

# SCHT Business Continuity Strategy v9.2

Document Details		
Title		Business Continuity Strategy v9.2
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Main points the document		Set out how the Trust manages its Business Continuity Management Systems
Who is the document aimed at?		All managers and employees of Shropshire Community Health NHS Trust
Owner		EPRR Senior Lead
Approval Process		
Who has been consulted in the development of this plan?		Locality Clinical Managers, Communications, SDG Managers, Business Continuity Leads, EPRR working group
Approved by		Patient Safety Committee
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Full Equality Impact		No
Lead Director		Accountable Emergency Officer
Category		Operations
Sub-category		Business Continuity
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Distribution		
Who the policy will be distributed to		All staff, held electronically on Microsoft Teams and Staffzone with a resilient copy on Resilience Direct. Paper copy in the Incident Control Room at Trust HQ
Method		Teams and email alert to all affected groups.  Highlight item in Trust communications and BC Training
Keywords		Business Continuity, Business Impact Assessment, ISO 22301, ISO 22313
Document Links		
Required by CQC		Yes
Other		NHS National contract NHS E EPRR Core Standards, ISO 22313, Business Continuity Institute Good Practice Guidelines, NHSE BC toolkit 2023
Amendments History		
No		
V8.1	Brian McMillan	Inclusion of RTO/MPToD. Updated NHSE AT to ICB on call. Inclusion of ISO 22313. Inclusion of National Planning Assumptions and Cat 2 partners statutory obligations. Inclusion of alert/warning intel systems for weather disruption and of mapping capability for floods and fuel disruption. Inclusion and explanation of Recovery Time Objectives.
V9.0	Brian McMillan	Wholesale review and redrafting to follow national template within the NHS England BC Toolkit 2023
V9.1	Brian McMillan	Amendment to include procurement and audit details following consultation
V9.2	Brian McMillan	Annual review

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# 2. Scope

2.1 This document has been developed to support SCHAT with the management of its Business Continuity processes. Maintaining an effective business continuity management system is a statutory requirement of the Trust.

2.1.1 The document is aligned to the following standards and references:

- ISO 22301:2019 – Business continuity management system requirements
- ISO 22313:2020 – Societal security – Business continuity systems – Guidance
- BCI Good Practice Guidelines (2018)
- Civil Contingencies Act 2004
- Health And Social Care Act 2022
- The NHS Act 2006
- Duty to maintain business continuity plans within the Civil Contingencies Act 2004
- NHS EPRR Core Standards Framework
- NHS Standard contract (SC30)
- NHS England business continuity Toolkit 2023

2.1.2 Under the Civil Contingencies Act 2004 and the Health and Social Care Act 2022, all NHS organisations have a duty to put in place business continuity arrangements. The NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) is the assurance framework for these requirements. This means that services should be maintained to pre-determined levels during any disruption or recovered to these levels as soon as possible.

2.1.3 ISO 22313 is the best practice standard for business continuity strategies. ISO 22301 is the best practice standard for business continuity plans. The NHS England Business Continuity Toolkit 2023 aligns to the standards and is designed to help NHS organisations, and providers of NHS funded care, to prepare for, respond

to and recover from unexpected and disruptive incidents. It also provides a structure for the Trust to align with and as a result, highlights key areas that must be adopted as part of the Plan, Do, Check, Act (PDCA) cycle.

2.1.4 A Business Continuity Management (BCM) system provides a holistic management process that identifies potential threats to NHS organisations and the impact on business operations those threats, if realised, might cause.

### 3. Objectives

3.1 List the objectives and obligations for the organisations business continuity management system.

3.1.1 This document is designed to support the development of business continuity arrangements. In addition, to support the implementation of a business continuity management system, exercising of plans and auditing.

3.1.2 In order to maximise the benefits of a successful BCMS, we need to continually use the PDCA cycle.

3.1.3 The BCM toolkit is derived from The Plan, Do, Check, Act (PDCA) cycle. SCHAT will refer to this cycle, to drive continual improvements in planning and raising the standard of business continuity preparedness as per NHS toolkit guidance.



