[***PUBLIC***]

Oxford Health NHS
NHS Foundation Trust

PAPER
BOD 54/2011
(Agenda Item: 12)

Report to the Meeting of the Oxford Health NHS Foundation Trust Board of Directors

30 March 2011

Trust-wide Major Incident Plan and Business Continuity Plan

For: Approval

The revised Trust-wide Major Incident plan and Business Continuity plan is attached for approval. The revision addresses failings identified in an Internal Audit report and the implications of acquisition of Community Health Oxford (CHO). The revised plans are recommended to you by the Executive Team who have also reviewed and agreed supporting divisional and directorate business continuity plans.

Report

Following the publication of the OBMH Business Continuity Internal Audit report in May 2010, and in light of the acquisition of CHO (Category 1 responder to a system wide major incident), the Trust's Major incident plan and business continuity plan have been revised. The plans follow templates recognised by other organisations within the system. They set out how Oxford Health NHS Foundation Trust will respond to a major incident and how it will maintain business continuity during a disruption to business operations.

With the acquisition of CHO, Oxford Health NHS Foundation Trust will become a Category 1 responder in Oxfordshire only. Category 1 responders are those organisations at the core of any emergency response (e.g. emergency services, local authorities) and must follow duties prescribed in the *Civil Contingencies Act*. As a Category 1 responder, Oxford Health NHS Foundation Trust will be expected to support the emergency services through provision of staff, facilities, capacity and equipment. As a provider of mental health services the Trust will continue to provide, when requested, the psychological and mental health support to staff, patients and relatives in conjunction with Social and Community Services; advising on the long term effects of trauma on the casualties associated with the incident and recommend the appropriate level of psychological intervention required; ensuring that mental health patients caught up in the incident are discharged home with appropriate support in the

community from Community Mental Health Teams and Crisis Teams or their equivalent.

The Trust Major Incident plan is supported by the Operational response manual which will be available to the On-call Executive initiating the response and contains the following information:

- Action cards
- Up to date site plans with hazards
- Important contact numbers
- Directorate Business Continuity Plans
- Communications cascade/reporting documentation for the Major Incident Team
- Details of how to access the list of volunteer community nurses and GPs
- List of back-up generators
- Helpline details
- Incident report template for stand down
- Access to emergency equipment
- Lockdown Procedures
- Log sheets

The Trust business continuity plan sets out the framework to maintain business continuity during a disruption to business operations and is supported by individual divisional/directorate business plans (not attached). These plans have been reviewed and agreed by the Executive team. The divisional plans have been developed in line with current divisional portfolios but will be reviewed early in the next financial year, following organisational change processes, to reflect any changes in service portfolio. The use of the common template will make these reviews easy to complete.

In response to further findings of the Internal Audit report published in May 2010 the Trust will continue to develop the use of Business Impact Analysis to risk assess potential disruption to its services, establish a training matrix for emergency planning and undertake a desk top exercise during 2011.

Recommendation
The Board is asked to approve the Major Incident Plan and Business Continuity Plan and note the further action required.

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Justinian Habner (Trust Secretary and EPLO)
Lead Executive Director: David Bradley, Chief Operating Officer

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the Care Quality Commission Outcome: 4 (Care and welfare of people who use services) and 6*

Oxford Health NHS
NHS Foundation Trust

Major Incident Plan
and
Business Continuity Plan

Version 1.0

IN THE EVENT OF AN INCIDENT:

Refer to the Operational Response Manual which can be found on the Trust intranet

This policy should be read in conjunction with
The Pandemic Influenza Contingency Plan

Author: Colette Parry, Business & Project Manager

CONTENTS

1. Introduction:

This document describes how Oxford Health NHS Foundation Trust will respond to a major incident and how it will maintain business continuity during a disruption to business operations.

This document is separated into two parts:

Part A) Major Incident Plan
Part B) Business Continuity Plan

The purpose of this document is to provide a considered response to emergency situations that the Trust may experience. It also aims to provide guidance to managers regarding their roles and responsibilities, in order to minimise disruption and maintain the continuity of existing services.

This document does not:

- replace separate reporting procedures to be followed for incidents involving defective medicinal products and clinical incidents.
- supersede the statutory requirements to notify official bodies of certain incidents.
- identify the operational guidance to be followed at a local level in the event of a major incident or emergency. Operational guidance is held as a separate document.

This Major Incident Plan & Business Continuity Plan is supported by a Major Incident Operational Response Manual and operational plans held locally by services. Directorate business continuity plans can be found at appendix A of this document. Managers within these areas are responsible for ensuring these plans are drawn up and maintained. The overall objectives of the directorate business continuity plans are:

- to identify the risks faced by services;
- to prevent or reduce identified risks that could affect services;
- to mitigate the effects of those risks once they have occurred;
- to allow critical services to continue until the disruption is over;
- to set achievable recovery aims to enable a phased, efficient and fast recovery to normal level of service.

2. Plan Audience & Distribution:

This document is intended for staff members that have a role to play in a major incident response and/or business continuity response to a disruption affecting normal service levels.

This document will be held on the staff intranet and on the Trust website. Directorate business continuity plans will be contained within the Operational Response Manual, as an appendix to this document and by Service Managers, who will keep them up-to-date and maintained. Each member of the Major Incident Team will be given a copy of this document and the Operational Response Manual. These will also be held at each Major Incident Control Centre.

Under the Civil Contingencies Act 2004, local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation. Therefore, this Major Incident Plan & Business Continuity Plan will be shared through the Health Emergency Planning networks in which the organisation operates.

3. Plan Ownership:

This plan is owned by the Chief Executive on behalf of the Executive Team. The Chief Executive has ultimate responsibility for planning and management of the Trust's major incident response and business continuity arrangements; responsibility for planning has been delegated to the Chief Operating Officer.

The Emergency Planning Liaison Officer (EPLO) is the professional lead for major incident planning and business continuity within the Trust, The EPLO will review and develop the major incident plan and business

continuity plan in line with best practice and the needs of the Trust, monitor standards and provide support and guidance to service managers.

4. Freedom of Information & Data Protection:

The Freedom of Information Act 2000 gives everyone a legal right to see this information. Oxford Health NHS Foundation Trust's commitment to publish this information excludes information which can be legitimately withheld under exemptions set out under the Freedom of Information Act. This is in order to protect commercial interests and personal information under the Data Protection Act. Due to this, business continuity plan holders should ensure that plans are stored appropriately.

PART A: Major Incident Plan

5. Introduction

The NHS carries out emergency planning to ensure it is able to respond appropriately and effectively to major incidents. The major incident plan for Oxford Health NHS Foundation Trust is built on the principles of risk assessment, cooperation with partners, emergency planning, communicating with the public, and information sharing. The plan draws on best practice guidance and in particular the strategic guidance from the Department of Health's (DoH) The NHS Emergency Planning Guidance 2005.

