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Cardiff and Vale
University Health Board

Business Continuity Planning Guidance

Prepared by the Head of Emergency Preparedness, Resilience and Response

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Version 01	19/12/13	Guidance for staff	Head of Emergency Preparedness, Resilience & Response	See distribution list
Version 02	16/10/17	Updated to reflect internal audit recommendations, organisational, and legislative changes.	Head of Emergency Preparedness, Resilience & Response	See distribution list

Purpose & Summary of Document

This guidance document supports the UHB Business Continuity Policy ([Ref: UHB50](#)).

It describes Cardiff and Vale University Health Board's (CVUHB) approach to Business Continuity Management, and provides practical advice and guidance to staff tasked with implementation.

It also incorporates the Business Continuity Management Planning Assessment Tool for capturing information gathered when analysing services, and the corporate template for Business Continuity Plans.

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Distribution List

The Business Continuity (BC) Planning Guidance (BC Guidance) document for Cardiff and Vale University Health Board (UHB) is formally distributed to, and held on file by:-

- Chief Executive
- Executive Director of Strategy and Planning
- Chief Operating Officer
- Medical Director and Executive Director of Nursing
- Strategic Communications Director
- Emergency Preparedness, Resilience and Response Team
- Clinical Board Triumvirate Teams
- Directorate Managers / Service Leads
- Corporate Departments
- Capital Planning, Estates and Operational Services

The Emergency Preparedness, Resilience and Response (EPRR) Team will retain responsibility for the annual review and maintenance of the BC Guidance, BC Policy and BC Plan on behalf of the UHB.

Further Information

Should additional information be required, please do not hesitate to contact the EPRR Team.

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1. Introduction

1.1. What is Business Continuity Management?

Business Continuity Management (BCM) is a planned process aimed at managing the many and varied operational risks inherent in the day-to-day activities involved in delivering services.

The main purpose of the process is to ensure continuity of service delivery following a business disruption. Examples of such incidents which may fall broadly into four categories:

- **Damage or denial of access to workspace**

Evacuation of a department due to fire, structural damage (including flooding), contamination etc.

- **Loss or damage to equipment, or a system failure**

Internal power failure, failure of significant medical devices, loss of specialist IT systems, failure of medical gas delivery system etc.

- **Non availability of critical staff**

Industrial action, infectious disease outbreaks, environmental conditions (severe weather conditions) etc.

- **Non availability / disruption of other key resources including primary suppliers & utilities**

External electrical power supply, gas supply, water supply, fuel shortage, communications system failure (telephones and pagers), collapse of procurement chain supplier etc.

The key considerations in developing a BCM response for the UHB include the:

- Identification of key clinical and support services and information in advance of an event, so that an informed decision can be taken on the extent to which such systems should be protected.
- Definition of the accountability and roles of individual officers – both in terms of responding to and recovering from a disruption;
- Determination of the resources required to maintain a minimum acceptable service;

It is the BC plan that provides the primary defence in ensuring an organised and effective 'return to normality'.

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This document aims to provide guidance in developing a BC plan, as well as demonstrating the importance and some of the benefits of the process.

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1.2. Aim

In support of the UHB BC Policy ([Ref: UHB50](#)):

This document aims to describe the UHB approach to BCM, and provide practical advice and guidance to staff tasked with implementation.

1.3. Objectives

- To explain in detail, the lifecycle of the BCM process.
- To outline the steps required in developing robust and resilient BC arrangements.
- To provide guidance for Clinical Boards, Directorate Managers and Service Leads in developing BC plans.
- To ensure the UHB meets the requirements of the Civil Contingency Act (CCA) 2004.

1.4. Scope

BCM (and the BC Guide) is relevant for all UHB activities and its employees. This includes:

- All CVUHB services.
- Information technology systems (voice and data communications systems) - inclusive of disaster recovery.
- Business processes.
- Personnel.
- Liaison with utility providers i.e. power, gas etc.

Where the disruption of these activities has an impact on the wider community, the UHB will engage with community representatives and/or relevant partner agencies.

Examples of UHB incidents which may cause disruption include:

Evacuation of a department:

- Fire
- Structural damage (including flooding)
- Contamination
- Exclusion by emergency services

Equipment or system failure:

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- Internal power failure
- Failure of significant medical devices
- Loss of specialist IT systems
- Failure of medical gas delivery system

Loss of primary suppliers and utilities:

- External electrical power supply
- Gas supply
- Water supply
- Fuel shortage
- Communications system failure (telephones and pagers)
- Collapse of procurement chain supplier

Planned or predicted service disruption:

- Industrial action
- Planned maintenance

Unavailability of critical staff:

- Infectious disease outbreaks
- Environmental conditions (severe weather conditions)

1.5. Key Services (Critical Activities)

BCM affects all parts of the UHB. Therefore each corporate function, support service and Clinical board will have BC plans utilising the template established for this purpose (refer to Appendix B).

The preparation of BC plans for critical activities will provide a series of targeted action plans to be implemented in the event of an incident.

Key Services have been split into two distinct areas:

1.5.1. Key Clinical Services

- Emergency unscheduled care
- Critical care
- Trauma and emergency surgical services
- Maternity, paediatrics and neo-natal care
- Emergency and clinically urgent diagnostics

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- Acute mental health crisis service

1.5.2. Key Support Services

- Information Technology and Telecommunications
- Estates inclusive of utility services and medical gases
- Laboratory services
- Facilities and Operational Services
- Payroll
- Human Resources
- Procurement chain

1.6. Accountability and Responsibility

The Chief Executive has overall accountability for compliance with legislation, although for BCM this is delegated to the Executive Director of Strategy and Planning as the “Executive Strategic Lead” for Emergency Preparedness, Resilience and Response (EPRR); and the Chief Operating Officer for implementation of the BCM process in line with existing Clinical Board authorisation processes.

The UHB Executive Board is responsible for reviewing the effectiveness of Internal Controls - financial, organisational and clinical. The Board is required to produce statements of assurance which demonstrate that it is doing its ‘reasonable best’ to ensure that the UHB meets its objectives and protects patient, staff, the public and stakeholders against risks to its business in line with the requirements of the CCA.

1.7. Individual Roles

1.7.1. Chief Executive

Ultimately responsible for ensuring the organisation meets its statutory obligations under the CCA and complies with all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA.

The Chief Executive has overall responsibility for:

- The management structures and systems necessary to implement corporate governance, controls assurance standards including BCM.
- Meeting all statutory requirements to manage risks to normal business operations.

