Before starting you need to complete a Business Impact Analysis (BIA). The Excel and additional supporting Business Continuity information can be found on the EPRR Teams Page: EPRR Channel

Mersey and West Lancashire Teaching Hospitals NHS Trust

Service Level Business Continuity Plan

WARD/ DEPARTMENT/ SERVICE	<<INSERT NAME OF SERVICE / WARD / DEPARTMENT>>
DIVISION/DIRECTORATE	<INSERT DIVISION/DIRECTORATE>
DATE APPROVED BY DIVISIONAL GOVERNANCE GROUP	<insert date approved>
DATE TESTED	<insert date tested>
NAME OF APPROVING GROUP	EPRR GROUP
DATE APPROVED	<insert date approved>
DATE IMPLEMENTED	<insert date implemented>
REVIEW DATE	(Annually or in change of circun
REVIEWED BY	<insert name or reviewer>
VERSION NUMBER	<insert version number>
PLAN AUTHOR (Ward/ Dept/ Area)	<insert name of plan author>
VERSION & DATE OF PLAN	Version 3, April 2025
TARGET AUDENCE	Ward/ department/function operational level managers and staff
ACCOUNTABLE DIRECTOR	Chief Operating Officer
AUTHOR (OF TEMPLATE)	Head of Emergency Preparedness

The document should be reviewed annually and dated.

IF AN INCIDENT HAS OCCURRED
DO NOT READ THIS PLAN
FIND THE RELEVANT ACTION CARD AND FOLLOW IT

Service interruption incidents that activate this plan should be reported on InPhase

Protective markings – this document should be treated as Official Sensitive, as an example you may include Commercially Sensitive information, or staff contact details etc.

1. Version Control, Review & Amendment Logs, Distribution

Version Control				
Date	**Version**	**Author**	**Status**	**Comment**

Record of changes made to PLAN TITLE – Version XX			
Section Number	**Page Number**	**Change/s made**	**Reason for change**

Distribution List	
Location	**Format**
EPRR Teams Channel	Digital
EPRR Central File	Digital
Ward/Department Battle Box	Hard Copy

Consider who will be given a copy of this document and where will it be kept? Is it kept digitally hardcopy or both?

Please ensure a completed electronic copy is sent to EPRR following presentation at EPRR Group to ensure central storage and audit.

2. Quick Reference

<Prompts for immediate action any specific decisions the team may need to make e.g. activation and escalation>

<Highlight of critical services as identified in the Business Impact Analysis>

Contents

3. National Guidance

The ISO 22301 standard is designed to help NHS organisations, and providers of NHS funded care, to prepare for, respond and recover from unexpected and disruptive incidents. It also provides a structure for the NHS organisations to align and as a result, highlight key areas that must be adopted as part of the Plan, Do, Check, Act (PDCA) cycle.

Business continuity plans should have an intrinsic relationship to Incident Response and Major Incident Plans as a business continuity incident could lead into a critical or major incident requiring command and control arrangements to be in place. This plan should be read in conjunction with the Incident Response and Major Incident Plans for details of command and control arrangements, reporting tools (Sitreps), media management guidance and suggested meeting agendas.

Other related guidance documents include:

- Emergency Preparedness (Chapter 6) – Cabinet Office
- Business Continuity Institute Good Practice Guidelines 2018
- NHS Core Standards for EPRR 2022
- ISO 22301/22313 – Security and Resilience, Business Continuity Management Systems

Please contact the Emergency Preparedness, Resilience and Response (EPRR) Team for further advice or guidance if needed: EPRR.Team@merseywestlancs.nhs.uk

4. Aim

Business Continuity is defined as the capability of an organisation to continue delivery of products or services, at acceptable predefined levels, following a disruptive incident. The aim of this plan is to identify service critical activities, actions to be prioritised to minimise the impact of the disruption, enable appropriate allocation of resources and facilitate an effective response.

5. Plan Objectives

- That <service / department> understands their critical service functions
- That <service / department>, <service / department managers> and relevant contractors fully understand their role and responsibilities in the event of a disruptive incident.
- That any important information which would be useful in emergencies are produced and recorded in this document.

- That clear escalation and communication routes exist across services, departments, divisions, and organisations to inform early activation of service level business continuity plans and appropriate coordinated support at a proportionate level.
- That proposed escalation and coordination arrangements mitigate the impact of any incident.
- Prioritise recovery actions
- Reduce the effects of any incident or disruption to services.
- Reduce or avoid the impact on patients, staff, and the wider community.
- Provide an easy-to-read guide for Trust employees and Senior Managers.
- Ensure a speedy re-establishment of Trust services.
- Reduce the impact on the Trusts financial income.
- Reduce the impact on the Trusts reputation.
- Identify gaps between service delivered and what is required.
- Identify maximum period of tolerable disruption (MPTD).
- Prioritise resources.
- Effective incident response.

6. Scope

This plan applies to all <service / department> <service / department managers> in with critical service functions. <service / department> is often supported by or supports multiple services.

- <service> is responsible for maintaining an appropriate business continuity plan including call cascade processes.
- Some facilities management services may also be covered under specific service level agreements to restore services following disruption in an agreed timeframe

7. Linked Plans & Procedures

- Incident Response Plan
- Business Continuity Policy
- <Additional key plans linked to this business continuity plan>

8. Definitions

AEO – Accountable Emergency Officer
BAU – Business as usual
BC – Business Continuity
BCP – Business Continuity Plan
BIA – Business Impact Analysis
EPRR – Emergency Preparedness, Resilience & Response
ICB – Integrated Care Board
ICC – Incident Coordination Centre
IRP – Incident Response Plan
MTPoD – Maximum Tolerable Period of Disruption

NHSE – NHS England
RAG – Red, Amber, Green
RPO – Recovery Point Objective
RTO – Recovery Time Objective
SBAR – Situation, Background, Assessment, Recommendations
SCSP – Senior Clinical Site Practitioner
SMOC – Senior Manager on Call
<Define any terms or abbreviations used in the document>

9. Duties

<Include duties for job roles and/or committees that document applies to>

10. Roles & Responsibilities

<Identification of key roles and responsibilities within the plan (include who has authority to invoke the procedures)>

<Individual responsibilities and delegated authorities of team members>

<Prompts for immediate action any specific decisions the team may need to make e.g. escalation requirement, authorising alternative suppliers, in and out of hours responsibilities>

11. Risk Assessment

The following common consequence risks have been assessed against as a part of the BIA process:

- Loss of Staff
- Service and Supplier Disruption – Including Utilities
- Loss of Premises
- Loss of Data Processes – IT, Phone, Bleep
- <Identify and assess additional local specific potential risks (business disrupters) as required>
- <Any business continuity issues identified that are not adequately mitigated against will be added to InPhase as Divisional risk.>

12. Plan Activation and Incident Response

The plan will be activated by the <insert roles (consider 24/7 requirements)>.