This plan is sufficiently flexible to deal with a range of situations. The Major Incident Plan itself sets out the role of Oxford Health NHS Foundation Trust in a major incident and explains how this role fits with those of other NHS organisations and the emergency services. This is a strategic plan and is designed to be read by all staff.

The Major Incident Plan is supported by the operational response manual which is designed to be used during a major incident. It summarises the practical steps that need to be taken in the event of a major emergency.

6. NHS Guidance

In October 2005, the Department of Health (DH) published revised detailed national guidance on the role of the NHS in planning for, and responding to, major incidents. This guidance requires all health organisations, their boards and chief executives to make proper arrangements for emergency planning and to comply with the requirements of the Civil Contingencies Act 2004.

7. Civil Contingencies Act 2004

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. Part one of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level.

The Act divides local responders into two categories, imposing a different set of duties on each. Category one responders are those organisations at the core of the response to most emergencies, and are subject to the full set of civil protection duties. Category two responders have a lesser set of duties and are required to cooperate and share relevant information with other category one and two responders. Most NHS organisations are designated as category one responders under the Civil Contingencies Act (2004).

8. Major Incident Definition:

The Civil Contingencies Act (CCA) 2004 defines an emergency as: *An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.*

For the NHS, major incident is the term in general use. However, the term 'emergency' may be used instead of incident. A major incident is defined by the Department of Health as: *Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations (NHS Guidance 2005).*

For NHS organisations, major incidents are defined on a scale. The scale is:

Major - Individual ambulance trusts and acute trusts are well versed in handling incidents such as these within the long established major incident plans. More patients will be dealt with, probably faster and with fewer resources than usual but it is possible to maintain the usual levels of service.

Mass - much larger-scale events affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (for example, because of fire or contamination) or

persistent disruption over many days. These will require a collective response by several or many neighbouring trusts.

Catastrophic - events of potentially catastrophic proportions that severely disrupt health and social care and other functions (for example, mass casualties, power, water, etc) and that exceed even collective local capability within the NHS.

Types of Major Incident
A major incident may start in a number of ways and it is useful to consider examples of incidents in order to understand what may trigger a major incident plan response. However, it is worth bearing in mind that no two incidents will be the same. The effects of any major incident are likely to be both complex and unpredictable.

Examples of Incidents
Big bang: major transport or industrial accident.
Rising tide: a developing infectious disease epidemic, or a capacity/staffing crisis.
Cloud on the horizon: response to an evolving threat elsewhere, such as a major chemical or nuclear release, a dangerous epidemic or an armed conflict involving British troops.
Headline news: public or media alarm about a personal threat
Deliberate release of chemical, biological or nuclear materials
Mass casualties
Pre-planned major events that require planning such as demonstrations, sports fixtures, air shows.

9. Roles & Responsibilities:

a. Oxford Health NHS Foundation Trust

Oxford Health NHS Foundation Trust is a category one responder in Oxfordshire under the definitions of the Civil Contingences Act 2004, and therefore is a key player in providing an integrated response to major incidents.The Act divides local responders into two categories depending on the extent of their involvement in civil protection work, and places a proportionate set of duties on each.

Category one responders are those organisations at the core of emergency response (e.g. emergency services, local authorities). Category one responders are subject to the full set of civil protection duties. They are required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency; and
- Provide advice and assistance to businesses and voluntary organisations about business continuity management

The NHS Emergency Planning Guidance 2005 suggests that the potential contribution non Acute Trusts can make to a major incident response may include:

- Support to victims of an incident including NHS Staff
- Provision of staff
- Provision of facilities
- Provision of capacity
- Provision of equipment

The guidance adds that as a provider of mental health services, Oxford Health NHS Foundation Trust may have specific responsibilities in the event of a major incident including:

- Linking with Primary Care organisations locally and other NHS services in coordinating services
- Co-ordination and directly providing the psychological and mental health support to staff, patients and relatives in conjunction with Social and Community Services
- Advising on the long term effects of trauma on the casualties associated with the incident and recommend the appropriate level of psychological intervention required
- Ensuring that mental health patients caught up in the incident are discharged home with appropriate support in the community from Community Mental Health Teams and Crisis Teams or their equivalent.

b. NHS County coordination role

All primary care trusts are listed as category one responders, and as such PCTs are subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance coordination
- cooperate with other local responders to enhance coordination and efficiency.

PCT Chief Executive

Overall responsibility for ensuring that the local health economy is able to respond to a major incident rests with the Chief Executive of the PCT.

PCT Director of Public Health

The Director of Public Health has responsibility for coordinating the planning for major incidents through the relevant county group. The Director of Public Health is the public health response lead during a major incident.

PCT Director On-call

The Director on Call is responsible for leading and coordinating the health response at county level during a major incident.

c. Lead PCT in Thames Valley

There are two lead PCTs in the South Central area. NHS Oxfordshire is the lead PCT in the Thames Valley region, and Hampshire PCT is the lead PCT for the area of Hampshire and the Isle of Wight. As a lead PCT, NHS Oxfordshire has the following responsibilities:

- leading the Thames Valley Health Emergency Planning Group to coordinate health emergency planning in the Thames Valley region
- ensuring that arrangements are in place to lead the operational and public health response across Thames Valley
- providing NHS input to emergency planning arrangements of the local resilience forum and its sub groups. A local resilience forum is a coordinating group, which enables local emergency services, health and other organisations to develop a coordinated approach to emergency preparedness. The Thames Valley local resilience forum reports to the regional resilience forum.

d. NHS South Central Strategic Health Authority

NHS South Central Strategic Health Authority (SHA) is a category two responder and in conjunction with the two lead PCTs (NHS Oxfordshire and NHS Hampshire) coordinates emergency planning for the health

economy across the South Central area. The SHA is responsible for assuming strategic control of incidents as required and ensuring arrangements are in place to allow for a well coordinated response. The SHA represents NHS organisations at the Regional Resilience Forum (RRF).

