business Continuity Toolkit.

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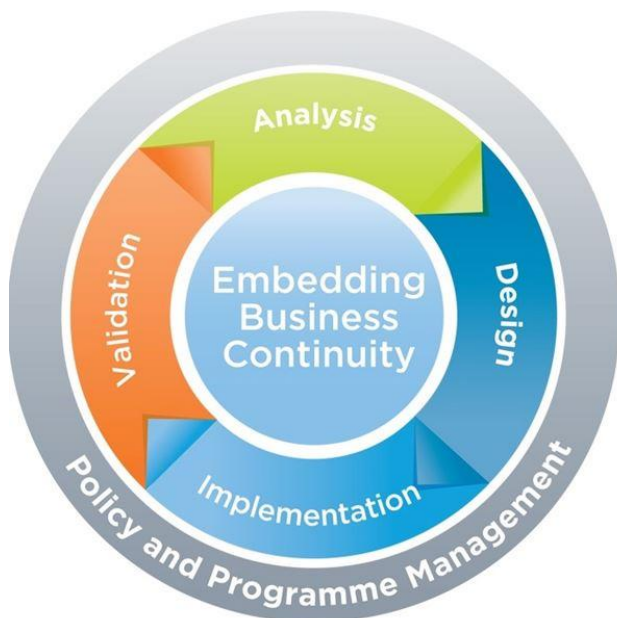
All services completing a Service-Level Business Continuity Plan will be requested to complete the checklist and return it to the EPRR Working Group Forum the quarter before due date of revision, so that appropriate actions can be determined to update the plan, if necessary.

Any items of concern should be escalated to the EPRR Working Group.

## 2. Quality Assurance

Once a year, four plans (one in each quarter) will be selected by stratified sampling for review by the EPRR Working Group. Formal requirements of the review will not be defined, the EPRR Working Group will use their collective subject matter expertise to ensure the plans meet the Trust business continuity expectations, meaning that they can suitably manage disruptions outlined in section [6.1](#).

Should improvements be identified for the plan reviewed, an action plan will be agreed to implement them as per the Business continuity Lifecycle below and the EPRR Team will support the service where required.



## 8. Training

The EPRR Team develops and manages an annual training and exercising schedule, in line with the requirements set in the NHS EPRR Core Standards. This schedule includes business continuity training, as follows:

- a) Training / workshops aimed at those tasked with writing the Service-Level Business Continuity Plans.
- b) Business continuity arrangements and responding to a Critical Incident as part of the Commander (Strategic, Tactical, Operational) training.
- c) Loggist training for those with tasked with recording key decisions during business continuity incidents.

Also, business continuity exercising will be included in the schedule, and specifically:

- a) 1 yearly table-top exercise to test the MWL Business Continuity Plan
- b) Service-Level business continuity exercises / workshops on demand, subject to EPRR Team availability.

## 9. Monitoring Compliance

### 9.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	BIA report submitted to RMC (annually)
2	Audit report of Service-Level Business Continuity Plans submitted to RMC (annually)
3	4 Service-Level Business Continuity Plans reviewed (annually)
4	MWL Business Continuity plan review (annually)

### 9.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Report to RMC	Angela Manning	Report	Annual	Submitted to RMC	Sue Redfern
Review of this policy	Angela Manning	Policy document control	Annual	Assurance provided to AEO	Angela Manning

## 10. References

No	Reference
1	Civil Contingencies Act 2004
2	NHS EPRR Framework 2022
3	NHS Commissioning Board Business Continuity Management Framework 2013
4	NHS EPRR Business Continuity Management Toolkit 2016
5	ISO 22301:2019
6	Business Continuity Institute “BCI Good Practice Guidelines” (2018)

## 11. Related Trust Documents

No	Related Document
1	MWL EPRR Policy
2	Service-Level Business Continuity Plans
3	Business Continuity and Critical Incident Plan and related appendices

## 12. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, Cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion darren.mooney@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or workforce Head of Equality, Diversity and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