<b>Plan</b>	<ul style="list-style-type: none"> <li>Establish the BCMS strategy system</li> <li>Review the Organisational Business Impact Assessment</li> <li>Develop Training for Operational Teams</li> <li>Establish a documentation system that follows the NHSE template</li> <li>Plan with Teams, Divisions and Sites</li> </ul>
<b>Do</b>	<ul style="list-style-type: none"> <li>Undertake Team level Business Impact Analysis</li> <li>Implementation of Team level plans</li> <li>Create an exercise programme.</li> <li>Develop a lessons register</li> </ul>
<b>Check</b>	<ul style="list-style-type: none"> <li>Schedule management reviews</li> <li>Undertake internal audits.</li> <li>Exercise plans</li> </ul>
<b>Act</b>	<ul style="list-style-type: none"> <li>Debrief</li> <li>Implement corrective actions.</li> <li>Ensure Continuous improvement measures.</li> <li>Share good practice and lessons identified</li> </ul>

3.1.4 Each plan will identify prioritised functions within the Team / Division or Organisation and shall focus on the following key areas –

- Disruption or loss of staffing
- Disruption or loss of operating premises (including power and utilities)
- Disruption or loss of information and data
- Disruption or loss of ICT systems
- Disruption or loss of suppliers
- Requirements for ongoing patient care

3.1.5 Functions will be prioritised using a Business Impact Assessment (BIA). Maximum Permitted Time of Disruption (MPToD) and Recovery Time Objectives (RTO) are used to identify the timeframes of expected and required recovery, therefore informing an organisations risk register of further risk. They have a secondary role of providing a clear escalation point from the local management to the Trust senior leadership.

3.1.6 Where mitigation measures, known as 'design solutions' are identified these shall be aligned to the Recovery Time Objective identified. Design solutions are the mitigations and workarounds that already exist or would be locally used to mitigate the impacts. Where there are no design solutions, this becomes the focus of the incident management team, to maintain priority services.

3.1.7 The Trust will have Team level plans for all Trust Services and Teams. These shall escalate up to Locality level plans, which in turn will inform the Organisational level business continuity plan. By designing the business continuity system, plans can be used in isolation to manage a small local incident or to escalate to a major/critical or significant business continuity incident.

## 4. Purpose

4.1 This document will support the trust to provide factual evidence of robust planning and preparation. The BCMS process is required as part of the EPRR assurance, or other commissioning activities at NHS England regional or lower level (ICB).

4.1.1 Having a robust BCP provides assurance to the trust and commissioning bodies such as the ICB/NHS England that we can respond, recover and learn from incidents, whilst trying to maintain services and our reputation.

## 4.2. Individual Roles within the strategy

- **Accountable Emergency Officer** – Executive level Director responsible for the Trust EPRR programme including BCMS. Must be trained in the Principles of Health Command Strategic level training.
- **Emergency Planning Senior Lead** – Lead individual for supporting the review, maintenance, training, exercising and guidance on BCMS planning. Must be CBCI qualified and hold a level 3 teaching certification.
- **Business Continuity Lead** – Local service leads responsible for maintenance, review and exercising of local operational level (service or team) BC plans. Must have undertaken BC awareness training to develop knowledge of the NHS England BC toolkit.

## 5. Risk Assessment

5.1 Business Continuity risks sit within the overall EPRR risk strategy framework. The Trust operates a corporate risk register of identified risks to the organisation. This escalates to a corporate Board Assurance Framework (BAF) that documents higher scored risks. Separate to that, the EPRR function operates an EPRR risk register, to have sight of emerging EPRR threats and events that are not yet impacting upon the organisation. The EPRR working group have oversight of emerging risks and can escalate them to the corporate register or BAF as appropriate.