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- Adhering to guidance issued by the Welsh Government in respect of resilience and BCM.
- Ensuring that the UHB receives an annual report on the effectiveness of organisational systems.
- The BC policy and this guidance are subject to regular reviews in line with the UHB's policy document, and that measures for implementing the policy are established, maintained and monitored.
- Funding for action required as a result of the business impact analysis is provided.
- There are competent people who have the knowledge and training to carry out appropriate business impact assessments.

In practice the actions necessary to ensure compliance will be delegated to the nominated Strategic leads - namely the Executive Director of Strategy and Planning, and the Chief Operating Officer - who will discharge the duty on behalf of the Chief Executive.

1.7.2. Executive Director of Strategy and Planning

As the Executive Strategic Lead the post holder has responsibility for leading on BCM, and will ensure that there is a suitable overarching system and process in place to enable success.

S/he will oversee the EPRR agenda within the UHB by means of receipt of annual reports to Executive Board.

1.7.3. Chief Operating Officer

The COO will ensure implementation of, and compliance with the BC policy and BCM process within Clinical Boards.

In alignment with the Clinical Board authorisation process, the COO will ensure that BC planning becomes a routine agenda item for both Governance and Audit meetings. Collectively these actions will promote:

- Delivery of a structure which can be used to strengthen resilience during times of disruption.
- Identification and risk assessment of potential threats to, and weaknesses of the organisation.
- Aid preparation, prevention and recovery from the identified risks and potential disruption.
- Support the continuance and recovery of core critical services.

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- Promote return to business as usual.
- Defend and protect stakeholder interests.
- Ensure reputational integrity of the UHB.

1.7.4. Medical Director and Executive Director of Nursing

The Medical Director and Executive Director of Nursing have particular responsibilities for Governance, patient safety and investigating serious adverse incidents.

If the incident directly impacts patients, staff or visitors they must be notified by the Clinical Board management structure (or the Senior Manager on Call (SMOC) out of hours).

Any serious incident which necessitates activation of a BC plan must be reported through e-Datix for escalation, investigation and debrief.

1.7.5. Strategic Communication Director

CVUHB has a statutory duty in relation to “Warning and Informing” pre, during and post any incident.

The post-holder will be part of any major incident response or serious BC event. It is paramount that they are actively involved in the activation of all EPRR and BC response plans.

Forward planning is essential to achieving effective communication with all stakeholders. The success of any incident response will be beholden in part to the UHBs ability to communicate key messages quickly and efficiently. The Communications Team will have a communication strategy with a plan and pre-prepared statements ready for release in the event of a significant BC incident.

1.7.6. Emergency Preparedness, Resilience and Response team

At a Strategic level, support for UHB wide plans will be via the Head of EPRR who will provide expert advice and guidance on the development and delivery of the BCM process.

The EPRR programme manager will provide guidance to Clinical Board Directors / Heads of Service to enable development and maintenance of BC plans for their areas of responsibility.

Further, the EPRR team will ensure that a quarterly forum is in place to agree, monitor, and review consistent practice throughout the UHB. The Clinical Boards, Corporate Service Board (and critical corporate departments such as IM&T) must have an identified lead individual to attend the forum.

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This forum will collaboratively produce a quarterly BC report for Management Executive and an annual BC report to the Board.

The EPRR team will retain responsibility for annual review of the BC Policy, corporate guidance and plan template; and for providing both internal and external assurance, as required by the Executive Strategic Lead.

1.7.7. Clinical Board Triumvirate team

Clinical Board leadership teams are instrumental in achieving the requirements of this policy, and are accountable to the COO for ensuring implementation of the BC policy within their area of responsibility. Specific responsibilities include:

- Identification of managers/clinicians who will co-ordinate business impact assessments and the resulting BC / contingency plans.
- Align BC planning against any known risks within the Clinical Boards Risk Register;
- Make sure any business impact assessments that have a potential Corporate impact are communicated to the COO;
- Ensuring representation at the EPRR / BC; Major events planning and other associated committees, as required.
- Identify staff to attend BC awareness sessions (to be arranged through the EPRR team);
- Work with corporate teams e.g. Information Technology / Estates / operational Services to develop their plans and ensure collaborative working.
- Identify the need for additional funding or other resources within the directorate as a result of undertaking business impact assessments is identified;
- Produce reports to the UHB in order to confirm that all business risks identified have suitable and sufficient plans that have been fully and effectively tested and are reviewed regularly.
- Ensure post incident debriefs are undertaken as/when required and plans are revised as required.

1.7.8. Directorate Managers / Service Leads

Directorate managers and service leads will be responsible for the actual business impact analysis and subsequent development of their plans.

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This will necessitate the documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident to enable the organisation to continue to deliver its critical activities at an acceptable pre-defined level.

All local/operational BC plans will require approval and sign off by Clinical Boards who must retain an overarching view of all plans.

1.7.9. All Staff

All staff must have a basic awareness of EPRR and BC, other responsibilities include;

- Attend training appropriate to their roles.
- To act in line with the BC process, EPRR policies and plans, where applicable.
- To report any adverse incidents, or potential BC risks to their line manager for assessment.

To ensure that their line managers are advised of any changes to their personal contact details, particularly their home address and telephone number(s) as these will be used to contact staff during an emergency.

1.7.10. Corporate Departments

It is essential that corporate departments are fully engaged within the BC process. All plans must routinely be cross referenced against the work of the EPRR team, and other Corporate Groups such as Health and Safety; Governance and Risk Management.

Individual corporate functions which provide key services e.g. Finance; Information Technology; Workforce and Procurement must have in place robust BC plans in the same manner as clinical services.

NB. Process should mirror actions listed in points 1.7.7 through to 1.7.9.

1.7.11. Capital Planning, Estates and Operational services

It is possible that specialist support will be needed in some circumstances e.g. widespread utility failure; Fire; Chemical spillage or building instability. Subject matter experts can be accessed by the relevant Directorate/service manager, via the Capital Planning department.

1.8. Equality Statement

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The UHB is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment or gender identity and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the policy. It takes into account the requirements of the Equality Act 2010 and progresses equal opportunities for all.

In carrying out its functions, the UHB must have due regard to the different needs of different protected characteristic groups in our area. This applies to all the activities for which the UHB is responsible, including policy development, review and implementation. The UHB's commitment to equality means that this guidance (supporting the UHB BC Policy ([Ref: UHB50](#))) has been assessed in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

By committing to a policy encouraging equality of opportunity and diversity, the UHB values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The UHB is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence for the benefit of staff, patients and their families/carers.

The UHB will therefore take every possible step to ensure that this policy is applied fairly to all employees regardless of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment or gender identity and pregnancy/maternity or any other basis not justified by law, length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

Where there are barriers to understanding; e.g., sensory loss issues or an employee has difficulty in reading or writing or where English is not their first language or where there are barriers to access in regard to someone's disability additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee or patient/family member/carer is not disadvantaged at any stage in the process.

