



East London
NHS Foundation Trust

Resilience and Business Continuity Plan
for
[insert name of Practice]

Version X
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Contents

Any amendments to the content of this plan should be sent to:
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1. Planning Principles

1.1 Planning Requirements

The Civil Contingencies Act 2004 identifies NHS Foundation Trusts as Category 1 Responders. As part of East London NHS Foundation Trust, the Service falls under its requirement to have Business Continuity Management (BCM) arrangements in place to manage disruption to the delivery of services as stated in the Business Continuity Policy.

1.2 Plan Aims and Objectives

The key aims of this plan are to outline the business continuity arrangements for [xxxx] and provide information for staff to assist them respond to incidents and implement business continuity arrangements during a period of disruption.

To achieve business continuity objectives, this plan shows

- Who will be responsible
- What will be done
- What resources are required
- How the results will be evaluated

1.3 Roles and Responsibilities for Implementation

The Resilience Lead for [Practice Name] is [Role]. The Resilience Lead is responsible for ensuring that the plan is completed, maintained and audited and that all staff are aware of its contents and key procedures.

All managers and staff are responsible for the successful implementation of resilience and business continuity procedures to maintain critical and essential services during a period of disruption. Therefore, all members of staff should be familiar with their individual roles during an incident or period of disruption and make sure that these are reflected within this document.

1.4 Plan Activation

The plan will be activated by the Practice Manager, the Manager on call or any member of the Directorate Management Team or the Director on call.

The plan will be activated in situations where events or disruptions threaten to or have impacted on the availability and quality of the Service. This may be due to one or a combination of potential causes of disruption shown in section 2.1.

This plan will be triggered when in relation to an event or disruption

- Patient experience is affected
- Data quality is affected
- Care outcomes will be compromised or not achieved

1.5 Plan Audience

The plan is directed for managers and staff, including subcontracted and agency staff. Any non-directly employed staff, subcontracted or support services should also contribute to and be aware of the contents of this plan. This plan will also be useful for other staff within East London NHS Foundation Trust who may be involved in managing the response to an incident involving the Practice or whose own services may be impacted by its disruption.

1.6 Plan Review & Audit

The plan will be reviewed on a regular basis, at least annually and in line with any changes to national, regional or local legislation and guidance or following any period of disruption.

1.7 Exercising

The key procedures in the plan should be exercised at least annually either within the service or with local stakeholders to raise awareness and validate the contents.

Exercise reports will be kept by the Resilience Lead for the Practice and forwarded to the Trust Emergency Planning Lead who will provide assistance with exercising as required. Exercise reports and learning from exercises will be shared with relevant stakeholders. Action plans will be generated by the Resilience Lead for the Practice, the implementation of which will be monitored by the Trust Emergency Planning Manager, who will be reporting annually on implementation of actions to the Safety Committee.

1.8 Training

All staff within the Practice should be made aware of the contents of the plan as part of induction and provided with training where necessary.

To improve staff awareness of this plan, discussion of business continuity and resilience procedures should be incorporated into current team meetings, especially in preparation for periods of extreme weather (summer heatwaves, winter snow) or periods of known disruption (large sporting events) or in response to specific scenarios e.g. loss of power or access to the building. Discussing what staff would do in such an event will help to train staff and refine the information within this plan.

Different staff groups will require different levels of training on this plan, which are shown below:

Training needs analysis and programme:

Staff Group	Description of training	Frequency	Date

2. Analysis

2.1 Potential Causes of Disruption

In order to determine what arrangements need to be put in place to maintain the critical, essential and routine functions of the service, it is first necessary to determine what may cause a disruption to it. The following hazards could cause disruption:

- Loss or inability of staff to attend work
- Transport or infrastructure disruption
- Loss of use of transport (public and private) (including fuel disruption)
- Disruption of service to or by service users
- Environmental conditions (i.e. flood, extreme weather conditions)
- Evacuation as a precaution (i.e. suspect powder, police cordon)
- Evacuation due to immediate risk of danger (i.e. fire or explosion)
- External major incident including terrorist attack
- Infectious disease outbreak (not including pandemic influenza)
- Loss of Utility services
- Partial or full loss of premises
- Supplier Failure
- Collection Failure
- Support Service disruption (e.g. cleaning, security, catering)
- Technology failure (IT, Telephones etc)
- Possible combinations of the above

These causes of disruption will affect Trust services and their impact has to be assessed using an impact assessment.