The plan will be activated on assessment of a situation where events or disruptions threaten to or have already impacted on the service beyond pre-identified levels of disruption outlined in the business impact analysis.

Not all incidents will require formal activation of the Trusts Command and Control arrangements. The extent and nature of the incident or disruption will determine the command and control response requirements.

In hours: the <service lead, relevant managers and appropriate staff> will assess the disruption as per the internal plan activation triggers below and take appropriate action.
Out of hours: the most senior available service lead will assess the incident and take appropriate action (please refer to flow chart in section 14, page 12).

If required, an appropriate preidentified Command and Control structure will be put in place, which can be enhanced or reduced as required.

13. Internal Plan Activation Triggers

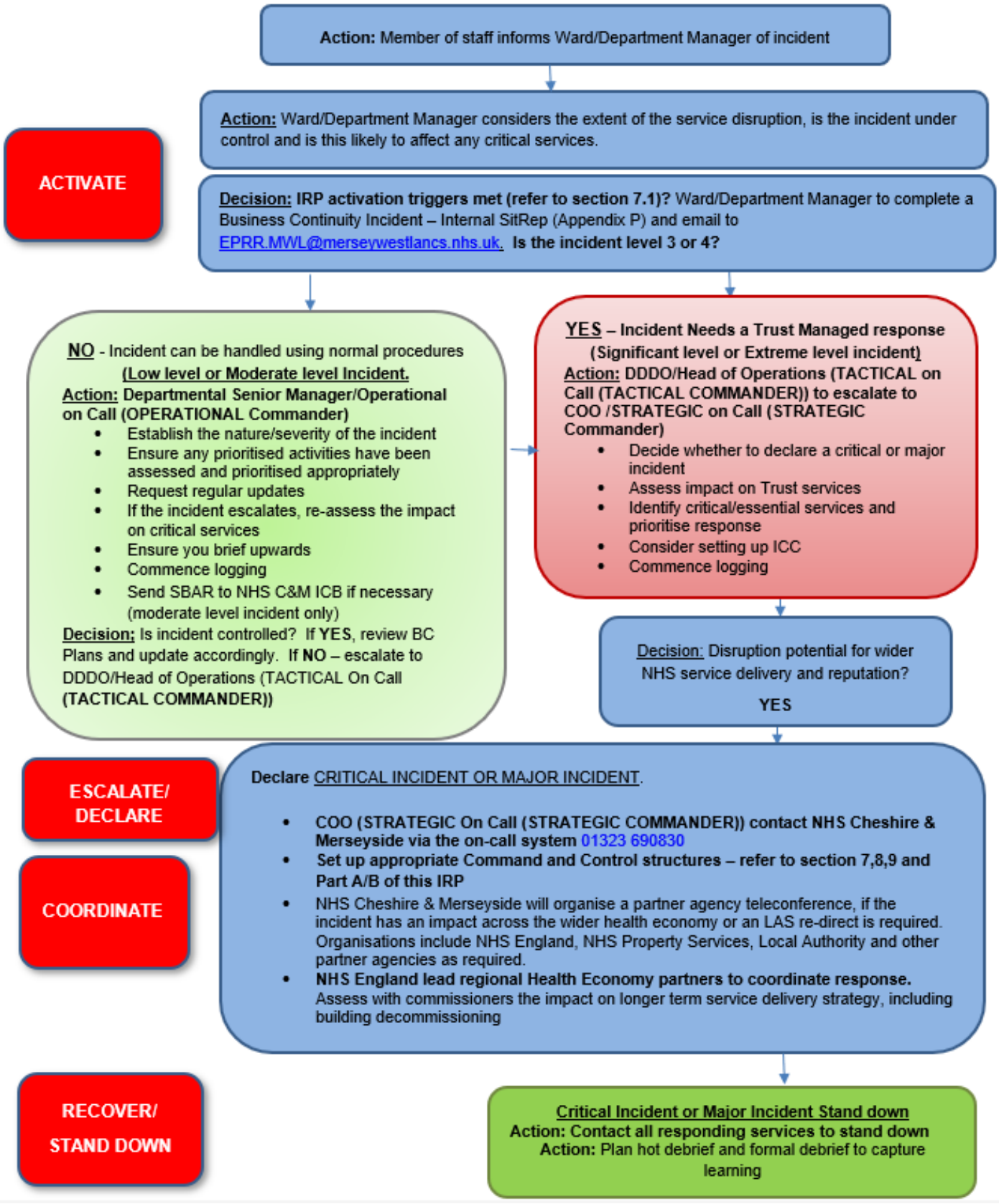
Incident Level	Description	Escalation
Low level incident	This level would consist of routine issues which can be dealt with within **business as usual (BAU)** measures and will not impact upon any critical activities/services. i.e. Leaks, spills, generic maintenance issues... **One or more of the following apply:** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • limited financial/performance impact • limited governance issues • possible public/media/political interest	**Incident managed using local contingency arrangements:** Where the initial business/service impact assessment grades the situation as a minor disruption, the incident should be managed by the department within the localised BCP. The Managers will escalate to an appropriate DDDO/Head of Operations. Where the incident has the potential to impact on Patient Flow this must be escalated to the Patient Flow Daily Lead Where this incident has the potential to spill over into the evening / weekend the Operational On-call should be notified and informed of the contingency arrangements in place. Low level incidents **do not** need to be escalated to NHS Cheshire & Merseyside ICB; however, the Trust EPRR Team still need to be notified. The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@merseywestlancs.nhs.uk
Moderate level incident	This level would consist of loss of **non-critical activities/services** due to a minor disruption or incident which is not expected to last more than **the Recovery Time Objective (RTO)** and will not impact on critical activities/services i.e. Local flooding, local IT failure, telecoms disruption, localised infection disease outbreak. ….	**Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate/ team** Where the initial impact assessment grades the situation as a moderate level disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the TACTICAL COMMANDER (Nominated

	• Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest	DDDO/Head of Operations) or Tactical on Call out of hours will decide on its composition. Out of hours, the Operational on Call Manager must be informed first, who in turn will notify the Tactical on Call and the team composition agreed. The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@merseywestlancs.nhs.uk The TACTICAL COMMANDER (Nominated DDDO/Head of Operations or Tactical on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call, followed by sending the SBAR to ICC@cheshireandmerseyside.nhs.uk
Significant level incident	This level would consist of loss of **critical activities/services** due to a disruption or incident which has a potential to last more than the **Recovery Time Objective (RTO)** but will need the coordination of a senior manager. i.e. Utility failure, damage to site, restricted access to site, partial loss of key suppliers…… • Incident expected to impact on critical services for 8-48 hours • Widespread disruption, loss of a major or multi-occupancy site including, • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Outside interest causing major disruption to the smooth running of the hospital (e.g. significant press intrusion, protests at the hospital, protester with a weapon on roof of hospital, hostage situation) • Response requires strategic coordination and assistance from other health economy partners	**Widespread incident requiring senior strategic and Tactical management:** Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated. In hours, the daily Patient Flow Lead, Divisional Director of Operations and Chief Operating Officer must be notified. Out of hours, the Operational, Tactical and Strategic on Call must be notified. O**ut of hours, the Tactical on Call Manager must attend site during a critical incident and if required, request on site support from Strategic on call Manager.** The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@Merseywestlancs.nhs.uk The **COO or deputy (Strategic on Call out of hours)** will contact switchboard and ask for the 'Communication Cascade' to be activated and will activate the internal command and control structure. The COO or deputy (Strategic on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call, followed by sending an SBAR to: ICC@cheshireandmerseyside.nhs.uk
Extreme level incident	Loss of **critical activities/services** due to a disruption or incident which is expected to **last more than the RTO and may cause risk to patient and staff safety**	**Widespread incident requiring overall strategic command and control management.**

	i.e. Fire on a ward resulting in evacuation, Severe weather conditions causing damage to site and access issues, complete prolonged IT or Utility failure, External Major incident • Widespread or prolonged disruption expected to impact on Trust services. • Permanent loss of core service or facility. • Wide-scale incident in a geographical area affecting multiple services (eg incident with large number of casualties or Cyber-attack). • Response requires strategic coordination and assistance from other health economy partners. • Critical incident that is expected to have a significant impact on critical services for more than 48 hours.	Where the business/service area Initial impact assessment grades the situation as major disruption the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The COO or deputy (Strategic on Call out of hours) will activate Strategic Command. In hours, the daily Patient Flow Lead, Divisional Director of Operations and Chief Operating Officer must be notified. Out of hours, the Operational, Tactical and Strategic on Call must be notified. O**ut of hours, the Tactical on Call Manager must attend site during a critical incident and if required, request on site support from Strategic on call Manager.** The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@Merseywestlancs.nhs.uk The COO or deputy (Strategic on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call and consider national escalation to co-ordinate the response. The STRATEGIC Commander will also consider if the situation warrants a major incident to be declared. **Please note that a major incident should only be declared in a severe event or situation with a range of significant impacts**, **which requires special arrangements to be implemented by one or more emergency responder organisations** e.g. major hospital power failure requiring evacuation etc. A major incident is: a) beyond the scope of normal operations or business-as-usual; b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK; c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident; d) likely to require a multi-agency response, rather than just a single agency response, which may include multi-agency support to a primary responding agency

See flowchart process below should a business continuity disruption occur:

14. Plan Activation and Escalation



15. Recovery

Incident management is labour and resource intensive, the recovery process and must be planned for, consider:

- Recovery planning as soon possible
- Recourses required for recovery
- Recovery timings
- Consider hot debrief, plan a cold debrief requirements
- <insert any local considerations>

16. Communications

<outline and include any internal and external communications requirements (at what level are these agreed?)>

<are there any media management requirements relating to the disruption? (do they need comms team approval?)>

<are there any requirements to inform patients or public? (do they need comms team approval?)>

17. Monitoring

<The approval / ratification group> have ongoing responsibility to agree the monitoring arrangements for the policy. This may be assured via the committee reporting schedule or other agreed mechanism.

Include details of the monitoring that will be carried out (eg audit of process, review of incidents etc), who is responsible for ensuring that this monitoring is completed and how often. Also include how the monitoring will be reported to provide appropriate assurance.>

Monitoring	Lead Responsible	Frequency	Responsible Committee

18. Exercising and Testing Schedule

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

- Exercise reports will be shared with your Divisional EPRR Group Lead to be included in the EPRR Group Divisional report
- Action plan progress following exercises will be reported to the EPRR Group.
- Exercise reports and learning from exercises will be shared with relevant stakeholders.

Staff Group	Description of Exercise / Training	Date	Report shared with EPG Lead

19. BC Plan Development and Governance Process

For guidance on how to develop this BC Plan, please refer to the Business Continuity Policy.

This Plan must be approved by the Division's Governance Group before being exercised or tested to ensure its effectiveness. Any lessons learned during the exercise or test should be documented in a post-exercise report and shared with the EPRR Group. Following the exercise, the plan should be updated to incorporate the identified lessons and submitted to the EPRR Group for final approval. Once approved, the BC Plan can be implemented within the ward, service, department, or division, with a hard copy stored in the Business Continuity Box (Battle Box). The Governance process cycle is outlined in Appendix 4.

20. Business Impact Analysis

Please Click on the table below and complete all activity sheets required, once completed please save with the name of your Business Continuity Plan and add to the empty table below.

Business Impact Analysis - Master Tel	Template
	Completed BIA

20.1 Maximum Period of Tolerable Disruption (MPTOD)

Essential Activities	Activities which cannot tolerate any disruption. If activities are not resumed immediately, it may result in the loss of life, significantly impact patient outcomes or have significant impact on other NHS services
High Priority Activities	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.
Medium Priority Activities	Activities which can tolerate disruption between 24hr & 48hr. If activities are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.
Low Priority Activities	Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions.