The purpose of this UHB BC Policy is to maintain essential services and thereby maintain appropriate access to our services regardless of the protected characteristics of patients and their families/carers our service users

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and our staff. We know that there may well be an impact in regard to age and disability protected characteristics in terms of communication and mobility issues.

Specific planning for the needs of individual patients and their families/carers and staff and their protected characteristics in the event of an emergency is managed at a Clinical Board level

The Protected Characteristics of those members of staff who have specific responsibilities in the event of a Business Continuity response i.e. Clinical Board Directors and On Call Managers have all been considered at the point of appointment to the role.

Business Continuity Plans and planning are necessary to assist in minimising the impact of a business disruption on any patient, family members/carers of members of staff in the event of any plan being invoked.

Care will be taken by those writing BC plans that no one's protected characteristics are impacted on in a negative way. Every attempt will be made to mitigate where possible these circumstances



2. Business Continuity Management

2.1. Why have BCM?

BCM has evolved primarily as a result of private sector risk management requirements and experience, and requires some modification before it can be effectively applied within NHS Wales.

In the private sector, risk is assessed in terms of how a disruption might adversely affect the value of the business as perceived by shareholders and financial markets. Whilst in the public sector, risk is more about failure to deliver quality services to the communities it serves

The UHB has key organisational objectives, some of which will be based on statutory requirements. All will be aimed at providing and improving services to the health and social care community.

Any failure, actual or perceived, to deliver a full range of services will have a negative impact on both the UHB and wider community.

Every business activity is at risk of disruption from a variety of hazards and threats, which vary in magnitude.

For example, a minor electrical fire or a burst water pipe may cause limited damage to assets; but if those assets are vital to service delivery, then the result can seriously impair the UHB's ability to deliver that service.

As such, all reasonable measures should be adopted to minimise the likelihood of business or service interruption.

2.2. Risk and BCM

BCM is an important constituent of risk management. It identifies the services which the UHB must deliver, and can identify what is required for the organisation to continue to meet its obligations.

Through BCM, the UHB can recognise what needs to be done before an incident occurs to protect its people, premises, key clinical and support services, and reputation.

With that recognition, the UHB can then take a realistic view on the responses that are likely to be needed as and when a disruption occurs, so that it can be confident that it will manage any consequences without unacceptable delay in delivering its services.

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2.3. The BCM Lifecycle

BCM has a lifecycle which splits into four stages:

Stage	Activities	Section
1	Understanding the Organisation	3.0
	Identify the specific services your area delivers	
	Identify red, amber, green and black services	
2	Determining the BCM Requirements <i>(Using BC Planning Assessment Tool)</i>	4.0 <i>Appendix A</i>
	Business impact analysis	
	Risk assessment	
	Risk reduction & continuity options	

3	Developing the BCM Response	5.0
	Implement risk reduction measures	
	Develop BC plans (Incl. initial training, testing & sign off)	<i>Appendix B</i>
	Links to wider UHB arrangements	
4	Train, Exercise, Maintain & Review	6.0
	Train Staff	
	Exercise Plans	
	Maintain & Review	
	Assurance	

3. Understanding the Organisation

BCM is NOT a one-off project. It is a continuous process which must be maintained to ensure that plans are current, relevant and executable.

- Clinical Boards, Directorate Managers and Service Leads are required to identify the specific services it delivers.
- The specific services must then be categorised as considering the criteria in the table below:

Priority	Definition
Red	Critical service needing to be restored within 0-1 hour.
Yellow	Essential service needing to be restored within 1-12 hours.
Amber	Significant service needing to be restored within 12-24 hours.
Green	Routine service needing to be restored within 3 - 5 working days.
Black	A service which can be restored progressively after 5 working days.

This exercise is just an initial guide to prioritise the services to be taken through the BCM process according to their time criticality.

Clinical Boards, Directorate Managers and Service Leads must consider the impact of loss in respect of:

- Loss of or threat to life
- Human welfare
- Environment
- Legal obligations
- Finance
- Reputation
- Ability to respond to emergencies

4. Determining the BCM Requirements

At this stage, Clinical Boards, Directorate Managers and Service Leads will begin to determine how services will be maintained in the event of a business disruption.

INFORMATION MUST BE COLLECTED IN A BCM PLANNING ASSESSMENT TOOL WHICH WILL ENABLE DECISIONS TO BE MADE ON:

- The reduction of risk to service delivery prior to any disruption.
- The requirements for facilitating effective recovery in the event of a disruption.

NB. A template BCM Planning Assessment Tool with supporting notes has been developed to assist Clinical Boards, Directorate Managers and Service Leads.

This information will form the back bone of the BC Plans that will be completed.

Information collected in the BCM Planning Assessment Tool will come through the completion of three related tasks:

4.1. Business Impact Analysis (BIA)

The BIA provides the narrative which:

- **Outlines the details of the service, and its method of delivery.**

At this point, Clinical Boards, Directorate Managers and Service Leads need to determine what is provided, to whom, how, when, where and why.

This provides clear scope and a statement outlining the specific service(s) actually delivered. In addition, a full inventory of resources normally employed should be compiled.

- **Identifies the range and determines the severity of different impacts (on ALL stakeholders) of NOT providing the service.**

Any failure, actual or perceived, to deliver a full range of services will have a negative impact on both the UHB and wider community

Clinical Boards, Directorate Managers and Service Leads need to identify these impacts – consideration may include:

- Risk to patient safety
- Risk to workforce or public safety.

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- Loss of operational capability.
 - Breach of the law.
 - Political or corporate embarrassment.
 - Financial loss / reduced income.
 - Loss of goodwill.
 - Loss of credibility.
 - Increased cost of working.
 - Financial penalties.
- **Determines how quickly the service needs to be re-instated.**

If serious impacts have been identified, then swift reinstatement action may be needed. This will be reflected in the special time considerations (section of the BCM Planning Assessment Tool), which is an indication of the time period within which to achieve a minimum acceptable resumption of that service.

NB. A planning assumption has been made that the UHB will achieve a 'normal service' within a maximum of one month. However, this does NOT mean everything will be reinstated to a level equal to that prior to the disruption.

For example, a damaged building may take longer to repair than one month, and this could mean that staff may have to continue to work from temporary locations.

- **Quantifies the resources that will be required to enable the service to be re-instated within the timescales specified.**

Clinical Boards, Directorate Managers and Service Leads need to determine the minimum resources required to meet the special time considerations. It would be desirable to use the resources normally employed, but this is not likely to be feasible, and would not reflect reality.