2.2 Impact Assessment

The impact of disruption needs to be calculated over different time spans, ***using the business impact assessment on the accompanying spread sheet.*** This will give the

- Priority of the service
- Recovery time objective
- Maximum tolerable period of disruption

1	Low. There may be a low impact to data quality or patient experience; it only temporarily reduces service quality.
2	Medium: Could create an unsatisfactory patient experience, cause justified complaints peripheral to clinical care, reduce service or data quality.
3	High: Mismanagement of patient care, justified complaint involving lack of appropriate care, Significant effect on data quality
4	Critical: There may be serious mismanagement of patient care or data.
5	Essential: Without the service for this period will create a totally unsatisfactory patient outcome or experience, creates large scale problems for the service

2.3 Prioritising Services and Functions

Practice Name:	
Main Location:	
Other locations:	
General Description of all work carried out:	

In the event of a period of disruption affecting services, the service or parts of it is/are prioritised as:

Term	Service	Recovery Time Objective	Maximum tolerable period of disruption
Essential			
Critical			
High			
Medium			
Low			

3. Business Continuity Arrangements - Premises

3.1 Services

Practice Name:				
Location:		Floor:		
Alternative site(s) service can be provided from:				
Special requirements				
Practice Resources:	Full service	Minimum required during loss up to four hours - who is responsible - timescales - resource required	Minimum required during loss up to 48 hours - who is responsible - timescales - resource required	Actions for permanent loss -who is responsible - timescales - resource required
No of rooms				
Workstations				
Computers				
Telephones				
Mobiles				
Printers				
Photocopiers				
Fax Machine				
Staffing				
Function	Normal Service Staff Level	Minimum Number of Staff	Actions to take - who is responsible - timescales - resource required	
Clinical Equipment/consumable/medicines				
Clinical Equipment/ consumables/ medicines	Supplier, stock levels and frequency of supplies	Initial Actions during Loss - who is responsible - timescales - resource required	Actions for Permanent Loss - who is responsible - timescales - resource required	

Non Clinical Equipment/ consumables/ medicines	Supplier, stock levels and frequency of supplies	Initial Actions during Loss - who is responsible - timescales - resource required	Actions for Permanent Loss - who is responsible - timescales - resource required
IT			
Data / System		Initial Actions during Loss -who is responsible - timescales - resource required	Actions for Permanent Loss -who is responsible - timescales - resource required

3.2 Main Reception

Normal Staffing	
Minimum Staff	
Security Company	
Business Continuity Arrangements:	Replacement staff: Replacement security tags / alarms: Secure storage lockers:

3.3 Utilities

Utility	Supplier	Initial Actions during Loss - who is responsible - timescales - resource required	Actions for Permanent Loss - who is responsible - timescales - resource required
Electricity			
Gas			
Water			
Telecoms			

3.4 Collections

Actions for initial and permanent loss should include assistance from independent sector organisations.

Collections	Company/ Operator	Initial Actions during Loss - who is responsible - timescales - resource required	Actions for Permanent Loss - who is responsible - timescales - resource required

3.5 Fuel

Only complete if you use vehicles for the delivery of the service – vouchers cannot be supplied for commuting purposes.

Guidance on Priority

For Vehicles filled from Retail supplies – i.e. filled at normal public filling station

A: Activities to reduce mortality, morbidity and significant progression of disease.

B: Activities that will alleviate human suffering, including palliative care.

C: Activities that meet any legal obligations, such as those in the Children's Act, Mental Health Act 2007 and others.

D: All other emergency clinical and social services

E: All other routine clinical and social services

F: All other functions and services

Vehicle Type	Number of Vehicles	Owner	Priority
<i>i.e. Private Car</i>	2	<i>Private Individual</i>	A
			B
			C
			D
			E
			F

4. Insurance

The Trust has insurance cover from the NHS Litigation Authority for the following areas:

Insurance	Cover
Employers Liability	unlimited cover
Public Liability	unlimited cover
Product liability	unlimited cover
Professional Indemnity	unlimited cover
Property expenses scheme	Up to 1 million

The Director of Governance and Corporate Planning should be contacted for any claims relating to these areas.

There are also private insurance schemes in place that cover business continuity, reinstatement, rental income and material damage and the Director of Finance and the Director of Estates should be contacted within 24 hours of the incident arising.

5. Emergency Purchases

The Incident Management Director may authorise payments to meet the needs of an emergency or period of severe disruption. The Incident Management Director will notify the Deputy Director of Finance with the reason and the details of the expenditure. The Finance Team will initially route payments through a Finance Team budget and then establish a cost centre for the incident for further use and transfer expenditure already authorised so that all expenditure can be tracked.

Alternatively, the Incident Management Director may use emergency purchase cost centres and order numbers as shown in appendix M of the Incident Response Plan.