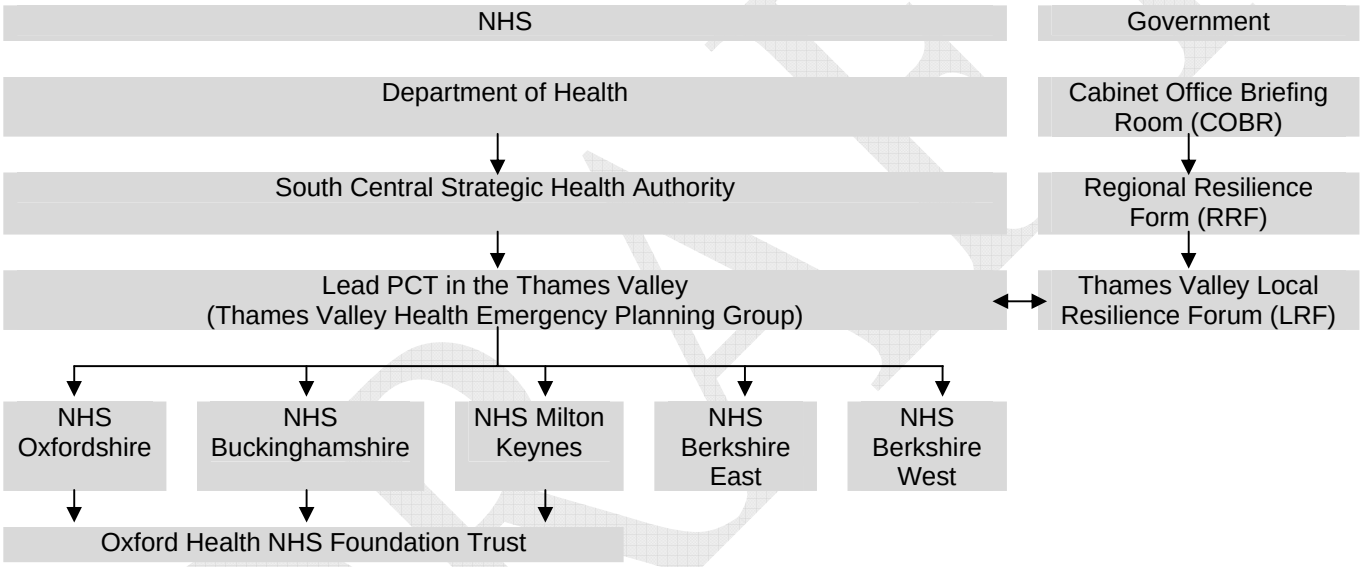
e. Department of Health

The Department of Health (DH) Emergency Preparedness Division advises Ministers on the development of policy and promulgates agreed policy. It oversees and ensures planning and preparedness in the NHS and coordinates the overall NHS response to major incidents where necessary. The division also supports the Central Government response through the Cabinet Office Briefing Room (COBR).

f. Health Protection Agency

The Health Protection Agency provides expert advice to the DH, Regional Directors of Public Health and the NHS on health protection policies and programmes. It also provides specialist emergency planning advice to NHS organisations.

The structure of emergency planning within the NHS and the interaction with partner agencies is shown below.



(Emergency planning structure as at March 2011)

Oxford Health NHS Foundation Trust also has services within Wiltshire & BaNES and will maintain a link with the relevant bodies.

10. Command and Control Structure

This section describes how the NHS will respond when a major incident has been formally declared and the NHS has been asked to activate its major incident plans. It is important that all health services respond to each major incident in a coordinated and consistent manner.

The NHS response to an incident needs to be:

- **Proportionate**. Different approaches are necessary both to the varying size of incidents and also to the health implications of an incident.
- **Flexible**. The implications of incidents can change rapidly during their course. The NHS needs to have flexible systems which ensure that it has a response appropriate to the incident at any time.
- **Clear**. In particular, it must be clear at any time both to NHS organisations and to partner organisations which part of the NHS has taken overall command and control in a particular geographical area. The taking of command and control does not preclude other organisations from

establishing their incident operations centres for their own organisations.

At all times during the course of an incident, it is the responsibility of the SHA to ensure that there is clarity about which organisation is leading the NHS response.

As Oxford Health NHS Foundation Trust covers more than one county, if the incident is across counties Oxford Health NHS Foundation Trust will link primarily with the lead PCT to ensure a coordinated response. However, if the incident is limited to one county, e.g. in Buckinghamshire, the relevant PCT for that county will take forward the coordination of the incident.

Table 1 describes the three broad levels of escalation and provides broad parameters for decision making. It is the responsibility of the senior manager leading the NHS response at any particular time to decide, in conjunction with colleagues, what level of command is appropriate for the local NHS.

The establishment of a Strategic Coordinating Group (SCG) has been excluded from Table 1, as this is at the discretion of the Chief Constable of Thames Valley Police and the NHS follows these arrangements. It is recommended that if a Strategic Coordinating Group (SCG) is convened, level 2 will be declared and the lead PCT will provide NHS input to the SCG. In some circumstances the SHA might provide the NHS input to an SCG, but this will be the exception rather than the rule.

Table 1 – Command and Control Structure

Incident command led by	Level	Criteria for establishment of Major Incident Control Room (MICR)
Individual PCT	1	Established by the PCT affected in the event of any major incident declared.
Lead PCT	2	Established if: ▪ the incident is too large or complex to be handled solely by one PCT, and/or : ▪ the incident is major or widespread and affects more than one PCT
SHA	3	Established if: • the incident is too large or complex to be handled solely by PCTs working together, and/or • the incident is exceptionally major or widespread and affects more PCTs than in one LRF area • the SHA is asked by Department of Health or another agency to take strategic control of the NHS response to an incident • the incident occurs outside the South Central Area and countywide coordination in support of the incident is required

Individual PCT Command – Level 1
Each PCT in the Thames Valley region will establish a Major Incident Control Room if they are affected by the major incident in question. The Major Incident Control Room for NHS Oxfordshire is based in Jubilee House, Oxford Business Park South, Oxford. The role of the Level 1 command centre is to:

- manage the operational response to the incident
- report to the Lead PCT and SHA
- handle of media issues/enquiries
- coordinate the NHS response in the county
- coordinate with district councils or unitary authorities
- manage the return to normality
- ensure liaison with a Consultant in Communicable Disease Control (CCDC) from the Thames Valley Health Protection Unit (HPU), as required

Lead PCT Command – Level 2
A Thames Valley Lead PCT Major Incident Control Room will normally be based at the headquarters of NHS Oxfordshire (Jubilee House, Oxford). The role of the Major Incident Control Room is to:

- link with individual PCT level 1 centres
- report to the Strategic Health Authority
- coordinate communications and media management

Incident room administrative support will be provided by NHS Oxfordshire but assistance may be sought from other PCTs in the event of a prolonged incident. The Major Incident Control Room will also include communications support and, if required the following:

- representatives from other PCTs in the local resilience forum area
- liaison officer from Strategic Health Authority - only if no Level 3 response in place
- Consultant in Communicable Disease Control (CCDC)/Health Protection Unit representative, if required

Strategic Health Authority Command - Level 3
A SHA Major Incident Control Room will normally be based at the headquarter offices in Newbury. The role of the SHA Major Incident Control Room will be:

- strategic management of the incident and return to normality
- reporting to the Department of Health
- coordination with Government Office for the South East Regional Resilience Unit and Regional Civil Contingencies Committee (if established)
- downwards links with lead PCT Major Incident Control Room(s)
- communications and media management

In the event of a multi-agency Regional Civil Contingencies Committee being established, the SHA Major Incident Control Room would continue to function but the SHA Chief Executive (or deputy) and possibly the Regional Director of Public Health would transfer to the Regional Civil Contingencies Committee.

Multi-agency Command and Control
There are three commonly accepted levels within emergency management command and control (Table 2) and adherence to these by all organisations ensures a coordinated response to a major incident.

