The Royal Wolverhampton NHS Trust	

Trust Board Report

Meeting Date:	23 January 2012
Title:	Emergency Planning Quarterly Update
Executive Summary:	This report covers the following areas: • Activities undertaken for Emergency Planning during quarter three, including a review of the Trust's Business Continuity Strategy.
Action Requested:	1. Note the activities undertaken for emergency planning during QTR 3 and accept the report. 2. Approve the reviewed Business Continuity Strategy
Report of:	Director of Planning & Contracting
Author: **Contact Details:**	Head of Emergency Planning & Business Continuity Diane.preston@nhs.net
Resource Implications:	Nil
Public or Private: (with reasons if private)	Public session
References: (eg from/to other committees)	Emergency Planning Committee Major Incident Sub Group Business Continuity Sub Group
Appendices/ **References/** **Background Reading**	Appendix 1 – Business Continuity Strategy Civil Contingencies Act 2004 & NHS Emergency Planning Guidance 2005 NHS Commissioning Board 2013/2014 Standard Contract Service Conditions Everyone Counts: Planning for patients 2013/2014 (nee Operating Framework Emergency Preparedness, Resilience and Response arrangements effective April 2013.
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services

	• High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Background Details	
1	**BACKGROUND INFORMATION** As a requirement under the Civil Contingencies Act 2004 in terms of informing and sharing information a quarterly update has been produced to advise the Trust Board on the activities that have taken place during Quarter 3. This report covers the following areas:- 1. Major incident Planning 2. Business Continuity 3. National Capability Survey 4. Training & Exercises 5. New Emergency Planning Framework Effective April 2013 & Local Health Resilience Partnership

Emergency Planning Quarter Three Update	
2	**MAJOR INCIDENT PLANNING** The Trust's Major incident plan was approved at Trust Board in October 2012; this has now been launched and shared with external emergency partners, in line with the new signage for the Trust being introduced. A review of the Major Incident Sub Group Terms of Reference has also taken place to incorporate new members and approved by the Emergency Planning Committee.
3	**BUSINESS CONTINUITY PLANNING** A review has undertaken in relation to the Trust's Business Continuity Strategy. The aim is to ensure that the Trust has in place a framework to respond to any untoward event in a co-ordinated manner and is able to continue providing the services to the people of Wolverhampton and its surrounding boroughs. The revised strategy is set out into two sections: ***Section 1:*** The framework and requirements of the Trust in order to expel its duties under the requirements of the Civil Contingencies Act and in line with the new NHS changes. ***Section 2:*** The Trust's response structure, including the alert and escalation process in the event of a severe disruption affecting the business of our services or a major incident. This has involved a critical review of its essential

services and a business impact analysis of the Trust's IT systems.

The Business Continuity Strategy is attached for approval in Appendix 1.

4 NATIONAL CAPABILITIES SURVEY 2012

The Cabinet Office launched a survey in November 2012 to all Category 1 and Category 2 responders under the Civil Contingencies Act 2004 and those organisations that provide essential services in England and Wales. This was to assess the level of capability to respond to a civil emergency across England and Wales and identify any gaps. The Trust took part in this, which highlighted that the planning the Trust has undertaken is in line with the national picture.

5 TRAINING & EXERCISES

The Trust undertook a table top exercise in December 2012 – 'Exercise Frustration' to test the resilience of business continuity planning with the Adult Community services. It was a learning event for all participants that informed the areas of strength and weaknesses, enabling an identification of gaps in planning; specifically where are they and what services can do to increase resilience using the learning attained during the exercise. The scenario was a combination of several incidents occurring i.e. Fuel disruption affecting community service provision, problems with the power supply down and supply chain problems. This did highlight some gaps, for the service to take forward but generally it did give assurance that the plans in place were resilient.

6 NEW EMERGENCY PLANNING FRAMEWORK EFFECTIVE APRIL 2013

The NHS us about to enter into a new phase of implementing the vision to modernise the health service with the key aim of securing best possible outcomes for patients by prioritising them in every decision that is made.