6. Accommodation for Staff

In the event that staff are unable to travel from work, the following options should be explored:

- Accommodation with other staff members
- Rooms in nearby hotels - booking through Redfern – www.trips.uk.com
- Available space in inpatient units

Inpatient Unit	Contact Details

7. Response

7.1 Command and Control

The Director or designated deputy (Service Lead) will assess the impact on the Practice and prioritise functions accordingly. Depending on the extent and nature of the incident or disruption, this may be managed locally within the service.

An incident management (Bronze) Team for the Practice may be set up.

An incident management (Silver) Team for the Directorate may be set up.

An incident management (Gold) Team at the Trust may be set up, which oversees the Directorate Silver Team.

During any incident, staff should continue to carry out their normal duties as far as reasonably practicable and if it is safe to do so.

Out of hours, additional staff may be required and the Emergency Staff Contact list activated to ensure the security of service users (see section 8.3)

In the event of any serious incident or disruption out of hours, both the on-call Director for ELFT should be notified immediately on Director on call mobile: 0797 196 1172 or Pager 07623541422 and the on-call Manager on 01582 657568.

During a major incident elsewhere at the Trust, the Service may be requested to provide [insert]

7.2 Incident Co-ordination Centres

Depending on severity and nature of the disruption, the incident may need to be managed from the Directorate's Incident Co-ordination Centre. Where this is not available, other Incident Co-ordination Centres can be used as below:

Location	Address	Contact Numbers	Out of Hours Access
EastOne Trust Headquarters	9 Alie Street London E1 Switchboard: 020 7655 4000 Nearest Tube: Aldgate East, or Aldgate	Incident Room Tel: 020 7655 2141	H&M Security 0208 5232227 or 07882 280035 between 20.00 and 06.30. Trust ID needs to be shown
City & Hackney Centre for Mental Health	East Wing Management Offices, Homerton Row, Hackney, London E9 6SR Nearest Station: Homerton (Silverlink)	Tel: 020 8510 5664 / 5555 Tel: 020 8510 8889 Fax: 020 8510 8404 (both Management Offices) 020 8510 8126 (24hr security office)	Contact Duty Senior Nurse 02085105555 and ask for bleep 500
John Howard Centre for Forensic Mental Health	Meeting Room, 1 st floor 12 Kenworthy Road, Homerton, London E9 5TD Nearest Station: Homerton (Silverlink)	Tel: 020 8510 2004 (Emergency No) Fax: 020 8985 0278 020 8510 2003/5/6 (both Reception)	Via reception
Wolfson House	Tribunal Room Ground Floor 311-315 Green Lanes London N4 2ES Switchboard: 020 3222 7100 Nearest station: Manor House	Tel: 020 3222 7105 x 1 phone No Fax machine in room but there is a MFD printer within 15 metres of room on Ground Floor opposite Security Reception	Via reception
Newham Centre for Mental Health	1 st Floor Conference Room Cherry Tree Way, Glen Road, Plaistow, London E13 8SP Nearest Tube: Plaistow or Prince Regent	Tel: 020 7540 4380 Fax: 020 8121 5477 (Reception)	Via reception 0207 540 4380
Tower Hamlets Centre for Mental Health	Meeting Room, Burdett House, Mile End Hospital, Bancroft Road, London E1 4DG Nearest Tube: Stepney Green/Mile End/Bow Church DLR	Tel: 020 8121 5608 (phone in cupboard) 020 8212 5001 (Reception) Fax: 020 8121 5477 Tel: 020 8121 5480 (both Management Offices)	Contact the security office on the ground floor of the main hospital building – opposite the THCfMH. Phone number 0208 223 8233
Newham Community Health	East Ham Care Centre, Shrewsbury Road, East Ham, London E7 8QP Tube: Upton Park/East Ham	Tel: 020 8475 8776/ 020 8472 1653 (Resource room) Fax: 020 8472 4395 Reception: 020 8574 2001	Open 24 hours, Security Officer in reception will unlock.

Charter House Luton	Incident Room, Floor 6, Charter House, Alma Street, Luton, LU1 2PJ	BT Tel: 01582 727608 NTL Tel: 01582 700272 Fax: 01582 402568	Access out of hours is via Security: 0800 389 1494/ 07977 267824/ 01462 481811
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7.3 Alerting

In the event of disruption caused by either an external or internal incident, the incident manager should be contacting the [insert].

The [insert] will agree with the incident manager the information cascade. This includes informing senior managers and the Communications Team.