Table 2. Levels within command and control structures:

Level	Role	Colour
Strategic	Establish strategic objectives and overall management framework. Ensure long-term resourcing/expertise.	Gold
Tactical	Determine priorities in obtaining and allocating resources. Plan and coordinate overall response.	Silver
Operational	Manage front line operations.	Bronze

The multi-agency response to a major incident is described below:

- The DH will be the source of information regarding the NHS for the Cabinet Office Briefing Room at national level.
- The SHA will represent the NHS at the regional level and attend the Regional Civil Contingencies Committee Regional Civil Contingencies Committee.
- The Lead PCT will attend the Strategic Coordinating Group (Multi Agency Gold) led by Police and provide the Public Health Consultant to attend and chair the Scientific and Technical Advice Cell

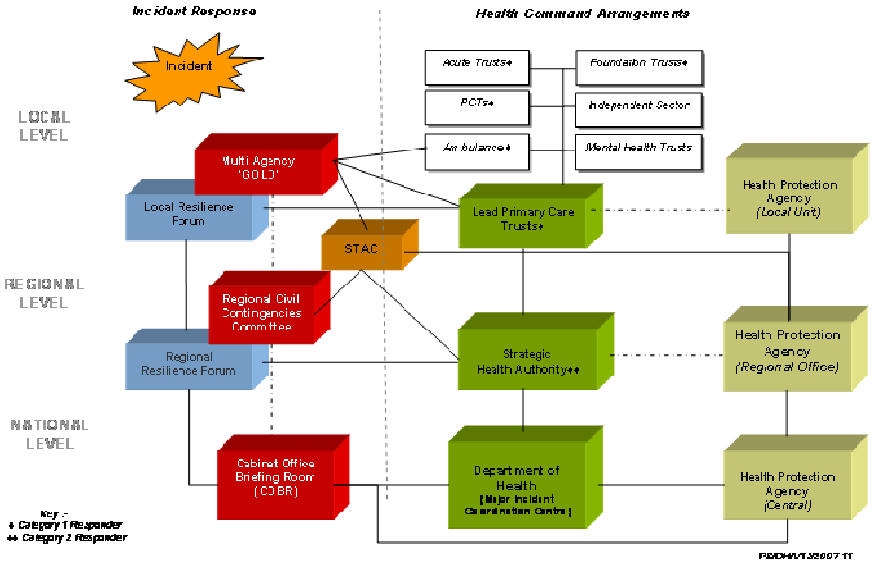
(STAC). The Scientific and Technical Advice Cell provides technical advice to the Strategic Coordinating Group.

- County PCTs will attend multi-agency silver and communicate information to NHS Trusts within relevant counties and interact at a bronze level.

Science and Technical Advice Cell (STAC)

The Scientific and Technical Advice Cell (STAC) provides technical advice to the Strategic Coordinating Group. The STAC would be expected to advise on issues such as the impact on the health of the population, public safety, environmental protection, and sampling and monitoring of any contaminants.

In the event of a major incident, the STAC is activated by the Police Gold Commander through the cell lead or relevant duty officer. However, a senior public health professional (i.e. Director of Public Health or the Health Protection Agency Director) may recommend to the Gold Commander that a STAC needs to be established due to the potential impact on the health of the local population from an actual or evolving incident.



Source: Ellett, R. (2008) Module six: Command and control and multi-agency working. Emergency Planning College.

Figure 2. Intra-operability between the PCT and partner organisations

11. Risk Assessment:

The Civil Contingencies Act places a risk assessment duty on all category one responders to ensure that planning is proportionate to each risk. A Community Risk Register is compiled by the Thames Valley Local Resilience Forum and consists of a table of hazards summarising hazard information, outcome descriptions, risk rating and mitigation plans. Thames Valley Community Risk Register

The top five main risks identified are:

- influenza type disease (epidemic/pandemic)
- major fluvial flooding across regions, and local fluvial flooding
- severe weather - storms & gales
- significant or perceived significant constraint on supply of fuel
- telecommunications infrastructure – human error

12. Major Incident Response Oxford Health NHS Foundation Trust

In the event of a major incident, the information in this section has been compiled to assist the assessment and delivery of Oxford Health NHS Foundation Trust's response.

The roles and responsibilities to be followed, if the plan is initiated, are included as action cards in the Major Incident Operational Response Manual. These action cards set out the defined roles and responsibilities for: -

- Operational tasks
- Overall incident co-ordination
- The co-ordination of support from in house services
- The co-ordination of external support
- Dealing with the media

It is important that all actions or communications should be initiated by the On-call Director or a nominated member of the Major Incident Team in order to minimise any confusion.

There are four phases of response to a major incident as follows:

- Initial response
- Consolidation
- Recovery
- Return to Normality

Each phase is likely to be of different duration and will require levels of strategic, operational and tactical expertise. The Trusts response to an emergency will vary dependent on whether the incident is external or internal to Oxford Health NHS Foundation Trust.

Incident internal to the Trust

It is the On-call Director's responsibility once he/she has the full details of the incident and actions taken to initiate the major incident plan, if appropriate. If the plan is initiated, the On-call Director will establish a Major Incident Team and nominate the appropriate major incident control centre.

Escalation of an incident to major incident status resulting in a request for assistance from other Trusts or agencies will be dealt with by the On-call Director.

Incident external to the Trust

In the event of a serious incident occurring in another organisation or within the community, the Trust would be alerted by the relevant PCT or the South Central Ambulance Service via the Coordination Centre (Warneford switchboard).

Response to requests for assistance from local Acute and Community Trusts or other outside agencies must be reported to the On-call Director. The On-call Director, in liaison with other senior staff, will decide whether the Trust is in the position to respond.

The following sets out specific types of incidents Oxford Health NHS Foundation Trust may have to respond to and as a result form annexes to the operational response manual.

- **Mass Casualties:**

The overriding aim is to establish order and control from the potential chaos; and to facilitate orderly, prioritised movement of casualties to receiving hospitals, reception/rest centre, homes and follow up primary/secondary care – in ways that take into account the capacities of those organisations.

- **Flu Pandemic:**

The public health staff will advise on any specific action to be taken because of the infectious agent. This may involve for example assisting in the distribution of antibiotic prophylaxis or administering immunisations.

- **Evacuation of Healthcare Premises:**

The Community Hospital Evacuation Plan describes the management of patients in the event of the need to evacuate a community hospital. The need to evacuate could arise from any accident, infectious epidemic,

natural disaster, or failure of utilities or systems, or hostile act. Lockdown procedures are in place throughout the Trust, details of which can be found in section 13.

- **Heat Wave:**

Climate change is increasingly acknowledged to be a serious threat to the population's health. These impacts are highlighted in the updated report *Health Effects of Climate Change in the UK 2008*. The Climate Change Act 2008 now makes it a requirement for all statutory sectors, including the health sector, to have robust adaptation plans in place.