The following activities have undergone BIA <Include significant risks that would threaten the performance of critical functions in the event of an emergency>

Essential Functions MPOTD: None	**RTO**	**High Priority Functions MPOTD: 24 hours**	**RTO**	**Medium Priority Functions MPOTD: 48 hours**	**RTO**	**Low Priority Functions MPOTD: 72 Hrs +**	**RTO**
List activities/functions	<Time in hours, Days, Weeks, Months>	*List activities/functions*	<Time in hours, Days, Weeks, Months>	*List activities/functions*	<Time in hours, Days, Weeks, Months>	*List activities/functions*	<Time in hours, Days, Weeks, Months>
Critical Care/ITU		*Imaging?*		*HR?*		*Finance?*	
Patient Meals		*Supply Chain?*		*Supply Chain?*		*Staff catering?*	
Imaging		*Sterile Services?*		*Public facing websites?*			
Pathology							

21. Business Continuity Plan

21.1.1 People

PEOPLE			
• What number of staff do you require to carry out critical activities? • What is the minimum staffing level you will need to deliver these? • What skills/level of expertise are required to undertake these activities?			
Critical Activity	**Minimum Number of Staff Required**	**Key Roles and Responsibilities**	**Skills/Expertise Required**
Who is needed to deliver your critical function			Qualifications / registrations required
Define how you would reorganise/manage to maintain your services and which (if any) of your activities would be reduced/ceased:			

21.1.2 Premises

PREMISES			
• What locations do your prioritised activities operate from? • What machinery, equipment and other facilities are essential?			
Critical Activity	**Location**	**Alternative Premises**	**Minimum Infrastructure (Equipment / Facilities)**
What facility/ies are needed to deliver your critical function	ICU	Theatres recovery	Bed head gases, essential power supply
Alternative location if usual work location is lost (where might you relocate to if available?)			

21.1.3 Technology

TECHNOLOGY			
• Is the service dependant on electrical medical equipment? • What IT is essential to carry out your prioritised activities? • What systems and means of communication are required to carry out your prioritised activities?			
Critical Activity	**Essential IT System**	**Non-Essential IT System**	**Minimum Infrastructure (Equipment/Facilities)**
What systems/equipment is needed to deliver your critical activity	Careflow, EPMA	e-learning platforms	

21.1.4 IT / Network Downtime (Could be a number of weeks)

SPECIFIC RISKS AND ACTIVITY				
• What actions are to be undertaken if IT systems essential to your service were to fail? • If processes are to revert to manual paperwork, is the paperwork pre-printed and in place to be implemented immediately if required? Where Is the paperwork stored? Specifically what paperwork is pre-printed?				
Critical Activity/System	**Actions If System/Network Unavailable**	**Manual Paperwork Pre-printed**	**Where Stored**	**Duration of Supply**
Careflow	Manual completion of clinical paperwork			
EPMA	Use of paper drug charts			

21.1.5 Communication

Communication			
• What business critical communication systems do you have? • How would you manage loss of communications?			
Critical Activity	**Essential Communication System/Method**	**Non-Essential Communication System/Method**	**Minimum Infrastructure (Equipment / Facilities)**
How will you communicate with your team/patients to maintain critical functions	Team WhatsApp, mobile numbers, business continuity phones	Letters	

21.1.6 Equipment

Equipment			
• List equipment that you regard as activity critical.			
Critical Activity	**Essential Equipment**	**Non-Essential Equipment**	**Minimum Infrastructure (Facilities/Utilities)**
	Endoscope & washers, telemetry monitoring		Sterile clinical room, Wi-Fi
	Kettle!		

21.1.7 Medication

Equipment			
• List Medication (including Medical Gases) that you regard as activity critical.			
Medication	**Provider**	**Contact**	**Alternative Provider (if appropriate)**

21.1.8 Information

INFORMATION			
• What Information is essential to carry out your prioritised activities? • How is this information stored?			
Critical Activity	**Essential Information**	**How Stored**	**Where Stored**
What information is essential to maintain your critical functions	Patient and clinical information		
	Employee details for payroll		

21.1.9 Supplier / Providers

SUPPLIERS			
• Who are your priority suppliers? • Are key services contracted out? • Do both you and your suppliers/ partners have mutual aid arrangements in place?			
Critical Activity	**Essential Supplier**	**Supplier Contingency Plan**	**Contact Details**
What suppliers/providers are essential to maintain your critical functions	Imaging reporting outsourcing		
	Supplier of cook/chill patient meals		

21.1.10 Legal / Regulatory Considerations

Critical Activity	Legal	Regulatory	Financial Consequences
What legal/regulatory considerations relate to your critical services	MOTs for fleet vehicles	Food hygiene standards	
	Subcontract requirements	Blood/medicines storage	

21.1.11 Essential Service Assets (Not those easily available from other wards/areas)

Critical Activity	Assets over £5 000	Assets Under £5 000	Mitigation
What assets are essential to maintain your critical functions	Fleet vehicles, decontamination tent		

21.1.12 Other Service Specific Risks

Critical Activity	Risk	Impact	Mitigation
Patient meals	Only 1 or 2 suppliers nationally for cook/chill meals		
Clinical Waste Disposal	Infection/storage		

21.1.13 Internal Interdependencies

Service	Service Classification (eg Utilities, Estates, IT)	Contact Details (in/out of hours)
Equipment issues	Supplies, med engineering, sterile services	
Imaging issues	(IT, Digital, PACS manager)	
Finance system issues	Supplies / suppliers / HR	

21.1.14 External Interdependencies

Provider	Interdependency	Contact Details (in/out of hours)
	Supplier of cook/chill patient meals	
	servicing provider	
	Blood and Transplant Service	

21.1.15 Service Assets

SERVICE ASSETS
When listing assets in this section, only include assets which are **Critical** to the delivery of the service and that in the event of them being unserviceable, lost or stolen, are not easily available from other departments within the same hospital site.
What assets **OVER** the value of £5,000 does the service use, own or maintain: (Please List Individually)
What assets **UNDER** the value of £5,000 does the service use, own or maintain: (Please List Individually)

21.1.16 BACK UP EQUIPMENT (Plan Specific)

(These Figures are approximated, and actual battery run time may vary due to previous battery charge practice)

Description	QTY	Manufacturer	Model	Location	Mains	Back Up	Max Battery Run Time

21.1.17 CONTACT LIST OF SUPPLIERS

Item/Service Supplied	Company Name	Contact Name	Do you have a copy of the supplier's business continuity plan?
Company Address	Email Address	Phone Number	

Item/Service Supplied	Company Name	Contact Name	Do you have a copy of the supplier's business continuity plan?
Company Address	Email Address	Phone Number	

Item/Service Supplied	Company Name	Contact Name	Do you have a copy of the supplier's business continuity plan?
Company Address	Email Address	Phone Number	

Item/Service Supplied	Company Name	Contact Name	Do you have a copy of the supplier's business continuity plan?
Company Address	Email Address	Phone Number	

22. Reporting

Any member of staff who recognises that such an incident has occurred (or may escalate) in their department, ward or division, must inform the manager who will escalate to their departmental Senior Manager (Operational on call out of hours) and complete a 'Business Continuity Incident – Internal SitRep' (Appendix 1) and emailed to EPRR.MWL@merseywestlancs.nhs.uk.