The Major Incident Communication Strategy and Plan will be followed

7.3.1 Contact Details of Relevant Managers and Staff

The telephone numbers in this list are to be used only to contact staff in the event of an incident where staff may be required to work or to alert them to changes in normal arrangements. These numbers may not be circulated or used in other documents without the express permission of each member of staff.

Staff are responsible for informing the Resilience Lead and Human Resources of any changes to their personal contact details including office and mobile telephone numbers.

Who needs informing	Contact details in hours	Contact details out of hours

All contact lists will be validated at least annually as part of the review cycle.

7.3.3 Communications with Staff and the Media

It is the role of the Communications Lead to manage the Trust's relationship with the media and to disseminate situation updates to staff as and when required by the Incident Manager, Director on-Call or Director of Operations.

Communications to Staff

It is important that staff are made aware that a business continuity incident is in progress and when it ends. They will perform better when they understand what is going on and, even if not directly involved in the response, can take steps to ensure that they do not inhibit the response by their own actions.

Communications with the Media

The Communications Lead will manage the Media response in partnership with other responders and as set out in the '**Major Incident Communications Strategy and Plan**' (copies are held in the Green Box in each Incident Control Centre).

7.4 Mutual Aid

If the service is unable to sustain essential functions due to the disruption, i.e. inability to source additional/replacement staff, equipment or other resources, the Service Director should request mutual aid assistance from other services within the Trust. This will be via the Director of Operations or the Director on call.

If mutual aid cannot be provided from within the Trust, the process as described in the Incident Response Plan section 24 will be followed, whereby the Trust Director on call will contact NHS England who will be brokering arrangements.

7.5 Pandemic Response

During an influenza pandemic or infectious disease outbreak, ELFT services will implement infection control measures in accordance with public health guidance. Additional Personal Protective Equipment (e.g. gloves, alcohol gel, masks and aprons) will be made available to staff. Any stockpiling of PPE before or during a pandemic may require additional storage arrangements and administration. All staff and service users are encouraged to be vaccinated regularly against influenza to reduce the risk of spreading infection and absence due to illness. Service users will be prioritised during a pandemic according to their overall mental and physical healthcare needs. Business continuity arrangements may need to be implemented to maintain minimum staffing levels during periods of severe staff shortage.

ELFT has a pandemic influenza plan which sets out actions to be taken in the event of a pandemic. The Service has been designated a [routine/critical/essential] function and would be prioritised [detail how long opened] in the event of a pandemic.

7.6 Incident Meetings

7.6.1 Meeting Agenda

Meetings should follow an agenda, based on to that shown below. Meetings can be face to face or using telephone conference.

To set up a conference call, log on to <http://www.powwownow.co.uk/> . Dial in No: 0844 4 73 73 73 with an email address to create an access pin which needs to be given to participants so that they can dial in. Number of participants allowed per conference: minimum 2, maximum 50.

1. Attendance and Apologies
2. Information from on-call Manager / Incident Team on incident situation
3. Practice and Staff situation
4. Business Continuity Measures to be introduced (incl. premises closures / service user re-location)
5. Criteria for prioritisation of Service Users
6. Information and requests for assistance from other ELFT Services
7. Communication messages for staff
8. Communication messages to service users
9. Actions to escalate to on-call Manager / Emergency Management Team
10. Reporting Requirements
11. Any other business
12. Date and time of next meeting

7.6.2 Decision Recording

A record of any decisions and / or actions to be taken following the meeting must be made. These will assist incident debriefs and highlight lessons learnt as well as for legal purposes if there is an internal or external inquiry.

If the incident is severe, the green log books and a Loggist used. The names of trained Loggists are shown in the emergency contacts list, held in the green emergency box or on the k-drive 'emergency'.

7.7 Reporting

7.7.1 During the Incident

Reporting requirements will vary depending on the extent of the disruption.

The frequency of reports during the incident will be determined by the incident manager, which may be the Service Director, service lead, or other nominated person. Reports will include all or parts of the following as appropriate

- Number of staff unavailable due to incident
- Number of staff available to work
- Extent of service that can be provided
- Service elements that can be provided

- Service elements that cannot be provided
- Number of or list of vulnerable service users affected by incident
- Requests for assistance, additional staff, resource and transport issues
- Report of business continuity measures implemented
- Report on status of how incident is being resolved
- Communication messages for staff, service users and stakeholders

Reporting requirements and deadlines may be set by the Department of Health and non-standard data requested. Where collection of data will impact on the provision of critical and essential services, the on-call Manager / Incident Team should be made aware of the impact of the reporting requirements and alternative arrangements agreed if necessary. Historic data may be requested so it is important to keep a copy of any reports sent once the service has returned to normal.