5.1.1 Within the EPRR risk framework, business continuity plans will identify local issues that may pose a risk to service delivery. These are issues outside of the standard disruption categories that each plan considers and will look in more detail at local issues that may impact a team. Where these are identified, a 'design solution' will be detailed to provide mitigation in that circumstance. Gaps where mitigation is not possible, will escalate via the EPRR risk group to the corporate register or BAF as required. This prevents the Corporate Risk structure having to review all business continuity plans.

## 6. Business Impact Analysis

6.1 The BIA will break each Service down into component parts, referred to as activities and will focus on these rather than roles or risks. The BIA will then RAG rate the functions to visually demonstrate how each Service will contract and expand to mitigate the disruption and continue service delivery where possible. Each Function shall identify a Recovery Time Objective (RTO) and Maximum Permitted Time of Disruption (MPToD) as well as details of the organisation risk that a failure to restore the activity within that Service would bring.

6.1.1 Where a function has been RAG rated via the BIA, all interdependencies will be mapped to that RAG status. This ensures that Estates, IT and data priorities align to the function. Where gaps exist, due to contractual or response constraints, mitigating design solutions will be developed for the intervening period.

6.1.2 The Trust's current strategic organisational BIA is attached at **Appendix A**. This is being reviewed as part of the 2024 plan re-build programme.

## 7. Business Continuity Plans

7.1 Plans will be in place across 3 levels – Organisational, Locality and Team Level. *(This deviates from the common Divisional level plan for NHS organisations. However, due to the geographical spread of services within ShropCom, disruption happens in localities, not divisions)* Specific risk-based plans may also be created if a system or location poses a risk to multiple services and requires detailed arrangements to be explored.

7.1.1 Plans will cover the following categories of disruption – listed with design solutions where possible. The categories of disruption are identified within the NHSE EPRR Core Standards Framework. Other categories may be added where local risks are identified, and existing workarounds are identified.

7.1.2 The EPRR working group shall have oversight of the annual BCMS audit and improvement plans. The group will monitor actions and taskings and shall report to the Trust Patient Safety Committee quarterly and the Trust Audit Committee biannually on the overall resilience of the Trust BCMS.

## 8. Training

8.1 Training in Business Continuity Awareness will follow the NHS England BC Toolkit presentation 2023. This will be provided in a classroom environment where possible to all business continuity leads to support their role in maintaining and testing their own plans.

8.1.2 Business Continuity Awareness training will be provided to all On Call managers and Directors as part of the Trust's approved training pathway within the EPRR Training and Exercising Policy. Training will be delivered by the EPRR Senior Lead who is CBCI and Level 3 AET qualified.

8.1.3 Training will be recorded in the Trusts EPRR Training Needs Analysis and shall be reported to the Patient Safety and Audit Committee's via the EPRR working group. Training compliance and feedback shall also form part of the annual EPRR report to the Trust board.

8.1.4 Training evaluation forms shall be used following each training session to review delivery and ensure continual improvement of training materials and delivery. Training materials and the pathway are aligned to the National Occupational Standards and the Minimum Occupational Standards for On Call.

## 9. Exercising

9.1 The Trust is required to undertake a minimum of one desktop exercise each year, with 3 yearly command post and live exercises.

9.2 The Trust will carry out a minimum of 1 desktop exercise each year which will focus on several service business continuity plans. The expectation is that local plan owners carry out more localised exercising of plans throughout the year with an overarching desktop carried out centrally by the EPRR Lead.

9.3 All business continuity exercises shall have a post exercise report to highlight any actions and improvement plans, or to highlight good practice. These will be shared with the EPRR Lead who can collate these centrally within the Trust and have oversight of action plan compliance.

9.4 Reporting on Trust exercises will be a standing item for the EPRR working group and shall be escalated to the Patient Safety and Audit Committees.

## 10. External Suppliers and Contractor

10.1 The Trust are participants in an STW Contract Management Team. As part of the Contract Management policy, regular contract and performance review meetings will take place in accordance with the pre-assigned supplier risk classification level and these meetings will involve the continuous tracking of contracts or innovations mutually agreed with gold level suppliers.