The Departmental Senior Manager (Operational on Call out of hours) will then assess the reports from managers and inform the TACTICAL COMMANDER (Nominated DDDO/Head of Operations or Tactical on Call out of hours). Depending on the severity of the incident, the TACTICAL COMMANDER will inform the STRATEGIC COMMANDER (COO or nominated deputy in-hours or the Strategic on-call out of hours).

23. Debriefing

Following a business continuity incident, an operational debrief should be completed as soon as practically possible allowing staff the opportunity to feedback, highlighting lessons identified and notable practice.

Debriefing is the process of discussing an incident with as many of the people involved as possible, with the aim to review the response that has been deployed.

Each person participating to the process should have the opportunity to talk, listen and make suggestions.

In order to identify lessons from any incident, it is important to capture as much detail about the incident and the experiences of those involved as soon as is reasonably practicable. Structured debriefing is different to the psychological support given following a traumatic event. The purpose of a structured debrief is to identify lessons that require action and continually improve the Trusts ability to respond effectively to an incident.

Operational debriefing should be undertaken by each department by the Coordinators. Any reports with recommendations for change to the Business Continuity Plan should be sent to the EPRR Team for inclusion in the audit.

The post-incident reports should be supported by action plans, with timescales and accountable owners, and recommendations to update any relevant plans or procedures and identify any required training or exercises.

24. Action Cards

Action card number	Incident Response Roles
1	Manager or most Senior Nurse on Duty
2	Operational Commander
3	Estates and Facilities Coordinator
4	Tactical Commander
5	Strategic Commander

Action Card 1: Manager or most senior Nurse On Duty

Normal Roles: MANAGER/ WARD MANAGER/ MOST SENIOR NURSE ON DUTY

	Action card/ Log sheet	Complete
1	On alert from staff, Switchboard or other source, start your log	
2	For Estates related incidents notify Estates on call manager asap via switchboard (if this has not already been done by the operational staff at the affected area.	
3	Activate and brief the Patient Daily Flow Lead/Operational Site Manager and Departmental Senior Manager/Directorate Manager (Operational on Call)	
4	Investigate and assess the extent of the problem and complete the '**Business Continuity incident - Internal Sitrep**' **(Appendix 1)** and send to Tactical/Strategic Command via the EPRR.MWL@merseywestlancs.nhs.uk mailbox	
5	If low level incident, ensure essential activities have been prioritised appropriately	
6	Assess whether additional staffing is required to support department/team during disruption and call-in as necessary.	
7	Communicate/brief staff/ services/ interdependencies	
8	Follow actions as determined by Tactical Plan	
9	Coordinate operational response	
10	Stand down incident response when notified	
11	Arrange debrief	
12	Collate all records/logs and send to the EPRR Team: EPRR.MWL@merseywestlancs.nhs.uk	
13	Review Business Continuity Plan	

This page is intentionally blank

Action Card 2: Operational Commander

Initially filled by	Nominated Senior Manager/ Directorate Manager	**Relieved by**	Operational on Call
Location	Operational Command	**Report to**	Tactical Commander
Responsibility	Coordinate the tasks identified by the Tactical Commander among the operational teams. Serve as a liaison between Tactical Command and the Operational/Clinical Teams, ensuring clear communication and effective execution of assigned tasks.		

	Action card/ Log sheet	Complete
1	On notification of a Business Continuity Incident, liaise with department manager/most senior Nurse or Practitioner	
2	Assess the situation and establish the nature/severity of the incident	
3	Ensure any prioritised activities have been assessed and prioritised appropriately	
4	Request regular updates	
5	If the incident escalates, re-assess the impact on critical services	
6	Send the completed Business Continuity Incident Initial Sitrep for review. Ensure this is also sent to the EPRR Team at EPRR.MWL@merseywestlancs.nhs.uk	
7	Is incident controlled? If **yes**, review BC Plans and update Tactical Commander accordingly If **no**, escalate to DDDO/Head of Operations (Tactical on Call (TACTICAL COMMANDER)) and continue with Action Card	
8	Prepare, implement and review plans of action based upon the dynamic risk assessment and tactical plan	
9	Ensure the tasks identified by the TACTICAL Commander and/or Tactical Coordination Team are delegated to the relevant departmental lead to coordinate in accordance with the priorities set.	
10	Ensure that Operational/Clinical Teams have been fully briefed and debriefed	
11	Ensure responding staff have been mobilised and appointed key roles	
12	Coordinate and monitor defined areas of activity and staff (ensuring staff welfare)	
13	**Do Not** carry out operational or clinical roles at the same time.	
14	Liaise with the TACTICAL Commander, to ensure situational awareness is achieved and requests from the department are promptly escalated for action.	
15	Advise TACTICAL Commander of risks to achievement of the plan	

Operational Commander

16	Provide regular briefings to the TACTICAL Commanders per the established Battle Rhythm	
17	Participate/Facilitate any internal/external debriefs as required to ensure appropriate review and responses.	
18	Record decision, actions, options, and rationales in accordance with current information, policy, and legislation	
19	At the end of the Incident and notification of STAND DOWN has been received and disseminated, ensure hot debriefs have been arranged for all staff involved in the incident	
20	Send all personal logs, decision logs and relevant information is sent to EPRR.MWL@merseywestlancs.nhs.uk within 72 hours of stand down.	

Action Card 3: Estates and Facilities Coordinator

Initially filled by	**In office hours**: Risk Manager **Out of hours**: E&F Manager on-call	**Relieved by**	As nominated by the Director of Corporate Services
Location	Tactical ICC	**Report to**	Tactical Commander
Responsibility	Coordination and control of Facilities Management services provision on behalf of the Trust		

	Action card/ Log sheet	Complete
1	Liaise with the Tactical Commander regarding action already taken and attend briefings within the Tactical ICC	
2	Co-ordinate and control the Estates and Facilities Teams, including Vinci, Medirest and other contracted partners, prioritising as required.	
3	Ensure the following staff have been notified of the Incident and are aware of their duties (Trust Estates and Facilities) as required: • Security Manager • Porters • All other Estates and Facilities staff that you deem necessary	
4	Continually liaise with the key local personnel and ensure adequate staffing of services including engineers, security and domestic services. Ensure that shift systems are instituted as soon as possible.	
5	Report any difficulties in maintaining services in any areas to the Tactical Commander and ensure regular communication with the Tactical Coordination Team.	
6	When the incident is stood down, cascade the message to the Estates and Facilities staff.	
7	Attend the Tactical Coordination debriefing and facilitate an operational debrief for Estates and Facilities staff.	