NB. A planning assumption has been made key clinical and support services should be delivered without reliance on corporate ICT/ Property services/ HR support for up to 3 days following a disruption.

4.2. Risk Assessment

Risk assessment for the purposes of BCM is a careful examination of a service to identify the areas which are most likely to be disrupted.

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Clinical Boards, Directorate Managers and Service Leads should utilise the current [UHB Corporate Risk Assessment Framework](#) (CRAF) to support this activity.

UHB Health and Safety Policy must be applied, ensuring that risk within buildings relating to issues such as fire and building security are managed effectively.

Specific, foreseeable threats to service should be identified. To support this process it is helpful to review any business disruption which has occurred within the last 5 years.

The assessment will identify the severity of the impacts on which could result in one or more of the following:

- Damage or denial of access to workspace.
- Loss or damage to equipment, or a system failure.
- Non availability of critical staff.
- Non availability / disruption of other key resources including primary suppliers & utilities.

The outcome of the assessment will determine measures to manage the impacts of business disruption.

4.3. Risk Reduction & Continuity Options

Clinical Boards, Directorate Managers and Service Leads should consider the impacts on the service, whether any cost effective risk reduction measures can be implemented to address the risk, or reduce it to an acceptable level.

- **Risk reduction options**

Risk Reduction options are measures taken to reduce the likelihood of a disruption occurring.

Where the risk cannot be reduced to an acceptable level, Clinical Boards, Directorate Managers and Service Leads should consider all recovery options.

- **Continuity options**

Continuity options are measures that need to be taken following a disruption in order to resume service provision, and assist the UHB in its return to normality.

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Continuity options may include the identification of alternative work areas, temporary staffing options and/or manual workarounds if an IT failure occurs etc.

5. Developing A BCM Response

At this stage Clinical Boards, Directorate Managers and Service Leads should establish a work programme for BC within their area of responsibility.

This will include the implementation of risk reduction measures and the development/testing of recovery plans and procedures.

5.1. Implement risk reduction measures

Subject to value-for-money considerations and approval from the Clinical Board, these measures should be implemented speedily.

Delays in introducing risk reduction measures could mean the service carries a higher than necessary risk of disruption or interruption.

NB. Some risk reduction measures will themselves be procedures, and managers should ensure that all staff with a role to play clearly understand what is expected from them. This may involve the provision of training.

5.2. Development of BC Plans

Clinical Boards, Directorate Managers and Service Leads should include the agreed continuity measures in a BC plan.

Again, managers should ensure that all staff with a role to play clearly understand what is expected from them. This may involve the provision of training.

The plan must be tested and signed off by the Clinical Board.

NB. A template BC Plan has been developed to assist Clinical Boards, Directorate Managers and Service Leads.

5.3. Link to wider UHB Plans

So far, this guidance document has focused on developing BCM arrangements for a single service. Any disruption large or small will, however, have some implications for the wider organisation.

If a large disruption occurs affecting more than a single service it may be appropriate to trigger other activities to help the UHB recover or protect itself from further effects of the disruption.

This includes:

- An emergency response.
- Incident management.

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- Damage assessment.
- Salvage and recovery of assets;
- Communication with staff, customers, partners and suppliers.

These are outside the scope of the single service BC plan (although they rely on information from Clinical Boards, Directorate Managers and Service Leads), but are nevertheless vital to ensure the eventual return to normality.

5.4. Command & Control

Each BC plan must clarify the reporting procedure to be followed (both in and out of normal office hours) to ensure the response is activated in a timely fashion.

For many incidents this will be sufficient, and the issue can be resolved at an operational management level. However, dependent upon the nature, scale, severity, and predicted length of the disruption it may be necessary to implement the formal Command, Control and Co-ordination process normally associated with a major incident declaration.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The UHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the UHB 2017 Major Incident Plan, Section 5.

6. Train, Exercise, Maintain & Review

The final stage of the lifecycle ensures that the arrangements continue to be exercised, maintained and reviewed on an on-going basis.

6.1. Train

Staff awareness of the BC Policy and plans is essential to the on-going success of the initiative, and awareness programmes are an integral part of this stage helping to embed BCM at the UHB.

An ongoing programme of education and awareness should ensure that:

- Staff understand the risks, remain vigilant and know how to respond.
- Changes or issues that could affect the UHB's BC Plans are identified and acted upon.
- Team members remain fully aware of their responsibilities and the actions expected from them.

NB. Some staff may require specific training on particular elements of BC Plan.

6.2. Exercise

Clinical Boards, Directorate Managers and Service Leads can achieve this through a combination of discussions, table-top and live exercises.

Exercising is an excellent way to raise awareness for those with continuity responsibilities. Experience shows that the more rigorously that a plan is exercised the greater the benefit to those involved and to the organisation when faced with a real disruption. Ideally, exercises should be carried out at least every 12 months.

6.3. Maintain & Review

BCM is an ongoing process and needs to be constantly updated and improved. Reviewing the BCM process and building BCM solutions must also be an ongoing process. Integration of BCM in to the culture of the UHB via its policies and procedures is essential to build resilience and safeguard our services.

The EPRR team will retain responsibility for annual review of the BC Policy, corporate guidance, assessment tool and plan template; and for providing both internal and external assurance, as required by the Executive Strategic Lead.

6.4. Assurance

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The final process in the BCM lifecycle for the UHB involves obtaining assurance that the quality of the BCM deliverables is acceptable to senior management and the operational processes work satisfactorily.

Clinical Boards are responsible for providing assurance to the Chief Operating Officer (& EPRR team) that the risk reduction measures introduced and the BC Plans developed are fit for purpose.

The EPRR team will also provide internal and external assurance, as required by the Executive Strategic Lead.

NB. Improvements in this process, the development of this guide and BCM solutions for the UHB are an ongoing task which requires a continuous commitment of time and resource.

6.5. Retention & Archiving

In cases of Police investigations/public enquiries and other legal processes it is often necessary to demonstrate that the policy in place at the time of the incident. The Director of Governance must therefore ensure that copies of policies and procedures are archived and stored in line with the UHB Records Management Policy and are made available for reference purposes should the situation arise

7. The Next Steps

Clinical Boards, Directorate Managers and Service Leads are now required to undertake the process described in the BC Guidance.

Use the information from this document and the supporting notes in the BCM Planning Assessment Tool (Template) to assist in the collection of information needed to develop robust BC arrangements.

Once the BCM Planning Assessment Tool has been used to undertake a full review; Clinical Boards, Directorate Managers and Service Leads can utilise the information gathered to create BC Plans.

NB. Copies of the Directorate and Service BC plans must be is lodged with the responsible Clinical Board, forming part of an overarching set BC arrangements for the organisation.