- **Fuel Disruption:**

Any widespread and prolonged fuel supply disruption has the potential to directly impact the ability of the NHS to provide the levels of patient care that the public normally expect of it. Fuel planning links closely with business continuity plans as it involves considering how care provision could be scaled back in a safe and prioritised manner should fuel shortage become such that maintaining normal levels of service is no longer feasible.

13. Lockdown Procedures:

All Trust premises are access controlled via a door entry system and control access rights. Each service area will have an individual environmental risk assessment, which where appropriate will include a local lockdown procedure specific to that service. Staff working in areas will be made aware of local access controls and lockdown procedures during local induction. Local managers will be offered support in updating risk assessments and lockdown procedures either on request, or via a rolling programme of Security Risk Assessment Support visits from the Local Security Management Specialist, Head of Facilities, and the Trust Security Coordinator.

14. Alerting Procedures:

The designated emergency contact point to alert the On-call Director of a potential major incident is the Coordination Centre at the Warneford reception. Refer to the Operational Response Manual for reporting a potential major incident which can be found on the intranet. In the event of a serious incident occurring in another organisation or within the community, the Trust would be alerted by the relevant PCT or South Central Ambulance Service.

The standard alerting messages are:

1. **Major Incident – standby.**
   This alerts Oxford Health NHS Foundation Trust that a major incident may need to be declared. Preparatory arrangements are then made appropriate to the incident.
2. **Major Incident declared – activate plan.**
   This alerts Oxford Health NHS Foundation Trust that the plan should be activated and additional resources mobilised.
3. **Major Incident – cancelled.**
4. **Major Incident – stand down.**
   All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible the Ambulance Incident Commander will make it clear whether any casualties are still en-route. Oxford Health NHS Foundation Trust will then assess its own appropriateness to stand down.

15. Independent Activation:

In certain situations the senior manager on site may activate the plan. Where it is apparent that in severe weather or an environment hazard may require an immediate action, in these circumstances special arrangements may be agreed locally and the Director On-call informed as soon as possible after the event. The Director On-call will immediately make contact with the relevant PCT to inform them that the plan has been activated.

In the event of activation of the plan, Oxford Health NHS Foundation Trust will ensure that an accurate record of decisions made, the justification for those decisions and any expenditure occurred will be maintained.

16. Responsible Persons / Major Incident Team

All On-call Directors will be deemed responsible persons in determining whether an incident will be escalated to a major incident. The responsible person will lead a Major Incident Team comprising:

	Level	Role	Colour	Responsible person(s)
	Strategic	Establish strategic objectives and overall management framework. Ensure long-term resourcing/expertise. Oversee reputation management of the Trust.	Gold	• CEO • Medical Director
Major Incident Team	Tactical	Determine priorities in obtaining and allocating resources. Plan and coordinate overall response.	Silver	• On-call Director (Chair) • On-call Estates Manager • Clinical Director • Deputy Director of Nursing • On-call Communications Manager • On-call Integrated Community Services Manager • Emergency Planning Liaison Officer (EPLO) • Loggist
	Operational	Manage front line operations.	Bronze	• All relevant staff involved within the incident

Action cards relating to each of the above roles can be found in the Operational Response Manual.

It is the role of the On-call Director to initiate the internal communications cascade to assemble the Major Incident Team. It is at the discretion of the On-call Director to determine the exact membership depending on the nature and severity of the incident. On-call staff can be accessed via the coordination centre. The Clinical Director, Deputy Director of Nursing and EPLO will be sourced through availability. The communications cascade and all contact details are held by all On-call Directors and can be found within the Operational Response Manual.

It may be appropriate to manage certain incidents off site (e.g. from home) using the telephone to coordinate the response. Other incidents may require full use of office facilities and staff support, making it necessary to form the Major Incident Team and locate it in the relevant major incident control room.

17. Designated Major Incident Control Room

In the event of a major incident, the control room will be established in one of the following:

- Boardroom, Oxford Health NHS Foundation Trust Headquarters, Oxford (designated control room)
- Waddesdon Room, Littlemore Mental Health Centre, Oxford (back-up control room)

The Boardroom located in Trust HQ is the designated control room and the Waddesdon room will act as a back-up. It will be the responsibility of the On-call Director with assistance by the EPLO to set up the major incident control room, assign a loggist and source administrative support if applicable.

Access out of Hours to the major incident control rooms are as follows:

- Boardroom, Trust HQ can be accessed between 8.00pm and 7.30am by requesting access via details contained within the Operational Response Manual.
- Waddesdon room, Littlemore is accessible at all times with the use of a proximity badge. Both the On-call Director and the EPLO have been granted unrestricted access to this building.

18. Major Incident Operational Response Manual

The Major Incident Operational Response Manual describes the practical steps to be taken in a major incident. The manual will be held by each member of the Major Incident Team in both electronic and hard copy and in the receptions of each of the control centres.

The Operational response manual contains the following information:

- Action cards
- Up to date site plans with hazards
- Important contact numbers
- Directorate Business Continuity Plans
- Communications cascade/reporting documentation for the Major Incident Team
- Details of how to access the list of volunteer community nurses and GPs
- List of back-up generators
- Helpline details
- Incident report template for stand down
- Access to emergency equipment
- Lockdown Procedures
- log sheets:
    1. debriefing of staff
    2. voluntary organisations used
    3. hours worked by staff involved in the incident

This manual will be maintained by the EPLO or an officer designated by her/him.

19. Record Keeping:

The On-call Director, with assistance from the EPLO, will be responsible for appointing a loggist to ensure that a log is kept of the incidents and the decisions taken. Logging is a fundamental role and involves capturing information at the decision making stage during an incident through note taking. Good, accurate records are to be kept of all administrative decisions together with any relevant documentation. Incident log books can be found in each major incident control room. The incident log book is a legal document and may be used in evidence in a public inquiry or other court proceedings which may result following a major incident.

The On-call Director will keep the Gold command regularly updated from the moment the incident is first reported. If an incident continues beyond 24 hours in duration, the Gold command will meet at 9am every morning for the duration of the incident to review the current situation.

A formal report to the Executive Team from the On-call Director will be expected within two weeks of the official ‘stand-down’ reviewing both the incident itself and the effectiveness of the major incident plan, and making recommendations for action to be taken including changes to the plan and/or operational response manual.

20. Monitoring of Staff Assisting at the Incident:

In the event of a prolonged incident in excess of 7 hours, a central log of the hours worked by staff directly in relation to the incident will be set up by the senior person on duty. Staff, including any senior manager on site, should not work more than 3-4 hours without a break, and should consider working no more than 7 hours in total including handover time in an intense situation.

Whilst this is not in accordance with shift patterns, given the likely intense nature of an incident requiring a major response, this is felt to be the optimal time for an individual to work in such circumstances. When the major incident plan is activated to manage high demands on services, normal shift pattern working should be adhered to as far as possible.