Incidents should also be reported on the Datix reporting database. From there, 48 hour reports or serious incident reviews may be required.

7.7.2 Post Incident Report

A post incident report should be produced within four weeks of declaring the incident or disruption over. The Incident Team Manager (Service Director or Service Lead) should write the initial report and arrange for it to be passed to the Incident Management Team(s) for initial comments. The report may be deemed a public document and may be used in any public enquiry or legal proceedings. Service user confidentiality must be maintained throughout the report.

Following the publication of the Report, a formal review of the business continuity plan should be instigated, immediately addressing any areas of concern raised. The learning from the report will be discussed at the Safety Committee as well as other Trust meetings such as the Service Delivery Board.

Where services have not been restored to levels before the incident, further update reports may be required either on a Trust or Directorate wide basis.

Reports or learning from the reports will be shared with internal and external stakeholders. This will be included in the action plan that will be generated as part of evaluation.

8. Evaluation

The response to the disruption should be formally evaluated on a service or directorate basis, depending on the size and nature of the incident. The Trust Emergency Planning Lead will assist with this as required.

Where indicated, an action plan should be generated, that shows the action, names the action owner and time scale. Implementation of these actions will be monitored by the governance team and reported to the Directorate Management Team.

The business continuity plan should be reviewed as part of this evaluation and amended as necessary.

9. Recovery

The Service Director will be responsible to the Director of Operations for the development and implementation of a plan to deliver a return to normality. Recovery planning should include the following elements:

Recovery Planning Process
Understanding Losses and Impacts
Undertake gap analyses for <ul style="list-style-type: none"> • Staffing - numbers and core skills available v's needed • Service delivery - current levels of delivery v's commissioned levels • Resources - current v's required (e.g. clinical consumables, equipment etc.)
Undertake an impact assessment based upon the gaps identified
Identify staff affected by: <ul style="list-style-type: none"> • bereavement • stress/ anxiety/ fear
Assess (with partners) the impact upon community health
Assess the impact upon performance and financial targets
Assess the impacts upon budgets across the Trust
Impact Management
Staffing: <ul style="list-style-type: none"> • co-ordinate redeployment of staff/ recruitment of staff to fill gaps identified in numbers/ core skills • arrange staff training where appropriate to fill skill gaps • ensure sufficient availability of and access to Occupational Health/ counselling services for all staff that need it; publicise it widely • ensure practice managers/ team leaders provide what support that can be provided to staff in their teams • ensure support for line managers is put in place
Resources: <ul style="list-style-type: none"> • replenish stock of clinical supplies • identify premises/ areas within premises requiring deep-cleaning/ decontamination • undertake routine/ required maintenance of equipment and replace as necessary • plan the return of facilities to normal use
Service delivery: <ul style="list-style-type: none"> • establish a prioritised list of services/ functions to be recovered – the priorities listed in Business Continuity Plans may form the basis of this • re-establish core functions first then work outwards to peripheral functions • practice managers/ team leaders to draw up plans for re-establishing functions within their services/ teams in line with the prioritised list: <ul style="list-style-type: none"> ○ manage flow of patients ○ review appointments/ waiting lists for services – establish priorities ○ manage the backlog • ensure resources are managed across services towards re-establishment of the priority functions • Practice Managers to provide regular updates to the Recovery Manager on progress against plan
Community Health: <ul style="list-style-type: none"> • participate in multi-agency recovery group led by Local Authority (if established) • agree joint priorities and develop action plans to meet required outcomes • integrate requirements of multi-agency community recovery with internal service delivery

recovery planning
<ul style="list-style-type: none">• deploy staff and resources to undertake agreed actions
Management and Finance:
<ul style="list-style-type: none">• ensure rigorous financial controls are/ remain in place• negotiate reduction in targets/ performance indicators for current business year with commissioners• assess expenditure required based upon revised targets/ performance• identify income streams to meet anticipated expenditure• identify any shortfall between income and expenditure due to the response• identify actions to be taken to remedy any shortfalls in finance
Identification of Opportunities
Collate lessons learned from debriefs
Consideration to be given to the possibility of improving upon what was in place previously. Service/ senior managers to consider:
<ul style="list-style-type: none">• procedures• processes• resilience• redundancy• cost effectiveness• value for money

Appendix 1
SAFETY INFORMATION:

	Location 1	Location 2	Location 3
Fire Extinguisher Location:			
First Aid Kit Location:			
Emergency Grab Bag Location:			
Hot Water Tank Location:			
Electrical Breaker / Circuit Box Location:			
Back Up Generator Location:			
Emergency Contact List Location:			

Other Emergency Safety Information:

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