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(Appendix A)

Business Continuity Management Planning Assessment Tool

(Insert Service Name)

Prepared by the (insert name)

Version	Issue Date	Purpose / Changes	Author	Circulation
Information...	Information...	Information...	Information...	Information...

Purpose & Summary of Document

(Insert Service Name) has collected information in the Business Continuity Management Planning Assessment Tool which will enable decisions to be made on:

- The reduction of risk to service delivery prior to any disruption.
- The requirements for facilitating effective recovery in the event of a disruption.

This information will form the back bone of the BC Plans that will be completed, and has come from the completion of three related tasks:

- Business Impact Analysis (BIA)
- Risk Assessment
- Risk Reduction & Continuity Options

Document Title: Business Continuity Planning Guidance

72

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1. Introduction

1.1. Purpose

The Business Continuity Management (BCM) Planning Assessment Tool outlines the requirements determined necessary to mitigate the effects of a disruption to **(Insert Service Name)**.

It details the information gathered from the completion of three related tasks:

- The Business Impact Analysis (BIA)
- The Risk Assessment
and the identification and evaluation of;
- Risk Reduction & Continuity Options

(Insert Service Name) will retain this report as a source document for future BCM audit purposes.

It should be amended to reflect any changes, either in the provision of the service, and/or in business continuity arrangements for the service.

(Insert Service Name) will further utilise the information gathered to create BC Plans.

- Notes in **RED** should be replaced with corresponding content
- Information or sections in **BLUE** should be deleted when the BC Planning Assessment Tool has been completed.

(Please also delete this information box)

Approved By: Resource and Delivery Committee

1. **Service Description**

Briefly describe what is provided to whom, how, when, where and why?

Service Description
Information...

Approved By: Resource and Delivery Committee

2. Service Activities

Briefly describe the activity, including its time sensitivity - i.e. how quickly after a disruption the activity would need to be re-instated.

(Refer to section 2.3.1 BCM Planning Guidance: Red, Yellow, Amber Green & Black. Add/delete rows as necessary.)

Activity	Description	Service Priority
Information...	Information...	Info...
Outpatients at UHW Women's Unit	General and specialist outpatient services are provided in a devolved setting within the Women's unit. Clinics operate over 10 sessions per week.	Amber
Specialist gynaecology New outpatients	Time sensitive, clinically urgent. Need to comply with Cancer standards. This is a significant clinical service and would attract an Amber priority – an alternative provision to facilitate rescheduling of the session would need to be identified within 24 hours	Amber
Nurse led cytology clinic	Not highly time sensitive, unlikely to be clinically significant. Service would ideally need to be reinstated within 3-5 working days- so would attract a Green priority	Green

Approved By: Resource and Delivery Committee

3. Service Resource Requirement (FULL)

Document the **FULL** range of resources upon which the service depends in order to be able to deliver **ALL** the activities detailed in Section 2.2.

3.1. Staff

List all staff, Job title and numbers employed.

(Do not use individual staff names. Add/delete rows as necessary.)

Job Title/Role	Number of Staff
Information...	Information...
Consultant surgeon	01
Specialist Registrar	01
Junior doctor	02
Nurse / HCSW	03
Clinic Coordinator	01

Approved By: Resource and Delivery Committee

3.2. Suppliers

List the key suppliers for the service provided,

(Include names, and contact details. Add/delete rows as necessary.)

Product/Service Provided	Supplier Name	Address	Key Contact	Contact Details
Information...	Information...	Information...	Information...	Information...
Laser	A N Other Ltd	4 4 Thames Road, London, NW3 4DZ.	Mr J Bloggs, (Manager)	Tel: 0207 302123 Mob: 07770 976875 Fax: 0207 302456 Email: J.Bloggs@anotherltd.co.uk

Approved By: Resource and Delivery Committee

3.3. Premises

Record the location(s) details where the service is delivered, and list the number of staff based there.

Indicate if staff can work remotely (from home etc.) and confirm whether arrangements for them to do so are already in place.

Also note if additional staff work space is available which is not currently utilised. Measure this in the number of staff that could be accommodated at that specific location if the usual place of work is unavailable.

(Add/delete rows as necessary.)

Premises Location – Full Address Including Post Code	Number Of Staff Based In Working Location	Number Of Staff That Could Work Remotely	Number Of Staff Set Up To Work Remotely	Additional Staff Work Space Available
Information...	Information ...	Information ...	Information ...	Information ...
Suite 3 UGF Women’s Unit, UHW, CF14 4XW	8	1	1	0

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3.4. Technology: Hardware

The term hardware refers to items such as PCs, laptops, mobile phones. Detail the technology required to operate service.

(Include serial number / UHB asset number if known. Add/delete rows as necessary.)

Hardware Item (Technology)	Quantity
Information...	Information...
Samsung DP500A2D-A01UK 21.5 inch Full HD Touchscreen All in One Desktop PC. Serial number xxxxxx	01
Epson WorkForce Pro WP-4535DWF A4 Multifunction Inkjet Printer. Serial number xxxxxx	01

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3.5. Technology: Software

The term software refers to specialist software packages which are required for service delivery. Also include any service specific databases.

Please consider reliance on systems listed in Appendix C:

(Do **NOT** include Microsoft applications, Email and the internet, these are included as standard. Add/delete rows as necessary.)

Software Package (Technology)	Quantity
Information...	Information...
Cansic database	01

?

Approved By: Resource and Delivery Committee

3.6. Other Equipment

Detail any other equipment required in order to deliver service.

Paper records or documents that are important to the operation of your service should also be identified here.

(Add/delete rows as necessary.)

Equipment	Quantity
Information...	Information...
Short Wave Diathermy, serial number xxxxxx	01

Approved By: Resource and Delivery Committee

3.7. Special Time Considerations

Some of the activities may be subject to some special time considerations. These could be based on specific times, dates and months through the year.

Record all such considerations for each of your activities i.e. Monthly outreach clinics; UHB payroll cycle etc.

(Add/delete rows as necessary.)

Activity	Special Time Consideration
Information...	Information...
Joint Gynaecology / Lymphoma	Held monthly. But would need to be rescheduled within 3-5 working days. Unacceptable clinical risk if patients allowed to wait 4 weeks until next scheduled clinic.

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3.9. Regulatory Compliance

List any regulatory compliance that the UHB is required to comply with e.g. Human Tissue Act / COSHH.

(Add/delete rows as necessary.)

Activity	Regulation	Compliance Details
Information...	Information...	Information...
Surgical biopsy	Human Tissue Act 2004	The Act makes it unlawful to remove, store or use human tissue from the living or deceased without consent to do so for specified health-related purposes or public display

Approved By: Resource and Delivery Committee

3.10. Internal Dependencies

Considering the information collated, list the internal service dependencies.