10.1.1 All meetings will be chaired by the Contract and SRM lead and conducted using the standard Contract Review Meeting template with actions followed up as agreed. Minutes of meetings and agreed actions and results will be electronically communicated to all stakeholders following each meeting and recorded by the Contract and SRM team and uploaded on to ATAMIS as part of monitoring and tracking overall performance metrics.

10.1.2 The Contract Review Meeting template has been designed to ensure key contract management topics are fully covered.

10.1.3 A summary of some of the key topics are detailed below:

- Supplier Performance and KPI review
- Sustainability / Social Values
- Market Intelligence
- Carbon reporting where applicable
- CIP (Savings & Cost Avoidance)
- Continuous Improvement & innovation Opportunities Financial - Regular Invoicing Review and Supplier Financial Health (Health Check)
- Risk Management
- Business Continuity, Disaster Recovery and Exit Plan
- 3rd Party Sub Contractors
- Contract CCN / Amendments
- AOB

10.2 The Contract and SRM team will schedule monthly check-in meetings with procurement leads to review current performance and challenges and to discuss and identify any revised changes or new risks.

## 11. Governance & Audit

### 10.1 Governance

The approval mechanism for BCMS plans is as follows:-

**For team/service level plans** – these will be reviewed by the service structure and approved by their internal governance route. The plan must be shared with the EPRR Senior Lead as part of the consultation as this role is the Trusts subject matter expert in business continuity.

**For Locality level plans** – these will be reviewed by the EPRR Senior Lead with the relevant Clinical Site Lead.

**For Organisational level plans** – These shall be reviewed by the EPRR Senior Lead and approved via the Audit Committee following consultation with the EPRR working group.

### 10.2 Audit

10.2.1 The Emergency Planning Senior Lead shall direct where audits should take place, having regard to

- Quality of business continuity risk register entries
- A significant change in practice or recent significant incident
- Imminent new EPRR impact
- Requests from Local Business Continuity Leads

10.2.2 Where the structure makes it possible auditors will be provided from peer services – for example, Ludlow Hospital will provide a peer auditor to Bridgnorth who will provide a peer auditor to Whitchurch who will in turn provide a peer auditor to Ludlow. In other cases the peer auditor should be a Business Continuity Lead or a member of the Quality Team.

10.2.3 The Trust's audit regime for EPRR will work in tandem with the review regime described in Section 13 of this Strategy ie the audit will make reference to the most recent and next planned review Audits will be conducted by sampling.

10.2.4 Audits shall be conducted routinely as internal exercises and the Trust shall make provision for a regular external audit at a frequency to be confirmed by the Trust Board but at the least every 3 years.

- Audits at Organisational level will be approved by the Audit Committee and then signed off by the Accountable Emergency Officer
- Audits at Locality/Service level will be approved and then signed off by the EPRR Senior Lead
- The audit for a Service will address continuity of priority services, if identified
- The data collection (paper/electronic/portal) elements will be decided by a member of the EPRR Working Group and a relevant clinical/administrative professional depending on the activity to be audited.
- Audits will be separate from the Emergency Preparedness Exercise regime, although areas for audit may be identified through an EPRR exercise.

10.2.4 External audits can be commissioned by the Audit Committee who regularly engage with external audit partners to provide oversight of key areas of the business. The EPRR Senior Lead shall coordinate with any external appointed auditor to provide evidence for external audit purposes.

10.2.5 Audit reports and action plans, once signed off, shall be considered at first by the EPRR working group and included in the Group's reports to the Audit Committee and Board report. Significant findings will be shared Trustwide via EPRR Group submissions to the Audit Committee.

10.2.6 An Audit Log and management responses will be maintained by the EPRR Working Group

10.2.7 Audit reports and Action Plans shall be stored as described in Section 10.3 of this Strategy.

The EPRR Senior Lead shall maintain via Datix an overview of the Actions arising from each audit to ensure oversight at a senior level.

### **10.3 Documentation Control**

10.3.1 BC plans will be version controlled via the normal Trust route, with annual reviews triggering a new version and smaller reviews being numbered with decimal reviews, e.g 1.1.