This page is intentionally blank

Action Card 4: Tactical Commander

Initially filled by	**In office hours**: Nominated DDDO/Head of Operations **Out of hours**: Tactical on-call	**Relieved by**	Tactical on-call
Location	Tactical ICC	**Report to**	Strategic Commander
Responsibility	Overall coordination of the hospital response, leading the Tactical Coordination Team		

	Action card/ Log sheet	Complete
1	On being informed of a Business Continuity Incident, review the completed Business Continuity Incident Initial SitRep and assess severity	
2	If Severity is determined as Severe or Extreme Contact Strategic Commander and confirm Trust declaration – Standby or Declared?	
3	Once agreed as declared, disseminate the "major incident declared" message according to the communications cascade process.	
4	Start your incident log. As soon as possible, appoint a Loggist to record decisions, rationale and actions. **IMPORTANT NOTE: Commanders are responsible for their own logs. If no staff is available to cover the Loggist position, Commanders are required to keep their own logs.**	
5	Contact security team and issue directive for the level of lockdown if required, as per security emergency plans. Ask security to confirm when complete. Contact Switchboard and confirm lockdown is complete.	
6	Contact EPRR Team for support. If incident is determined a major incident, out of hours, contact EPRR via Switchboard and ascertain if they are available and able to attend (no formal on call rota - best endeavours only).	
7	Set up ICC (Tactical Command) as per the ICC SOP.	
8	Ensure ICC support roles have been filled: • Admin • Call handlers • EPRR Specialist (Tactical/ Strategic Advisor) • Comms • Loggist	
9	Obtain sufficient information to determine the status of response	

Tactical Commander

10	Request regular SitReps from the Operational Teams. Ensure these are emailed to EPRR.STHK@sthk.nhs.uk	
11	Establish a battle rhythm with the Strategic Coordination Team and send regular sitreps at pre-agreed intervals	
12	Ensure continuous communication is established with Operational Commander/Operational Teams via the appropriate lead (Refer to the command-and-control structure)	
13	Ensure 'Incident Response Team' MS Teams channel is set up to allow sharing of documentation and situational awareness. Ask EPRR Team/IT to assist with set up/implementation.	
14	Convene the initial Tactical Coordination Team meeting, as the agenda in the Incident Response Plan Appendix C	
15	At the end of the Incident (once confirmed by the Strategic Commander), ensure STAND DOWN is communicated to Switchboard and ask to cascade	
16	Ensure incident debriefs are arranged as necessary (hot debrief immediately after for all staff involved/Structured Debrief within 28 days). Liaise with EPRR Team to arrange structured debrief	
17	Ensure all incident logs and notes are submitted to the EPRR Team within 72 hours of incident stand down.	

ACTION CARD 5: Strategic Commander

Initially filled by	**Office hours**: Chief Operating Officer or nominated deputy **Out of hours**: Strategic on-call	**Relieved by**	**Office hours**: Chief Operating Officer or nominated deputy **Out of hours**: Strategic on-call
Location	Exec Meeting Room	**Report to**	CEO and Trust Board
Responsibility	Strategic-level coordination of the response and liaison with multi-agency partners		

	Action card/ Log sheet	Complete
1	On notification business continuity incident, discuss severity with TACTICAL COMMANDER and assess impact on Trust Services. For Significant or Extreme Level incidents, decide whether to declare a critical or major incident.	
2	Start your incident log. As soon as possible, appoint a Loggist to record decisions, rationale and actions.	
3	**ALWAYS** inform the relevant ICB within **15 minutes** if you decide to declare an Incident. Telephone Number: **01323 690830** On initial declaration the organisation must provide a **SBAR** report for **Business Continuity (BC) and Critical Incidents (CI). If decision is to declare a major incident send an initial METHANE** report. This should include as much information as possible, including the incident declaration (major, critical or BC) capacity numbers for beds and staffing, and specific actions being taken to address the position, and should be provided in via email on the appropriate template. Please refer to the Senior Manager on Call Teams channel for templates. Please email METHANE/SBAR to: ICC@cheshireandmerseyside.nhs.uk EPRR@cheshireandmerseyside.nhs.uk and EPRR.STHK@shtk.nhs.uk Following a declaration, the Strategic Commander must follow up with the ICB and confirm with the ICB the notification to NHS England by the ICB on the provider's behalf. Establish a line of reporting to NHS Cheshire & Merseyside ICB, including frequency	
4	If decision is to declare a Critical or Major Incident, request the Tactical Commander to initiate communication cascade as per the Incident Response Plan.	
5	Stand up the Strategic Coordination meetings in the Executive Meeting Room (Strategic Command) (during working hours/when on site). Ensure you inform the CEO of your decision to declare and make your Exec Colleagues aware of the situation and time of the initial Strategic Coordination Meeting.	
6	Identify critical/essential services and prioritise response	

Strategic Commander

7	Ensure that the Medical Director (or, in their absence, the Medical Coordinator) has started the activation of the relevant clinical roles and establish a line of reporting to secure their support in managing the incident.	
8	During hours, liaise with the Comms Team and give a brief regarding the situation and discuss an initial press/media release to warn, inform and advise the public. Out of hours, contact Comms Team via Switchboard ascertain if they are available and able to attend (no formal on call rota during weekdays - best endeavours only).	
9	During hours, liaise with EPRR Team to establish the immediate plan and request to attend Strategic Coordination Meeting. Out of hours, contact EPRR via Switchboard ascertain if they are available and able to attend (no formal on call rota - best endeavours only). Out of hours, also liaise with Tactical on Call, assess implications for MWL and the local health economy.	
10	Ensure participation in external multi-agency response if required (primary point of contact: Notify ICB Director On-Call).	
11	Establish the battle rhythm with the Tactical Coordination Team and receive regular updates/Sitreps from the Tactical Commander.	
12	Send regular SBAR (BC and CI) reports (NHSE Sitrep for MI) to the ICB as determined by the battle rhythm	
13	Assess the risk in terms of impact to wider health community using the Joint Decision Model (JDM) 	
14	Agree an action plan from the Tactical Commander for the suspension or cancellation of services and review at regular intervals with clinical/professional team member. If it is necessary to consider the closure of services, or if services are not operational, discuss with commissioners and keep Board members informed.	
15	Strategically direct the w*hole* Trust response. Agree the policy and strategic framework within which the **Tactical** level will work and ensure effective two-way communication with the **Tactical** level.	