NB. Check the contingency arrangements of your internal service dependencies to ensure they can continue to meet your needs in the event of them experiencing a business disruption.

(Add/delete rows as necessary.)

Activity	Relationship to service		Name of the Internal Dependency /Dependant. (Include brief details of the relationship and time scale needed within)
	Dependence (Required for delivery of an activity)	Dependent (Depends on delivery of an activity)	
Information...	Information...	Information...	Information...
Operating theatres	TSSD	Urgent oncology lists	Surgical Clinical Board. Clinically urgent – 31 day cancer pathway. Clinically urgent and may be time critical. May be priority Red/Yellow / Amber dependent upon precise clinical presentation.

Approved By: Resource and Delivery Committee

1. Assessment

(Insert Service Name) has undertaken an assessment to quantify the impact on service in the event of the following:

Impact	Risk/Cause
Damage or denial of access to Workspace.	Fire, arson, vandalism, flood or weather damage, aircraft or vehicle impact, public order or terrorist attack
Loss or damage to equipment, or a system failure.	As above + power failure, technical failure, virus, human error, failure of external provider.
Non availability of critical staff.	Industrial Action, sickness/injury, transport difficulties.
Non availability / disruption of other key resources including primary suppliers & utilities.	Commercial or utility failure, service provider failure, damage to distribution network.

(Insert Service Name) has utilised the current [UHB Corporate Risk Assessment Framework](#) (CRAF) to support this activity,

(Link the output to this report.)

UHB Health and Safety Policy has been applied, ensuring that risk within buildings relating to issues such as fire and building security are managed effectively.

Risk reduction measures and BC plans will be developed to mitigate the impacts on the delivery of the service and its varied activities.

Approved By: Resource and Delivery Committee

2. Service Resource Requirement (MINIMUM)

Document the **MINIMUM** resources required in order to be able to deliver key activities following a disruption.

(Add/delete rows as necessary.)

Resource	MINIMUM Requirement
Staff	Extracted from section 2.3.1
Information...	Information...
Premises	Extracted from section 2.3.3
Information...	Information...
Technology: Hardware	Extracted from section 2.3.4
Information...	Information...
Technology: Software	Extracted from section 2.3.5
Information...	Information...
Other equipment	Extracted from section 2.3.6
Information...	Information...

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1. Continuity Options

Document **ALL** practical options for:

- Reducing the likelihood of a disruption occurring
- Continued delivery of key activities **following a disruption.**

(Add/delete rows as necessary.)

Impact	Continuity Options
Damage or denial of access to Workspace.	Information...
Loss or damage to equipment, or a system failure.	Information...
Non availability of critical staff.	Information...
Non availability / disruption of other key resources including primary suppliers & utilities.	Information...

Approved By: Resource and Delivery Committee

2. Continuity Choices

Document the **AGREED** continuity choices for:

- Reducing the likelihood of a disruption occurring
- Continued delivery of key activities **following a disruption.**

(Add/delete rows as necessary.)

Impact	Continuity Choice	A c t i o n Required	A c t i o n Owner	T a r g e t Completion Date
Damage or denial of access to Workspace.	Information ...	Information ...	Information ...	Information n...
Loss or damage to equipment, or a system failure.	Information ...	Information ...	Information ...	Information n...
Non availability of critical staff.	Information ...	Information ...	Information ...	Information n...
Non availability / disruption of other key resources including primary suppliers & utilities.	Information ...	Information ...	Information ...	Information n...



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(Appendix B)

Business Continuity Plan

(Insert Service Name)

Prepared by the (insert name)

Version	Issue Date	Purpose / Changes	Author	Circulation
Information...	Information...	Information...	Information...	Information...

Purpose & Summary of Document

This Business Continuity (BC) Plan has been developed by (Insert Service Name) to assist recovery in the event of a disruption. It sets out the roles responsibilities and actions to be taken by (Insert Service Name) in order to continue services and reduce disruption for patients and staff to an acceptable level.

- Notes in **RED** should be replaced with corresponding content
- Information or sections in **BLUE** should be deleted when the BC Plan has been completed.

(Please also delete this information box)

Document Title: Business Continuity Planning Guidance

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Approval Date: 30th Jan 2018

Next Review Date: 30th Jan

2021

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2018

Approved By: Resource and Delivery Committee

Distribution List

The **(Insert Service Name)** BC Plan is formally distributed to, and held on file by:-

(Add/delete rows as necessary.)

C o p y Number	Name	Job Title	Email
Info...	Information...	Information...	Information...
001	Steve Curry	Chief Operating Officer	Steve.Curry@wales.nhs.uk

(Insert Service Name) will retain responsibility for the annual review and maintenance of the BC Plan. It will be exercised annually or following any significant change to the organisation, and improvements will be fed in.

If changes to service delivery or personnel occur, **(Insert Service Name)** will update and re-issue the document.

NB. A copy of this BC plan must be is stored with the responsible Clinical Board, forming part of an overarching set BC arrangements for the organisation.

Further Information

Should additional information be required, please do not hesitate to contact **(Insert Service Name)**.

Tel: (Information...)

Email: (Information...)

Approved By: Resource and Delivery Committee

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2018

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1. Introduction

1.1. Aim

The plan aims to:

- Assist (**Insert Service Name**) to continue services, and assist recovery in the event of a disruption.

1.2. Objectives

It objectives are to:

- Set out the roles, responsibilities and actions to be taken by (**Insert Service Name**) in order to continue and/or recover services.
- Reduce disruption for patients and staff to an acceptable level.

1.3. Planning Assumptions

Corporate planning assumptions which have been made:

- Key clinical and support services should be delivered without reliance on corporate ICT/ Property services/ HR support for up to 3 days following a disruption.
- The UHB will achieve a 'normal service' within a maximum of one month. However, this does NOT mean everything will be reinstated to a level equal to that prior to the disruption.
e.g. A damaged building may take longer to repair than one month, and this could mean that staff may have to continue to work from temporary locations.