Plans will be retained locally by the Business Continuity Lead in addition to the locally stored plans. They will also be stored electronically on the Trust servers and accessed via the EPRR Team channel. A resilient copy will be stored on Resilience Direct within the Business Continuity folder on the system.

10.3.2 The Incident Control Room will hold a hard copy of the BC Strategy, Organisational level plan and Locality Plans. Due to the difficulty in maintaining accurate plans, team plans will not be held centrally in paper format but will be accessible electronically.

10.3.3 Business Continuity plans will be protective marked as Official. Where external contractual details are included within the plans, they will be protective marked as Official – Sensitive Commercial.

10.3.4 Historical plans will be tracked in the version control section and placed in an archive folder. They shall be removed when the retention period has expired.

## **11. Communication**

11.1 Business Continuity works best when it is an embedded culture within the Teams and they have a good understanding of their plans as they are locally maintained, reviewed, and tested.

Trust strategic documents – the Business Continuity Strategy, the Organisational and Locality Level Plans, they will be centrally stored and reviewed. These documents will be communicated via the Trusts Manager and Director on Call network to ensure all response roles know the plans and their locations.

11.1.2 Smaller Team/Ward/Service plans will be locally held and communicated within the Service network. However, this will be coordinated via the Trust EPRR lead with a centrally stored copy.

## **12. Review of BCMS**

12.1 The Trust BCMS shall have 2 levels of review:

- User reviews shall be conducted by the team/service that owns the plan and shall be conducted by locally based staff. Any actions resulting from the review shall be coordinated with the EPRR Senior Lead.
- Management Reviews shall be conducted by the EPRR Senior Lead. This forms part of the ongoing Business Continuity audit tool maintained by the EPRR team to evidence the Trusts statutory obligations and EPRR Core Standards requirements.

12.2. All reviews will form part of the EPRR Annual report to Board and shall be regularly reviewed as part of the EPRR working group arrangements.

## APPENDIX A – Organisational BIA (Levels 1 and 2 only –being reviewed as part of the 2024 Business Continuity Improvement Plan)

Priority	Service1	Service	Activity	SDG
<b>(Immediate/within 1- 4 hours)</b>				
1	Childrens Community Nursing	CCN service	Provide nursing care to children with acute, long term, complex/long term conditions and palliative care, e.g. Administration of routine medication via injection/ CVL End of life care Wound care Supplies Enteral feeding Oxygen dependent patient assessment	CYP+F
1	Bridgnorth Hospital and OP services	Community Hospital In-Patient Service	24/7 inpatient rehabilitation nursing and medical care	ADULTS
1	Whitchurch Hospital and OP services	Community Hospital In-Patient Service	27/7 inpatient rehabilitation nursing and medical care	ADULTS
1	Whitchurch Hospital and OP services	Community Hospital Hotel Services Support	7 days a week support to inpatient services, catering and cleaning	ADULTS
1	Ludlow Hospital	Inpatients	24/7 Nursing, medical and therapy for rehabilitation, care of acute and sub-acute patients identified to be supported in the community hospital, end of life care	ADULTS
1	Ludlow Hospital	Hotel services support	Provision of meals and a clean environment	ADULTS
1	Shrewsbury and North	District nursing	Nursing care & treatment of patients in their own homes requiring daily visits, admission avoidance & early supported discharge	ADULTS
1	Community Substance Misuse Team	CSMT	Community detoxification	ADULTS
1	HMP Stoke Heath	Primary care nursing	Administration of essential medication	ADULTS
1	HMP Stoke Heath	Primary nursing care	Maintaining a safe environment to those prisoners with high suicide/self harm risk	ADULTS
1	HMP Stoke Heath	Primary care nursing	First response for medical and discipline (where medical presence is required) emergencies within the establishment.	ADULTS