Strategic Commander

14	Chair Strategic Coordination Meetings at regular intervals. Standard agenda and SitRep are included in the Incident Response Plan	
15	Take action to review the strategy, updating or varying the strategy in response to changing situations or information.	
16	Obtain and provide technical and professional advice from suitable sources to inform decision making where required.	
17	Review the scale of required resources and ensure their availability. Address the medium and longer-term implications of the event to facilitate the recovery of affected communities.	
18	On request of VIP visits, liaise with the Comms Team, Tactical Commander and Security Manager to ensure visits do not hinder the response	
19	At the end of the Incident, liaise with the Tactical Commander to confirm the appropriate time to stand down and update the CEO. Send SBAR to ICB.	
20	Ensure stand down notification is cascaded internally and externally	
21	Hold a hot debriefing with the Strategic Coordination Group and arrange structured debriefing for the Trust within the appropriate timeframe.	

This page is intentionally blank

Mersey and West Lancashire Teaching Hospitals NHS Trust

Appendix 1: Business Continuity Incident – Internal SitRep

Complete the following Impact Assessment when a disruption is reported/or is already occurring and will affect the Service being delivered. Once completed, use to make an assessment of priorities and to assist in the service recovery and then forward to person/team identified in your service areas BCP for escalation (i.e. Operational Site Manager/Tactical Command)

Service Delivery Team/Department/Ward	
Service Delivery/Department/Ward Manager	
Contact Details of Service/Department/Ward Manager	
Person reporting the incident (Name and Details)	

Date of Disruption Occurring	**Time of Disruption**	**Date Disruption Reported**	**Time Disruption Reported**

(MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD)

ESSENTIAL Activities Class 0 MPToD: None Permissible	**HIGH PRIORITY Activities Class A MPToD: 24hrs**	**MEDIUM PRIORITY Activities Class B MPToD: 48hrs**	**LOW PRIORITY Activities Class C MPToD: 72hrs+**
Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions.

Confirm the nature and scale of the disruption	
Are there any casualties or significant injuries	
Are the Emergency Services required **- Has 999 been called** **- Are they in attendance now** **- When are they expected**	
What resources are affected	
Mutual Aid Request required? **Eg: patient transfers/ambulance divert**	
Media interest expected/received (please give details)	
How long is the disruption estimated to last?	
What assistance is required by other trust teams?	

Time Scale	Estimated Impact on Service
First 24 Hours	
First 3 Days	
First 7 Days	
Over 7 Days	

Please determine incident severity rating below and include rationale for your decision:

SEVERITY RATING	
Low level incident	
Moderate level incident	
Significant level incident	
Extreme level incident	

NB: Internal Activation Triggers

Incident Level	Description
Low level incident	This level would consist of routine issues which can be dealt with within **business as usual (BAU)** measures and will not impact upon any critical activities/services. i.e. Leaks, spills, generic maintenance issues... **One or more of the following apply:** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • limited financial/performance impact • limited governance issues • possible public/media/political interest
Incident managed using local contingency arrangements: Where the initial business/service impact assessment grades the situation as a minor disruption, the incident should be managed by the department within the localised BCP. The Managers will escalate to an appropriate DDDO/Head of Operations. Where the incident has the potential to impact on Patient Flow this must be escalated to the Patient Flow Daily Lead Where this incident has the potential to spill over into the evening / weekend the Operational On-call should be notified and informed of the contingency arrangements in place. Low level incidents **do not** need to be escalated to NHS Cheshire & Merseyside ICB; however, the Trust EPRR Team still need to be notified. The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@merseywestlancs.nhs.uk	
Moderate level incident	This level would consist of loss of **non-critical activities/services** due to a minor disruption or incident which is not expected to last more than **the Recovery Time Objective (RTO)** and will not impact on critical activities/services i.e. Local flooding, local IT failure, telecoms disruption, localised infection disease outbreak. ….

	• Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest

Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate/divisional team

Where the initial impact assessment grades the situation as a moderate level disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the TACTICAL COMMANDER (Nominated DDDO/Head of Operations) or Tactical on Call out of hours will decide on its composition.

Out of hours, the Operational on Call Manager must be informed first, who in turn will notify the Tactical on Call and the team composition agreed.

The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@merseywestlancs.nhs.uk

The TACTICAL COMMANDER (Nominated DDDO/Head of Operations or Tactical on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call, followed by sending the SBAR to ICC@cheshireandmerseyside.nhs.uk

Significant level incident	This level would consist of loss of **critical activities/services** due to a disruption or incident which has a potential to last more than the **Recovery Time Objective (RTO)** but will need the coordination of a senior manager. i.e. Utility failure, damage to site, restricted access to site, partial loss of key suppliers…… • Incident expected to impact on critical services for 8-48 hours • Widespread disruption, loss of a major or multi-occupancy site including, • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Outside interest causing major disruption to the smooth running of the hospital (e.g. significant press intrusion, protests at the hospital, protester with a weapon on roof of hospital, hostage situation) • Response requires strategic coordination and assistance from other health economy partners

Widespread incident requiring senior strategic and Tactical management:

Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated.

In hours, the daily Patient Flow Lead, Divisional Director of Operations and Chief Operating Officer must be notified. Out of hours, the Operational, Tactical and Strategic on Call must be notified. O**ut of hours, the Tactical on Call Manager must attend site during a critical incident and if required, request on site support from Strategic on call Manager.**

The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@Merseywestlancs.nhs.uk

The **COO or deputy (Strategic on Call out of hours)** will contact switchboard and ask for the 'Communication Cascade' to be activated and will activate the internal command and control structure.

The COO or deputy (Strategic on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call, followed by sending an SBAR to: ICC@cheshireandmerseyside.nhs.uk

Extreme level incident	Loss of **critical activities/services** due to a disruption or incident which is expected to **last more than the RTO and may cause risk to patient and staff safety** i.e. Fire on a ward resulting in evacuation, Severe weather conditions causing damage to site and access issues, complete prolonged IT or Utility failure, External Major incident • Widespread or prolonged disruption expected to impact on Trust services. • Permanent loss of core service or facility. • Wide-scale incident in a geographical area affecting multiple services (eg incident with large number of casualties or Cyber-attack). • Response requires strategic coordination and assistance from other health economy partners. • Critical incident that is expected to have a significant impact on critical services for more than 48 hours.

Widespread incident requiring overall strategic command and control management.

Where the business/service area Initial impact assessment grades the situation as major disruption the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The COO or deputy (Strategic on Call out of hours) will activate Strategic Command.