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2. Recovery Objectives

2.1. Overview

(Insert Service Name) have been identified the service/activity restoration priorities against the following categories:

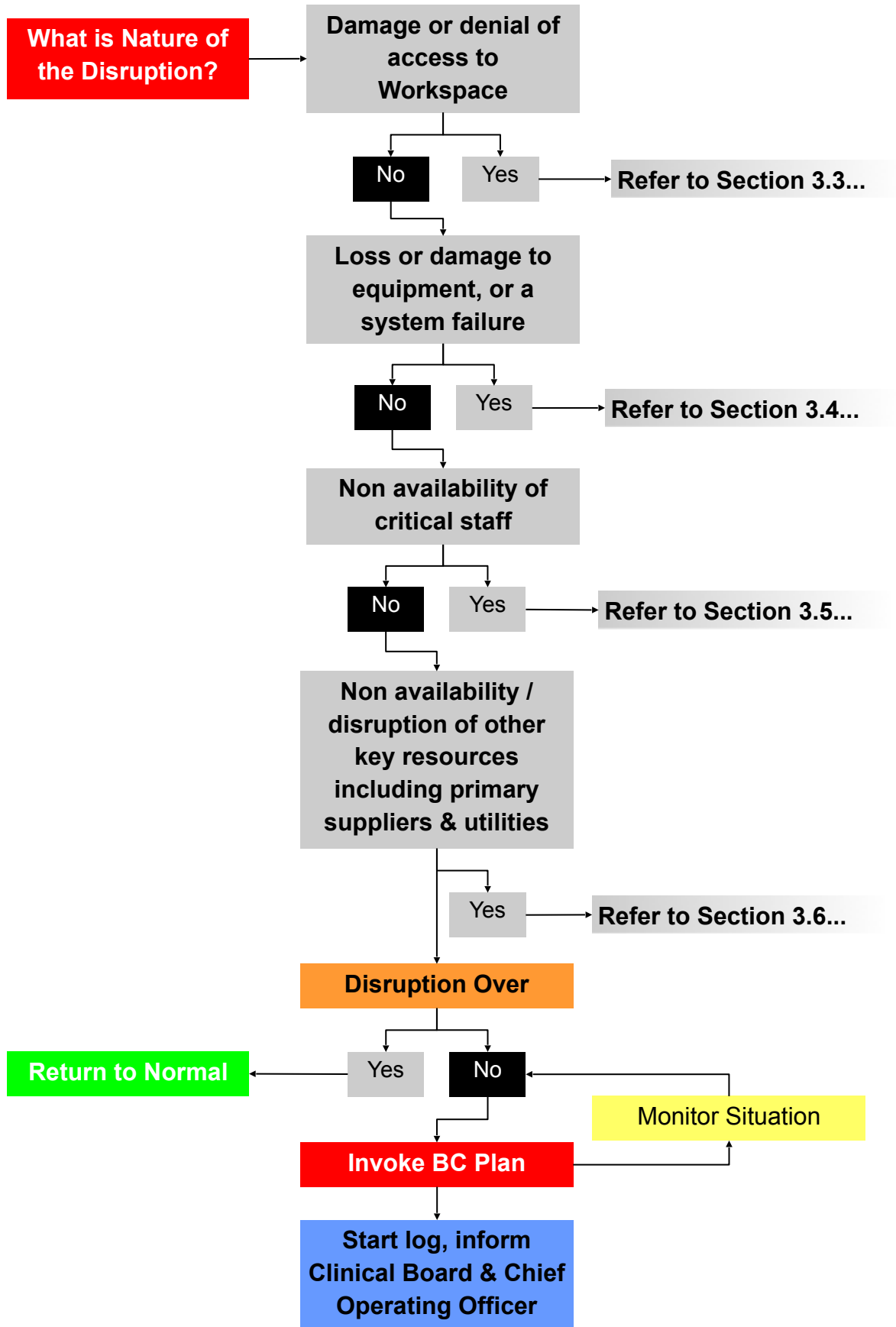
Priority		Definition
Red	Information...	Critical service needing to be restored within 0-1 hour.
Yellow	Information...	Essential service needing to be restored within 1-12 hours.
Amber	Information...	Significant service needing to be restored within 12-24 hours.
Green	Information...	Routine service needing to be restored within 3 - 5 working days.
Black	Information...	A service which can be restored progressively after 5 working days.

NB: A summary of the resource requirements to recover the Red, Yellow & Amber priority service / activities are detailed in appendix C.

Approved By: Resource and Delivery Committee

3. Plan Activation

3.1. Process



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2. **Activation**

The Directorate Manager/Service Lead will be responsible for the activation of the Business Continuity Management Plan.

At the point the plan is activated the Clinical Board must be informed. All staff members will be contacted and advised of the current situation and what their role will be in the recovery phase.

Key staff contact details are listed at Appendix A

Notification of a business disruption may originate from any source. It is envisaged however that it will come from site staff during occupation of premises, or from security/site manager or the emergency services during unoccupied periods.

The following activation sequences (Sections 3.3 to 3.6) will normally be used when informing UHB personnel of the activation of this plan.

Most disruptions should be manageable via existing Clinical Board structures. However, if the disruption escalates or it impacts a number of key clinical and/or support services, then it may be appropriate to trigger other activities to help the UHB recover or protect itself from further effects of the disruption.

This includes:

- An emergency response;
- Incident Management;
- Damage Assessment;
- Salvage and Recovery of Assets;
- Communication with staff, customers, partners and suppliers.

These are outside the scope of the single service business continuity strategy (although they rely on information from Directorate Managers/Service Leads), but are nevertheless vital to ensure the eventual return to normality.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The CVUHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the CVUHB 2017 Major Incident Plan, Section 5.

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3. Damage Or Denial Of Access To Workspace

(Add/delete rows as necessary.)

Objective	Actions/Considerations
<p>Establish the current situation at the affected site / workspace.</p>	<ul style="list-style-type: none"> • What has happened? • When did it occur? • Are the Emergency Services informed / on-site? • Is there access to the site? • Are the IT systems and services still running? • Who else has been informed (media officer, comms, stakeholders)? • How potentially serious is it? • Are there any casualties? • If so, details?
<p>Decide whether the BC Plan should be invoked?</p>	<ul style="list-style-type: none"> • How quickly the business will be able to re-enter the affected workspace? • What are the prevailing weather conditions? • Is the service currently responding to an external incident • IF THE DECISION IS TO RELOCATE KEY STAFF TO THE AGREED ALTERNATIVE ACCOMMODATION: Alert the site - contact details in table below. • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • IF THE DECISION IS MADE NOT TO INVOKE THE PLAN: Continue to monitor the situation until such time as normal service is resumed.

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Objective	Actions/Considerations
<p>Communicate with staff</p>	<ul style="list-style-type: none"> • IF EVACUATION IS NEEDED: Follow site evacuation plan taking into account staff, patient and visitor safety. • Keep staff informed at Assembly Points until a decision has been made about whether the building is likely to become available again soon. If the building will not be available, relocate identified key staff to the agreed alternative workspace and send other staff home and tell them to await instructions. Remind them to check the website for updates or their manager will contact them at an agreed time. <p>Out of Hours: If the disruption occurs outside office hours, staff communication will be co-ordinated by the senior manager on call.</p>

Alternative Site Contact Details

(Add/delete rows as necessary.)