One such area which is changing is the new Health Emergency Preparedness, Resilience and Recovery (EPRR) framework which comes into effect from April 2013. As part of this is the establishment of Local Health Resilience Partnerships, whose purpose is to deliver the national EPRR strategy in the context of local risks, which will be a forum for co-ordination, joint working, planning and response by all relevant Health bodies.

This forum has been established for Birmingham and the Black Country, for which the Trust is a member of, along with a programme of work moving the new EPRR arrangements forward for this region. For updates will be provided to the Trust Board at future meetings.

Appendix 1

RWT Business
Continuity Strategy F

Strategy Name: Business Continuity Strategy & Framework	**Version:** 3		**Status:** Draft	**Author:** Head of Emergency Planning & Business Continuity **Director Sponsor:** Director of Planning & Contracting
Version / Amendment History	Version	Date	Author	Reason
	2	Sept – Oct 2011	Head of EP & BC	Review of strategy to incorporate community provider services as a result of Transforming Community Services
	3	January 2013	Head of EP & BC	Review of strategy to include the framework, response, alert & escalation in the event of a BC incident and revised critical services & IT systems.

Intended Recipients: Senior Managers & External partners	
Consultation Group / Role titles and Date: Business Continuity Plan Holders across the organisation – November/December 2012 & Business Continuity Sub Group – December 2012	
Name and date of Trust level committee where reviewed	Emergency Planning Committee – 15 January 2013.
Name and date of final approval committee	Trust Management Meeting – 25 January 2013 Trust Board – 28 January 2013
Date of issue	February 2013
Review Date **Superseded Documents**	January 2014 October 2012 November 2009
Training and Dissemination: Senior Managers/BC Plan Owners Emergency Preparedness Trust Intranet Site	
To be read in conjunction with: Major Incident & Mass Casualty Plan, Pandemic Plan, Heat wave Plan, Winter Plan, Inclement Weather Policy, Fuel Shortage Plan.	
Equality Impact [initial] Assessment [all policies]: Completed Yes **Full Equality Impact assessment [as required]:** **Completed** NA	
Contact for Review	Any amendments to this strategy should be sent to the Head of Emergency planning & business continuity who is the custodian of this strategy will hold the master copy and make the required amendments: diane.preston@nhs.net – Head of Emergency Planning & BC

Implementation plan / arrangements	The Head of Emergency Planning & BC will retain the master copies of this plan and the accompanying service continuity plans. Directors and heads of services are responsible for ensuring that their service continuity plans are kept up-to-date, and will inform the head of EP of any amendments, in accordance with the review period. Controlled copies of this strategy are also held on the Trust intranet site for: http://intranet/emergencypreparedness/ and the Gold and Silver Control rooms for use by the Directors on call and the Trust on call managers and the Emergency Planning Office.
Monitoring arrangements and Committee	Emergency Planning Committee & Business Continuity Sub Group
Document summary / key issues covered: The Strategy has been developed to ensure that the Royal Wolverhampton NHS Trust has arrangements in place to facilitate the recovery of its critical activities following a major disruption to its acute and community services. Business Continuity Management is a holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats if realised might cause. The strategy provides a framework for building operational resilience with a capability for an effective response in order to safeguard the interests of key stakeholders. This is to enable RWT to continue to do the essential things our patients and partners need, even in times of emergency.	

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

Resource assessment

Describe all resource requirements or dependencies of the strategy eg finance people and time resource. Please refer table below and retain all yes content in the final strategy.

1	Does the implementation of this strategy require any additional Capital resources	No
2	Does the implementation of this strategy require additional revenue resources	No
3	Does the implementation of this strategy require additional manpower	No
4	Does the implementation of this strategy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this strategy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