The Service Manager on site will be responsible for maintaining a log of staff deployed and ensuring that staff exposed to trauma do not work any longer than seven hours duration in any twenty-four hour period and have access to support/counselling if required.

Major Incident Team "shifts" should last no longer than 12 hours and the support to the Major Incident Team will develop a rota in order to achieve this. Support/counselling should be made available to members of the Major Incident Team and staff at bronze level if required.

The On-call Director will be responsible for the operational debriefing of the senior managers on site who will be responsible for the operational debriefing of all staff that they are managing and supervising. Debriefing sessions will be held at the end of every shift. All staff will therefore receive an operational debriefing session before going off duty. This should include an assessment of their support/counselling needs. Debriefing sessions must be logged and therefore debriefing logs are held within the operational response manual. It should be noted that the psychosocial effect of a major incident on an individual can last for up to 2 years, or in some cases, even longer.

21. Use of Voluntary Organisations (VOs):

All requests for assistance from voluntary organisations must go via the relevant PCT.

22. Communications & Media Management:

All communications will be instigated by the On-call Director in liaison with Gold command and coordinated through the On-call Communications Manager who forms part of the Major Incident Team. No communications should go out to staff or to external audiences (media, patients, relatives and visitors) giving direction without it being agreed by the Major Incident Team in liaison with Gold command. Levels of communications to be considered are:

- Internal
- External
- Media handling – Gold command will appoint the appropriate spokesperson for the Trust.

Communications during the disruption should be clear, concise and constructive.

Oxford Health NHS Foundation Trust will make the most of available technology to deliver communications and communications will be delivered in accordance with the Trust's media policy, and in line with the Trust's Communications and Involvement Strategy which sets out the standards for how we engage with audiences. A list of the Trust's key stakeholders is held by the Communications team, and is regularly reviewed and updated; consideration should be given to keeping them informed of any disruption to services.

Staff will not make statements to the media without authorisation.

It is the responsibility of the Major Incident Team to decide whether a helpline is necessary to deal with multiple enquiries. If this is the case, the Communications team have a designated phone number which can be deployed immediately by a member of the Communications team. Further information can be found in the Media Guidance document held in the Major Incident Operational Response Manual.

Staff next of kin details are held on the electronic staff record database. In the event that next of kin need to be contacted (to include Out of Hours) access to all staff records across the Trust is held by the EPLO whose contact details can be found within the Operational Response Manual.

23. Preservation of Forensic Evidence:

In the event of a major fire, suspected terrorist incidents or death, the Police will take control of the site. The Service Manager, in the absence of the On-call Director, will be responsible for liaison with the Police concerning the need to preserve forensic evidence and restricting access into any areas affected until cleared by the Police. This may include details of everyone on site.

24. Stand-down:

As the incident diminishes and emergency services declare 'major incident - stand down' a decision should then be made as to when it is appropriate to disband the Major Incident Team. Before the Major Incident Team is disbanded formal report to the Executive Team should be prepared and arrangements made to review the incident and the outcome. The conclusions of the report and any debriefings will help to inform future training and improve procedures.

25. Recovery Phase

The Major Incident Team in liaison with Gold command will be expected to start planning the restorative phase as soon as practicable handing over to relevant Managers when appropriate. In many incidents, the aftermath of a major incident becomes another role and involves facilitating the restoration of normal health services.

Oxford Health NHS Foundation Trust's role might include providing extra support to hospitals or diversion of workload, renegotiating priorities, assessing and arranging for the continuing need of primary and community health services such as psychological support and counselling. Provision of care and support to staff that may have been affected is also likely to be required. Consideration should also be given to the legal and financial risks that might ensue.

Business Continuity plans have been developed and link to arrangements for the recovery phase after a major incident.

26. Lessons Identified:

Following an incident, a debrief will be coordinated resulting in the formal report to the Executive Team. It is the responsibility of the EPLO to undertake a review of the plan taking into account lessons identified in the formal report.

27. Training:

Training will be provided for key staff that may be required to carry out essential tasks in response to a major incident. Staff are provided with training that ensures they understand the role they are to fulfil and have the necessary competencies to fulfil that role.

During induction employees are briefed about Oxford Health NHS Foundation Trust's role in an incident and provided with details on how to access the Major Incident Plan.

It is the responsibility of all line managers to ensure that:

- All staff (including new staff, agency staff and volunteers) are made aware of their roles and responsibilities in the event of a major incident.
- There is systematic monitoring of staff awareness of their individual roles.
- They consider how they can best achieve a clear understanding of awareness, procedures and responsibilities for their staff in readiness for dealing with an emergency.

With regard to staff:

- All staff must ensure that they attend training events and/or follow specific guidance given by the Trust to make themselves aware of the actions expected of them in the event of a major incident.
- Should staff who have been given specific responsibilities in the event of a major incident be absent for any reason or have left that position, deputies or new named staff must be appointed and the details amended in local emergency plans.
- Staff who have indicated their availability to be called upon in the event of a major incident should ensure that their line manager is aware of any changes to their availability, location or contact details.

- Staff should not put themselves or others at risk when responding to a major incident and relevant Health and Safety guidance should be followed at all times.
- Staff will receive appropriate training to enable them to carry out the Major Incident Plan with confidence during an emergency. This training will be recorded in their individual training record and captured by the Learning Development Team.

28. Exercising & Reviewing

Ensuring the Major Incident Plan operates effectively is a demonstration of the Trust's commitment to fulfilling its role in the healthcare system as well as meeting its obligations under health and safety law. This Major Incident Plan will be subject to review, testing, improvement and updating.

Training and exercising should:

- Cover all needs of Oxford Health NHS Foundation Trust regarding the understanding and awareness of procedures within this plan;
- Be co-ordinated and concentrate, where appropriate, on specific scenarios.

Following exercising, the major incident plan and the operational response manual will be reviewed in light of lessons identified, and re-issued.

The EPLO is responsible for ensuring that a communications cascade exercise is undertaken every six months, a table top exercise is carried out annually, and a live exercise undertaken every three years in accordance with NHS Emergency Planning Guidance 2005. The EPLO will also ensure that the plan is reviewed following an incident or major restructuring, or if necessary following testing. A full review will be undertaken every three years. It is good practice to undertake exercises in conjunction with other key partners.

PART B: Business Continuity Plan

29. Introduction:

Oxford Health NHS Foundation Trust's Business Continuity Plan provides the framework within which the organisation complies with the business continuity requirements of the Civil Contingencies Act 2004. This plan is supported by Directorate Business Continuity Plans which can be found at appendix A of this document.

Business Continuity planning forms an important element of good business management and service provision. All business activity is subject to disruptions such as technology failure, flooding, utility disruption and terrorism. Business Continuity Management (BCM) provides the capability to adequately react to operational disruptions, while protecting welfare and safety (BS 25999-1:2006).