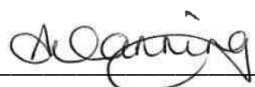
Equality Analysis			
<b>Title of Document/proposal /service/cost improvement plan etc:</b>		MWL Business Continuity Policy	
<b>Date of Assessment</b>	25/07/2023	<b>Name of Person completing assessment /job title:</b>	Angela Manning
<b>Lead Executive Director</b>	Director of Nursing, Midwifery & Governance		Emergency Preparedness Lead
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Age	No	Not relevant
2	Disability (including learning disability, physical, sensory, or mental impairment)	No	Not relevant
3	Gender reassignment	No	Not relevant
4	Marriage or civil partnership	No	Not relevant
5	Pregnancy or maternity	No	Not relevant
6	Race	No	Not relevant
7	Religion or belief	No	Not relevant
8	Sex	No	Not relevant
9	Sexual Orientation	No	Not relevant
<b>Human Rights – are there any issues which might affect a person’s human rights?</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Right to life	No	Not relevant
2	Right to freedom from degrading or humiliating treatment	No	Not relevant
3	Right to privacy or family life	No	Not relevant
4	Any other of the human rights?	No	Not relevant
Lead of Service Review & Approval			
<b>Service Manager completing review &amp; approval</b>		Angela Manning	
<b>Job Title:</b>		Emergency Preparedness Lead	

### 13. Data Protection Impact Assessment Screening Tool

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		✓		
Will the procedural document lead to the collection of new information about individuals?		✓		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		✓		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		✓		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		✓		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		✓		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		✓		
Will the implementation of the procedural document compel individuals to provide information about themselves?		✓		

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

Policy author  Date: 25/07/2023

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## Appendix A – Service-Level Business Continuity self-assessment checklist

Plan section	Item	Yes / No / Comment
Admin	Version control and distribution list	
	Security classification	
	Document author and BC accountable officer	
	Review date and schedule	
	Exercising and testing schedule	
Intro	Aim of the plan	
	Objectives and scope of the plan	
	List of legal and regulatory requirements for BC as well as associated guidance	
Command and Control	Identification of key roles and responsibilities within the plan	
Business Impact Analysis (BIA)	BC risk assessment and treatment	
	Identification of single points of failure	
	Prioritised activities including RTO/MTPD	
	Priority Services' resource requirements, including minimum levels of: <ul style="list-style-type: none"> <li>a) People</li> <li>b) Premises</li> <li>c) Technology</li> <li>d) Information</li> <li>e) Supplies</li> </ul>	
Plan Activation	Trigger for activation/standby with appropriate incident response levels with reference to the EPRR Framework	
	Activation procedures	
	Escalation procedures	
	Stand down procedures	
Incident Response	Incident response procedures/command and control	
	Incident response structure (incident response teams and single points of contact)	
	Action Cards (may be in an annex of the plan)	
	Incident Coordination Centre facilities (primary and backup)	
	Logging of decision making	
Recovery	BC and recovery strategies	
	Debrief/post incident reports/action plans	
Comms	Internal and external comms procedures	
	Procedures for warning and informing public	
	Info sharing procedures aligned to IG standards	
Annexes	Reference to Business Impact Analysis	
	Contact directory	
	Reporting tools (e.g., sitrep template)	
	Action cards	
	Any mutual aid agreements	

## Appendix B: Generic Business Continuity Plan Template

Dept/ward/area/ care group/ function		Date	
Reviewer		Review date	

Likelihood	Severity					Risk Likelihood Grading					Severity Grading				
	1	2	3	4	5	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost certain	1. Insignificant	2. Minor	3. Moderate	4. Major	5. Catastrophic
5	5(M)	10(H)	15(Ex)	20(Ex)	25(Ex)										
4	4 (M)	8 (H)	12(H)	16(Ex)	20(Ex)										
3	3 (L)	6 (M)	9 (H)	12(H)	15(Ex)										
2	2 (L)	4 (M)	6 (M)	8 (H)	10 (H)										
1	1 (L)	2 (L)	3 (L)	4 (M)	5 (M)										

EXTREME (above 15)	As defined in the Business Continuity Policy
HIGH	
MODERATE	
LOW	

Description of the Hazard/Risk	Business or Stakeholders affected	Potential Harm	Existing Safe Systems/Controls References	Existing L x S = R			Suggested Safe Systems Required and Actions	Complete L x S = R			RTO Recovery Time Objectives	MTPD Max Period of Tolerable Disruption