References

Source of data	Date of publication / issue	Detail of requirement
BS25999 – Code of practice – Parts 1 and 2.	November 2009 – adapted for the NHS – first published as a British Standard for all organisations 2006.	This is a standard that establishes the process, principles and terminology of business continuity management. The common framework for achieving resilience across the NHS.
The NHS Emergency Planning Guidance 2005	DH - 2005	Set of general principles to guide all NHS organisations in developing their ability to respond to a major incident (s) and to manage recovery and its effects locally, regionally or nationally within the context of the requirements of the CCA.
NHS Commissioning Board 2013/2014 Standard Contract Service Conditions	2013/2014	Outlines the requirements for emergency preparedness and resilience including major incidents for Providers of services.
CCA 2004	Civil Contingencies Act 2004	Sets out the responsibilities for Category 1 and Category emergency responders.
Everyone Counts: Planning for patients 2013/2014 (nee Operating Framework)	2013/2014 – NHS Commissioning Board	Outlines the incentives and levers that will be used to improve services from April 2013. The first year of the new NHS.
UK Influenza Pandemic Preparedness Strategy 2011	DH - November 2011	The Governments strategic approach for responding to an influenza pandemic.
Emergency Preparedness, Resilience and Response arrangements	Effective April 2013	New structure for emergency preparedness, under the new NHS.
Health & Social Care Act 2012	Bill – UK parliament 2012	Aimed at creating an independent NHS Board, which promotes patient choice and to reduce NHS admin costs.

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Appendix F	Plan Owners

Glossary of Terms

Business Continuity incident	A business continuity incident at RWT is any incident requiring the implementation of special arrangements within RWT to maintain critical services.
BCP	Business Continuity Plan – a plan written by service lead which outlines alternative arrangements which could be put in place to maintain critical activities within that Directorate or service area in the event of disruption to or loss of a critical service.
BIA	Business Impact Analysis – this identifies the key services within the organisation and assesses how long the Trust can manage without these services. – Following this, the critical activities for each service must be identified, alongside the resources that are required for each service to run effectively. Typical examples of resources that are required are people, premises, technology, information and suppliers & partners.
BCM	Business Continuity Management – Holistic management process
BS 25999	British Standards Framework which provides a common framework for achieving resilience across the NHS.
CCA	Civil Contingencies Act 2004
Critical Service	A critical service is one whose loss or disruption would cause serious interruption to care delivery, risks to the health and safety of patients, public or staff, an affect upon service capacity, reputational damage, financial damage or contravening a legal or statutory obligation.
Disaster Recovery	Disaster recovery is planning is a subset of business continuity planning which includes planning for resumption of applications, data, hardware, communications (such as networking) and other IT infrastructure – Disaster Recovery at RWT is an IM&T responsibility.
Plan Owner	Who has overall responsibility for the Plan
Risk management	Is the process of identifying, classifying and mitigating the risks to the organisation which may cause a business continuity incident at RWT.
RTO	Recovery Time Objective – time in which service is needed to ensure service provision
RTN	The Length of time within which normal levels of operation need to be resumed for each service
RWT	The Royal Wolverhampton NHS Trust or 'The Trust'.
%OR	Percentage on resumption – level of service that can be provided in the event of a disruption
Service loss or disruption	A service disruption is defined as 'any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore to normal functions.

Distribution List

Name	Title/Location
Diane Preston	Head of EP & BC Emergency Preparedness Intranet Site/EP office
Directors	Gold Control Room & Intranet Site
Trust On Call Managers	Silver Control Room & Intranet Site
Maxine Espley	Director of Planning & Contracting & Chair of Emergency Planning Committee
Jon Lear	Head of Contracting
Di Wilding	Deputy HR Director
Maurice Hakkak	Chair of Business Continuity Sub Group
	Business Continuity Plan Owners
All staff – acute and community	Trust Emergency Preparedness intranet site

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Business Continuity Strategy

Strategy Statement

The NHS is about to enter into a new phase of implementing the vision to modernise the health service with the key aim of securing best possible outcomes for patients by prioritising them in every decision that is made.

The NHS Commissioning Board plays a key role in this and the implementation of the new changes to the NHS, one such change is the new Health Emergency Preparedness, Resilience and Recovery framework which is effective from April 2013.

'The NHS needs to be able to plan for, and respond to a wide range of incidents and emergencies that could impact on health or patient care – these could be anything from extreme weather conditions, to an outbreak of infectious diseases, or a major transport accident.'

As a Trust we are required to give assurance both to our patients and other key stakeholders that as an organisation we are resilient to continue to do the essential things our patients and partners need, even in times of an emergency or severe disruption to our services.

This is also in line with the CCA legislation where the Trust like other Category 1 responders must have a comprehensive Business Continuity Management (BCM) framework in place, which identifies potential threats to an organisation and the impacts to business operations that those threats if realised may cause.