Business continuity management involves managing the recovery or continuation of business activities in the event of a business disruption, and management of the overall programme through training, exercises and review, to ensure the business continuity plan stays current and up to date (BS NHS 25999-1:2009).

For the NHS, business continuity management is defined as the management process that enables an NHS organisation[1]:

- to identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation
- to identify and reduce the risks and threats to the continuation of these key services
- to develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time

30. Civil Contingencies Act 2004

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. Part One of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level. The Act divides local responders into two categories, imposing a different set of duties on each. Category one responders are those organisations at the core of the response to most emergencies, and are subject to the full set of civil protection duties. Oxford Health NHS Foundation Trust is listed as a category one responder, and as such is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance coordination
- cooperate with other local responders to enhance coordination and efficiency.

31. NHS Emergency Planning Guidance 2005

NHS Emergency Planning Guidance states that business continuity management, including processes for recovery and restoration, should be considered by NHS organisations. Business continuity management complements emergency planning and response. The Business Continuity Policy and Plan should be read in conjunction with the Major Incident Plan and Operational Response Manual which outlines the incident response structure.

[1] NHS Resilience and Business Continuity Management Guidance, Interim Strategic National Guidance for NHS organisations. First published: June 2008; Prepared by Emergency Preparedness Division

32. BS NHS 25999 and PAS 2015

Both BS NHS 25999:2009 Business continuity management and PAS 2015:2010 framework for health services resilience are key standards for NHS organisations to use when implementing the obligations of the Civil Contingencies Act 2004 and NHS Emergency Planning Guidance. The Business Continuity Policy and Planning Framework for Oxford Health NHS Foundation Trust is aligned to these standards.

33. Business Continuity Management – Definition:

Business Continuity Management (BCM) is a process that provides a framework to ensure the resilience of organisations to any eventuality, and enable the continued delivery of services to key users and employees. It provides a basis for planning a response to any emergency or incident in a co-ordinated manner.

BCM forms an important part of risk management arrangements within all NHS and business organisations. BCM is concerned with ensuring that at all times the organisation can continue operating at a pre-determined level in the event of any disruption.

The Department of Health's NHS Resilience and Business Continuity Management Guidance defines BCM in the NHS as:

"The management process that enables an NHS organisation:

- To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation.
- To identify and reduce the risks and threats to the continuation of these key services.
- To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time."

For the NHS, service interruption may be defined as:

"Any disruptive challenge that threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal operating functions".

The Civil Contingencies Act 2004 guidance document 'Emergency Preparedness (Cabinet Office 2005)' states that "Effective business continuity management is built on the Seven P's:

1. Programme - proactively managing the process.
2. People - roles and responsibilities, awareness and education.
3. Processes - all organisational data and processes, including ICT.
4. Premises - buildings, facilities and equipment.
5. Providers - supply chain, including outsourcing and utilities.
6. Profile - brand, image and reputation.
7. Performance - benchmarking, evaluation and audit."

34. Roles & Responsibilities:

The Chief Executive has ultimate responsibility for planning and management of the Trust's business continuity arrangements; responsibility for planning has been delegated to the Chief Operating Officer.

The Emergency Planning Liaison Officer (EPLO) is the professional lead for business continuity within the Trust and will review and develop the Trust's business continuity plan in line with best practice and the needs of the Trust, monitor standards and provide support and guidance to service managers.

Ownership of business continuity management is required at every level of the organisation. Each division/directorate must ensure that the business activities of each individual service under its jurisdiction are maintained if this service is identified as critical to the directorate/division's function, therefore, each Directorate/division is responsible for ensuring that business continuity plans are in place and maintained.

It is the Division/Directorates responsibility to identify

- A lead for business continuity
- The relevant Senior Manager(s) able to activate or de-activate business continuity plans in the event of a disruption to business continuity.

Where a service is contracted out, or is dependent on external suppliers, the responsibility remains with the directorate/division to ensure continuity. Division/Directorate business continuity leads need to seek assurance that suppliers and contractors also have robust business continuity arrangements in place.

35. Risk Assessment:

Risk assessment is an effective way to identify risks and the most cost effective ways to reduce the impact and likelihood of them occurring or remove the risk completely. Risk assessments are regularly carried out as a part of the Trust's daily business. Under the CCA (2004), a risk assessment is required to be carried out by NHS Trusts so they can ensure that they are as resilient as possible to any disruptions that may occur.

The Thames Valley Community Risk Register is considered when undertaking business impact analysis in order to enable the organisation to understand the threats to, and vulnerabilities of, critical activities and supporting resources, including those provided by suppliers and outsource partners.

The top five main risks identified as of March 2011 are:

- influenza type disease (epidemic/pandemic)
- major fluvial flooding across regions, and local fluvial flooding
- severe weather - storms & gales
- significant or perceived significant constraint on supply of fuel
- telecommunications infrastructure – human error

36. Business Impact Analysis Tool

The business impact analysis tool (refer to Appendix B) is the preferred method of risk assessment and assists each directorate/division to identify critical activities/services, maximum tolerable period of disruption, critical interdependencies and recovery objectives.

The Maximum Acceptable Downtime (MAD) is the timeframe during which the recovery of systems, processes and activities must be achieved to prevent the risk of a significant impact arising if the downtime is exceeded i.e. what is the maximum down time which could be tolerated without incurring one or more of the consequences below?

For the purposes of business continuity, Oxford Health NHS Foundation Trust defines a 'significant impact' as any situation that could give rise to one or more of the following situations:

- an unacceptable risk to the safety and/or welfare of patients and staff
- a major breach of a legal or regulatory requirement
- a major breach of a contract, service level agreement or similar formal agreement
- the risk of significant financial impact, and/or
- a threat to the reputation of the Trust as a competent NHS organisation

37. Disruption Levels:

There are three levels of disruption that have been identified for the Trust. The circumstances of disruption may vary but the scale will be as denoted, therefore the actions will remain the same despite the cause of disruption.

Levels of disruption are identified as follows:

Level 1
This is a disruption occurring in one service area. These events are generally of short duration and a response would be led by the Service Manager, or their elected deputy if they are unavailable.

Level 2
This is a disruption occurring causing multiple services to be disrupted.

These events can result in building loss, staff absenteeism and substantial loss of equipment and records. The corporate response is likely to be coordinated by the Major Incident Team, under the parameters of the Major Incident Plan & Business Continuity Plan, but service recovery by Service Managers.

Level 3
This is an event occurring causing disruption to the whole of Oxford Health NHS Foundation Trust.

These events can result in building loss, mass staff absenteeism or substantial loss of equipment and records. Where there is an event causing multiple services areas to be disrupted, or where all of services are affected (say, for example during an influenza pandemic), co-ordination will be passed to the Major Incident Team under the parameters of the Major Incident Plan & Business Continuity Plan.

38. Activation:

Business Continuity Plans will be activated by the Senior/Service Manager(s) affected. Relevant Directors will be advised, or if the disruption occurs out of hours, the Director On-call will be informed.