In hours, the daily Patient Flow Lead, Divisional Director of Operations and Chief Operating Officer must be notified. Out of hours, the Operational, Tactical and Strategic on Call must be notified.

O**ut of hours, the Tactical on Call Manager must attend site during a critical incident and if required, request on site support from Strategic on call Manager.**

The nominated Senior Manager (Operational on Call out of hours) will inform EPRR Team by sending the Business Continuity Incident – Internal SitRep to EPRR.MWL@Merseywestlancs.nhs.uk

The COO or deputy (Strategic on Call out of hours) will inform NHS Cheshire and Merseyside ICB first on call and consider national escalation to co-ordinate the response. The STRATEGIC Commander will also consider if the situation warrants a major incident to be declared. **Please note that a major incident should only be declared in a severe event or situation with a range of significant impacts**, **which requires special arrangements to be implemented by one or more emergency responder organisations** e.g. major hospital power failure requiring evacuation etc.
A major incident is:

a) beyond the scope of normal operations or business-as-usual;
b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;
c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;
d) likely to require a multi-agency response, rather than just a single agency response, which may include multi-agency support to a primary responding agency

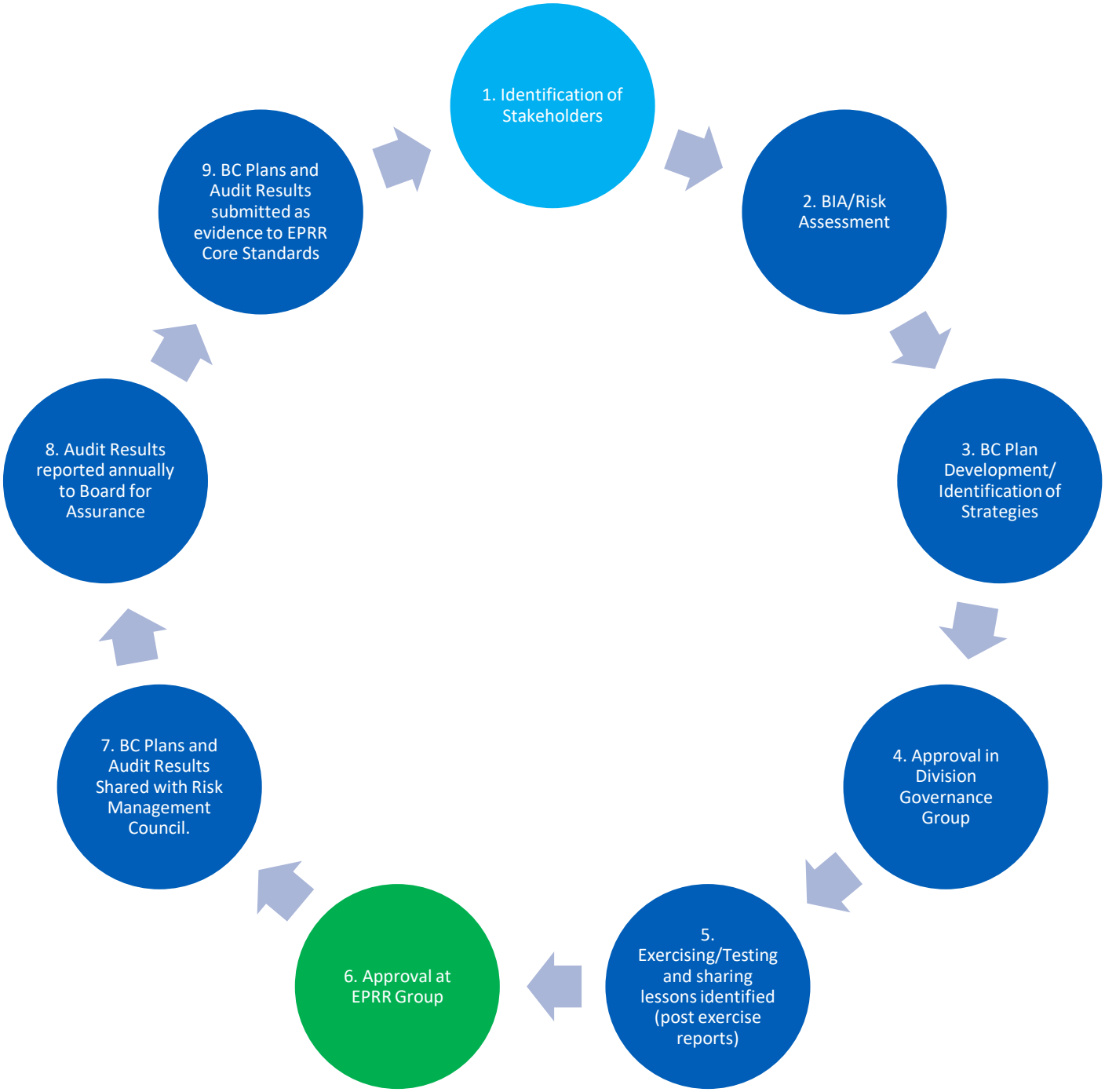
Appendix 2: Fire Evacuation Procedures

Please insert any agreed local procedures in here. These may include evacuation routes, assembly points and fire warden details

Appendix 3: Lockdown Procedures

Please detail agreed joint procedures and point of contact and advice – delete if not relevant to area

Appendix 4: Business Continuity Plan Internal Governance Process



Appendix 4: Checklist for Approval of EPRR Plans

		Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear that the document is a Trust policy?		
2.	**Rationale**		
	Are reasons for development of the policy stated?		
3.	**Development Process**		
	Is the method described in brief?		
	Are individuals involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
	Is the plan linked to the local risk register?		
4.	**Content**		
	Is the aim and objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
	Are activation/escalation process' included?		
	Is the Command-and-Control structure included?		
	Are internal and external communication requirements included?		
	Are 24/7 capabilities included?		
	Are staff welfare factors included?		
	Does the plan include the stand down/recovery/debriefing process?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are local/organisational supporting documents referenced?		

		Yes/No/ Unsure	Comments
6.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?		
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/exercising to ensure compliance?		
8.	**Document Control**		
	Does the document include version history and identify key changes since the last approved version?		
	Have previous versions (digital and physical been removed/destroyed)		
9.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
	Is there a plan to review or audit compliance with the document?		
10.	**Review Date**		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable (Default is 3 years)?		
11.	**Equipment**		
	Does the plan outline equipment requirements?		
12.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		

The plan author is responsible for completing the above checklist prior to submission for approval.