This Strategy provides that framework for building operational resilience with a capability for an effective response in order to safeguard the interests of key stakeholders and the recovery of our critical activities following any kind of major disruption to our services allowing us to continue to operate as near to normal as possible and the means to invoke all related Business Continuity Plans for RWT, along with the processes by which business continuity management is governed and maintained to ensure that BCM is kept current and therefore compliance with the Civil Contingencies Act is assured.

It is important to realise that everyone is on the business continuity management team.

Section 1 – Business Continuity Management Framework

1.0. Aims / Objectives

1.1. Aim

The aim is to establish a framework whereby the Trust has business continuity plans in place to enable it to respond to any untoward events in a co-ordinated manner, whilst continuing to provide the services to the people of Wolverhampton and its surrounding boroughs.

1.2. Objectives

The objectives of the strategy are to ensure the following:

- The protection of life acknowledging existing health & safety and site evacuation procedures.
- Reducing the impact or harm to patients and members of the Wolverhampton community arising as a result of disruption to patients, patient treatments, patient appointments and patient services provided by The Royal Wolverhampton NHS Trust (RWT).
- Maintaining a critical infrastructure and facilities.
- Maintaining normal business operations as far as reasonably possible.
- Minimising any negative impact arising from either a financial perspective, the reputation of the Trust or its staff as a result of a business continuity incident.

1.3. Scope

This strategy relates to RWT for both Acute and Community Services and applies to all Departments/Service Units within the portfolio of the Trust. It has been devised using the guidance outlined in the reference table on page 3.

1.4. Strategic Content/Background

1.4.1. Under the Civil Contingencies Act 2004 (CCA) it legislates that all Category 1 responders must have comprehensive Business Continuity Plans (BCPs) in place. The CCA requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency as far as reasonably practicable. As a category 1 responder, The Royal Wolverhampton NHS Trust is required to expel this statutory duty and that business continuity is embedded in its culture, as are the principles of health and safety.

1.4.2. Changes to Emergency Preparedness, Resilience and Response (EPRR) effective from April 2013, to reflect changes to national processes as part of the new NHS.

1.4.3. Corporate Risk Scenarios

Business continuity planning is part of the Trust's learning effort that reduces an operational risk. When developing our business continuity plans we must also look at our services and component activities, and see how our responsibilities are vulnerable to the impact of a number of threats, and the potential emergencies that result from these threats. Some of the threats which may cause emergencies for the Trust may be faced with are indicated below:

- Flu/health pandemic/infectious diseases
- Fuel shortage meaning rationing
- Industrial action by a significant number of staff for a prolonged period/key people unavailable
- Period of severe adverse weather
- Loss of utilities eg gas/electric/water – power outage
- Interrupted access to data & IT systems
- Fire
- Communication systems failure

1.5. Definitions

1.5.1. Business Continuity Management (BCM) is an holistic management process that helps manage the risks to the smooth running of an organisation or delivery of a service. It ensures that the organisation can continue in the event of a disruption. (Emergency Preparedness 2005). It defines potential impacts that threaten an organisation, it also provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

1.5.2. A business continuity event is defined as any incident requiring the implementation of special arrangements within an NHS organisation to maintain or restore services. For NHS organisations there may be a long 'tail' to an emergency event, for example, loss of facilities, provision of services to patients injured or affected in the event , psychological support to victims and/or staff.

1.5.3. A service level Business Continuity Plan (BCP) pulls together the response from the departments across to the Trust to an incident. The components and content of a service level BCP will vary from Department to Department and will have a different level of detail based on the essential functions identified.