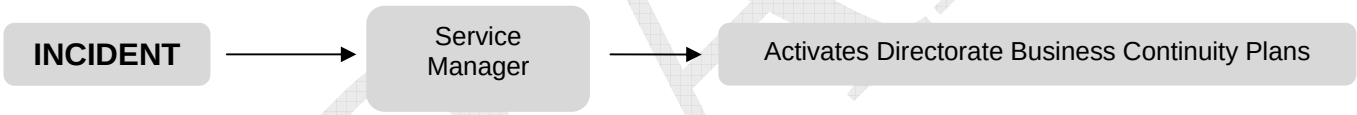


Figure 1: Activating directorate business continuity plans

The Business Continuity Plan can also be activated by the Director On-call when the major incident plan has been activated or is on standby**,** and there is an incident that has the potential to cause business disruption and affect critical activities, e.g. a level 3 disruption. Depending on the type of disruption, it is possible that not all directorates/divisions will need to activate their business continuity plans.

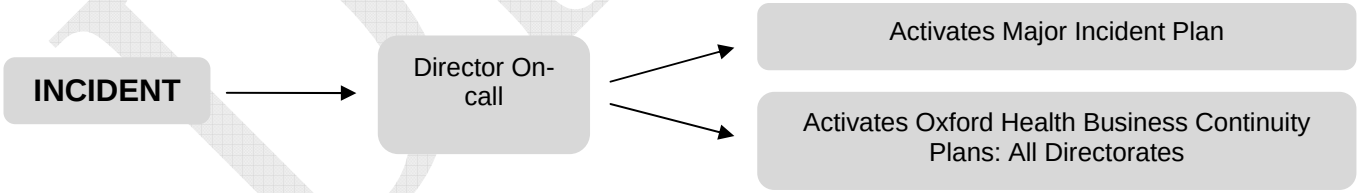


Figure 2: Activating and escalating business continuity plans due to a major incident

39. Recovery of Critical Services:

Recovery is the process of returning the affected service(s) to normality and it is the responsibility of the Service Manager to ensure this happens for their service. Recovery issues need to be considered early on in the response by the Business Continuity Leads/Senior Managers. This will then allow a successful continuance of critical services and an appropriate phased recovery of other services until normality is reached, with minimal negative impact to the Trust, service users, key stakeholders and the local community.

40. Business Continuity Plans

Business Continuity Plans are the responsibility of the Business Continuity Leads/Service Managers and must be maintained in accordance with the Trust's Business Continuity Plan. The Service Manager is responsible for implementing the plan, and for informing the relevant Director of its activation, and for situations where the plan will not bring about the recovery of critical services.

Directorate Business Continuity Plans are held by each Directorate/Division and can also be found at appendix A of this document and in the Operational Response Manual.

These plans are supported by ward/team plans and action cards which are held and updated by the relevant Service Managers.

41. Further Considerations:

The following sets out a number of considerations. This list is not exhaustive but gives a general overview of some of the issues that the Major Incident Team and Service Managers should consider/be aware of when responding to a service disruption under this plan.

a. Mutual aid

This plan accepts that mutual aid is a key component of business continuity planning; this means that Trust Divisions/Directorates will share resources and staff and support each other as and when appropriate.

b. Human Resources / workforce issues

Business Continuity Leads will ensure that HR implications are considered and will take advice from the HR Department where appropriate.

c. Staff welfare and support

Everyone has a responsibility for their own health and safety. The Service Managers will co-ordinate staff welfare, and ensure that there is long-term resourcing and will consider a number of measures, such as redeployment in order to sustain critical services. In an emergency situation, it will be important to ensure that staff continue to receive appropriate rest breaks. Until confirmed as not required, the Service Manager will identify and manage staffing levels and organise a rota or shift system where a response is required outside of normal working hours.

During a prolonged incident, issues such as catering, rest periods, duty and travelling time and fatigue should be monitored. Certain situations may be very demanding and stress levels will also need to be considered and Service Managers need to have an overview of the implications for staff welfare.

The Trust's Health and Safety Policy, associated policies and procedures apply. This includes the need to conduct formal written and/or dynamic visual risk assessments. All staff must take reasonable care of their own health and safety and that of others, and report any concerns to their own manager.

The Trust's Sickness Policy and Procedure applies. Staff can access support through the Occupational Health Service, who will refer to appropriate medical support or counselling as appropriate.

42. Stand-down:

When there is no further risk to business continuity from the incident, business continuity leads for the directorate will declare the event over (stand down). This decision should be made after consultation with the relevant Director.

43. Exercising & Reviewing Plans:

Directorate Plans:

Directorate Leads will be expected to undertake business continuity exercises on a regular basis. These may take the form of self directed exercises by individual services using scenarios, directorate table top exercises and multi agency exercises. Directorate Leads are responsible for reviewing plans and associated action cards on an annual basis and following an incident or major restructuring, or if necessary following testing.

The EPLO will send out an annual reminder to Business Continuity leads to undertake a review of their plans and action cards.

Trust Business Continuity Plan:
The EPLO is responsible for ensuring that a table top exercise is carried out annually and that the plan is reviewed following an incident or major restructuring, or if necessary following testing. A full review will be undertaken every three years.

44. Training & Records:

During Trust induction, employees are briefed on Business Continuity and provided with details on where to access the Trust's Business Continuity Plan.

It is the responsibility of all line managers to ensure that:

- all staff (including new staff, agency staff and volunteers) are made aware of their roles and responsibilities in the event of an incident affecting business continuity.
- there is systematic monitoring of staff awareness of their individual roles.
- they consider how they can best achieve a clear understanding of awareness, procedures and responsibilities for their staff in readiness for dealing with an incident.

With regard to staff:

- All staff must ensure that they attend training events and/or follow specific guidance given by the Trust to make themselves aware of the actions expected of them in the event of a disruption to business continuity.
- Should staff who have been given specific responsibilities in the event of a disruption to business continuity be absent for any reason or have left that position, deputies or new named staff must be appointed and the details amended in local emergency plans.
- Staff who have indicated their availability to be called upon in the event of a disruption to business continuity should ensure that their line manager is aware of any changes to their availability, location or contact details.
- Staff should not put themselves or others at risk when responding to a disruption to business continuity and relevant Health and Safety guidance should be followed at all times.
- Staff will receive appropriate training to enable them to carry out Business Continuity Plans with confidence during a disruption to business continuity. This training will be recorded by the Learning & Development Team.

Following training and exercising, the Business Continuity Plan and associated directorate plans will be reviewed in light of lessons identified and re-issued.

45. Lessons Identified:

Directorate leads should ensure a full debrief takes place following activation of the business continuity plan and identify lessons, revising the plan accordingly.

It is the responsibility of the EPLO to undertake a review of the plan and ensure that business continuity leads undertake a review of their individual Business Continuity Plans in light of lessons identified following an incident affecting the Trust.