	Service/Activity	Staff To Be Relocated
<p>Alternative Accommodation Location:</p>	<p>Information...</p>	<p>Information...</p>
<p>Contact Name at Location:</p>	<p>Information...</p>	<p>Information...</p>
<p>Contact Number:</p>	<p>Information...</p>	<p>Information...</p>

Approved By: Resource and Delivery Committee

4. Loss Or Damage To Equipment, Or A System Failure

(Add/delete rows as necessary.)

Objective	Actions/Considerations
<p>Confirm the nature of the disruption</p>	<ul style="list-style-type: none"> • What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
<p>Decide whether the BC Plan should be invoked?</p>	<ul style="list-style-type: none"> • Are the systems affected required to support the Time Critical / Important Business Activities? • How long systems will be unavailable? • Is the service currently responding to external incident? • OPTIONS: Put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate. • IF BCM IS TO BE INVOKED: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • IF THE DECISION IS MADE NOT TO INVOKE THE PLAN: Continue to monitor the situation until such time as normal service is resumed.
<p>Enter specific continuity choices, actions / considerations</p>	<p>Information...</p>

Approved By: Resource and Delivery Committee

5. Non Availability Of Critical Staff

(Add/delete rows as necessary.)

Objective	Actions/Considerations
<p>Confirm the nature of the disruption</p>	<ul style="list-style-type: none"> • What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
<p>Decide whether the BC Plan should be invoked?</p>	<ul style="list-style-type: none"> • Are the critical staff affected required to support the Time Critical / Important Business Activities? • How long are critical staff likely to be unavailable? • Is the service currently responding to external incident? • OPTIONS: Put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate. • IF BCM IS TO BE INVOKED: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • IF THE DECISION IS MADE NOT TO INVOKE THE PLAN: Continue to monitor the situation until such time as normal service is resumed.
<p>Enter specific continuity choices, actions / considerations</p>	<p>Information...</p>

Approved By: Resource and Delivery Committee

6. Non Availability / Disruption Of Other Key Resources Including Primary Suppliers & Utilities

Objective	Actions/Considerations
Confirm the nature of the disruption	<ul style="list-style-type: none"> • What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
Decide whether the BCM Plan should be invoked?	<ul style="list-style-type: none"> • Are the resources etc. affected required to support the Time Critical / Important Business Activities? • How long will the resources etc. be affected? • Is the service currently responding to external incident? • OPTIONS: Put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate. • IF BCM IS TO BE INVOKED: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. <p>IF THE DECISION IS MADE NOT TO INVOKE THE PLAN: Continue to monitor the situation until such time as normal service is resumed.</p>
Enter specific continuity choices, actions / considerations	Information...

Approved By: Resource and Delivery Committee

4. Supporting Information

1. Staff Welfare

(Insert Service Name) recognise that a business disruption may also cause additional pressures for staff. It will ensure that they are:

- Fully aware of their responsibilities and the actions expected from them.
- Given clear direction regarding the priorities of the service, and the UHB.
- Monitored more closely to ensure that their welfare is maintained (e.g. regular breaks due to increased intensity or pressure of work).

NB: If staff have suffered undue stress or even trauma as a result of the business disruption; support can be accessed via the Employee Wellbeing Service.

2. Communicating with Staff

(Insert Service Name) recognise that clear and concise communication with staff is pivotal to having an organised response.

- **During Office Hours**

If the disruption occurs during office hours, (Insert Service Name) will inform staff by (Information...)

In addition, (Insert Service Name) will also utilise corporate communication channels such as team briefings, email and the intranet.

- **Out of Office Hours**

The Senior Manager on Call, and Site manager will keep staff up to date until such time as a Clinical Board representative is available.

(Insert Service Name) will inform staff by (Information...)

3. Media / Public Information

In the event of a major disruption the UHBs Communications and Engagement Officer must be contacted to inform them of what has happened and the estimated length of the disruption and possible impacts of the disruption.

NB: Out of hours, the principal contact for media/public information is the Executive on call.

All staff should be made aware that any enquiries from the media must be directed to the UHBs Communications and Engagement Officer.

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In line with the statutory duty under the Civil contingencies Act 2004, it is vital to keep the public, key stakeholders and media informed of a major disruption to service.

Approved By: Resource and Delivery Committee

5. Train, Exercise, Maintain & Review

5.2. Train

(Insert Service Name) recognises that staff awareness of the BC Plan is essential to its success. In order to help to embed BCM, (Insert Service Name) will ensure that an ongoing programme of education and awareness is established to ensure that:

- Staff understand the risks, remain vigilant and know how to respond.
- Team members remain fully aware of their responsibilities and the actions expected from them.

5.3. Exercise

Experience shows that the more rigorously that a plan is exercised the greater the benefit to those involved and to the organisation when faced with a real disruption.

(Insert Service Name) will hold an exercise to validate this plan every 12 months.

5.4. Maintain & Review

BCM is an ongoing process and needs to be constantly updated and improved.

(Insert Service Name) retain responsibility for annual review of the BC Plan; and for providing assurance to the responsible Clinical Board.

5.5. Assurance

Clinical Boards are responsible for providing assurance to the Chief Operating Officer (& EPRR team) that the risk reduction measures introduced and the BC Plans developed are fit for purpose.

The EPRR team will also provide internal and external assurance, as required by the Executive Strategic Lead.

Approved By: Resource and Delivery Committee

Appendix 01: Staff Contact Details

(Add/delete rows as necessary.)

Name	Grade/ Position	Office Telephone Number	Home Telephone Number	Mobile Telephone Number
Information...	Information...	Information...	Information...	Information...
Mr J. Bloggs	Senior Officer	029 20 888767	01443 665653	07891 710543

Approved By: Resource and Delivery Committee

Appendix 02: Supplier Contact Details

(Add/delete rows as necessary.)

Organisation	Name	Position	Office Telephone Number	Mobile Telephone Number
Information...	Information...	Information...	Information...	Information...
Blogs & Bloggs Ltd	Mr J. Bloggs	Senior Officer	029 20 888767	07891 710543

Approved By: Resource and Delivery Committee

Appendix 03: Service Resource Requirement (MINIMUM)

Below are the MINIMUM resources required by (Insert Service Name) in order to be able to deliver key activities following a disruption.

This information can be directly extracted from section 3.2 of the BCM Planning Assessment Tool

(Add/delete rows as necessary.)

Resource	MINIMUM Requirement
Technology: Hardware	
Information...	Information...
Technology: Software	
Information...	Information...
Other equipment	
Information...	Information...



(Appendix C)

IM&T Systems

Supporting Clinical Boards