Priority	Service1	Service	Activity	SDG
1	HMP Stoke Heath	Primary care nursing	Substance misuse (IDTS) basic service is delivered	ADULTS
1	HMP Stoke Heath	Primary care nursing	Daily visits to SCCU	ADULTS
1	Clinical Services Telford and Wrekin, SE & SW Shropshire	Community Nursing	Providing nursing care to patients in their own homes according to a care plan. Some patients are medically vulnerable and require daily care/medication and early supported discharge from Hospital	ADULTS
<b>PRIORITY 2 SERVICES (within 24 hours)</b>				
2	Childrens Community Nursing	Special school team	To support pupils in special schools for essential nursing care.	CYP+F
2	HV North	Health Visiting	Advice line	CYP+F
2	HV Shrews	Health Visiting	Advice line	CYP+F
2	Bridgnorth Hospital and OP services	Community Hospitals Reception	Main reception open Monday – Friday 08.30 – 17.00	ADULTS
2	Bridgnorth Hospital and OP services	Community Hospital In-Patient Physiotherapy and Occupational Therapy	Monday – Friday service 08.30 – 16.30. rehabilitation and assessment on admission and discharge	ADULTS
2	Bridgnorth Hospital and OP services	Community Hospitals Portering Service	Part time porter only Monday - Friday	ADULTS
2	Bridgnorth Hospital and OP services	Community Hospital Hotel Services Support	7 days per week service both catering and Domestic	ADULTS
2	Whitchurch Hospital and OP services	Community Hospitals Reception	5 days a week service, meeting and greeting, appointments, switchboard	ADULTS
2	Whitchurch Hospital and OP services	Community Hospital In-Patient Physiotherapy and Occupational Therapy	Inpatient rehabilitation therapy support	ADULTS
2	Whitchurch Hospital and OP services	Community Hospitals Portering Service	7 days a week ancillary support, patient internal transport, supplies, gas cylinder exchange	ADULTS
2	Ludlow Hospital	Inpatients physiotherapy and occupational therapy	Monday – Friday 8.30-16.30 Treatment of chests and mobility assessments, rehabilitation, facilitation of discharge and provision of equipment	ADULTS
2	Ludlow Hospital	Community hospital reception	Monday to Friday 8.30- 17.00hrs. provides reception for out-patients clinics, MIU, x-ray and Physiotherapy	ADULTS

Priority	Service1	Service	Activity	SDG
2	Ludlow Hospital	Community hospitals portering service and maintenance	Porters available 7.00- 15.00 Monday to Friday. Maintenance support on-site 8.30-16.30 Monday to Friday	ADULTS
2	Bishops Castle Hospital	Hotel services support	Provision of meals and a clean environment	ADULTS
2	Bishops Castle Hospital	Community hospital reception	Bishops Castle Hospital switchboard , booking appts, ordering on oracle, finance, bed status reporting, filing , staff issues , agency staffing, coding, filing, switchboard	ADULTS
2	HMP Stoke Heath	Primary nursing care	Prisoner receptions – drug review	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	GP Surgery	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	Wound care management	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	Administration of non-urgent medication	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	Nurse triage clinics	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	Hospital escorts for emergency care assessments	ADULTS
2	HMP Stoke Heath	Primary care nursing/GP	Delivery of pharmacy supplies	ADULTS
2	Family Nurse Partnership	FNP	Child Protection	CYP+F
2	Podiatry	Clinic Administration	Support in clinics and clinicians. Booking of appointments	TeMs
2	Podiatry	Consultant led Diabetic Foot Clinic	Outpatient activity (block contract). New and Follow Up Appointments 1 day a week (4 sessions)	ADULTS
2	Clinical Services Telford and Wrekin, SE & SW Shropshire	Single Point of Referral	Receive new referrals to community nursing team and other therapists, manage direct patient referrals for care and care related products.	TeMs
2	Dental Services	Dental Services	Out of Hours Emergency Dental Services (OOH EDS) for both Shropshire County and Telford & Wrekin PCTs (weekends, bank holidays and evenings).	CYP+F
2	Chldrens Safeguarding	Safeguarding	Urgent referrals, support and assessments	CYP&F