1.6. Governance

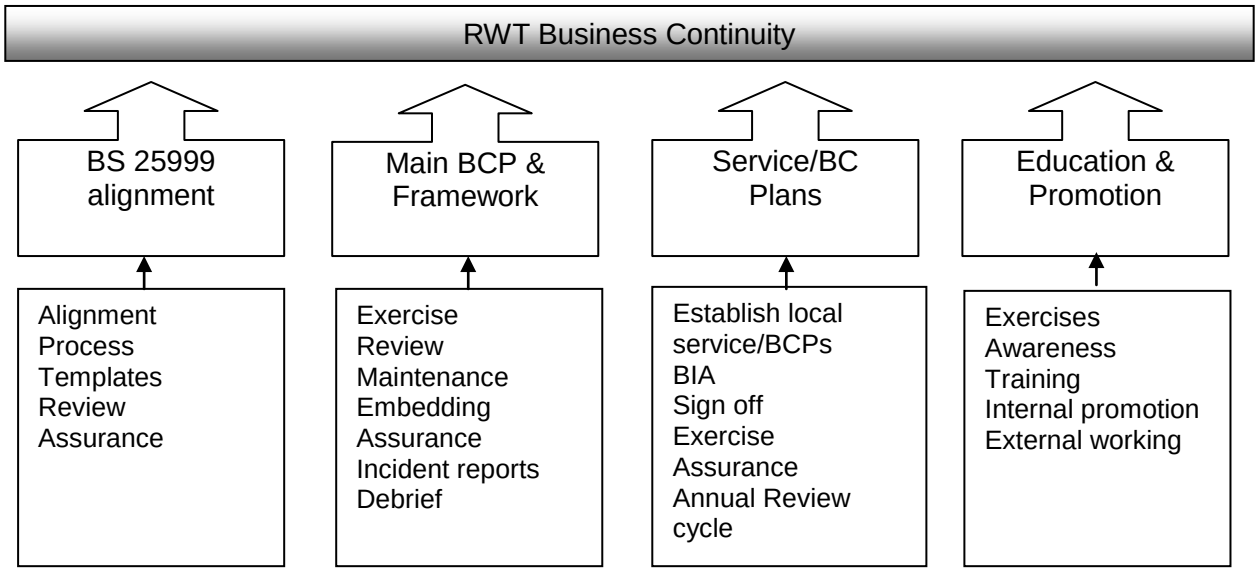
1.6.1. BCM is a corporate responsibility for RWT and therefore has visibility at Trust Board level. Within RWT the Director of Planning & Contracting is nominated as the Executive officer who is accountable for ensuring implementation and continued success of BCM in RWT.

1.6.2. Co-ordination of BCM will be supported by and monitored through the Trust's Emergency Planning Committee and Business Continuity sub group, to ensure we remain compliant with legal and regulatory obligations.

1.6.3. Programme Management

The BCM programme is managed on a daily basis by the Head of EP & BC. The various work programmes are depicted within figure 1.

Figure 1 - BCM programme



2.0. Risk Management

2.1. Business Continuity Risk management seeks to identify and manage impacts on the delivery of key services provided by RWT should identified or unidentified risks materialise or manifest themselves.

2.2. The Corporate risk register containing only the extreme risks will be presented to the Trust Management Team/Trust board as appropriate through the Emergency Planning Committee. Business Continuity risks will be governed by RWT's wider risk assessment process and reported via the assurance framework as appropriate.

2.3. Emergency Planning will hold and maintain a corporate business continuity risk register for risks that affect the whole organisation under the auspice of business continuity.

3.0. Roles and Responsibilities

3.1. The Chief Operating Officer has overall responsibility for:

- Ensuring the Trust meets the requirements of the Civil Contingencies Act (2004)

3.2. The Head of Emergency Planning & Business Continuity is responsible for:

- The planning, reviewing, training and testing/exercising of the plan in order for the Trust to meet its statutory obligations under the Civil Contingencies Act (2004).
- Emergency Planning Department will assist in supporting all Departments. To develop, review and maintain their local business continuity plans, however overall responsibility for developing and maintain plans remains firmly with each Department and should be included in their business planning process each year.

3.3. The Emergency Planning Committee has responsibility for:

- Ensuring that the Business Continuity Group is in line with responsibilities set out for the Group, undertaking the necessary actions and within stipulated timescales.
- The Emergency Planning Committee is required to report to the Trust Management Team and ultimately the Trust Board.

3.4. The Business Continuity Group has responsibility for:

- Supporting the Trust in meeting the CCA requirements
- Providing the general principles to guide heads of departments, Directorate Managers, Matrons, Senior Nurses in developing their service level BCPs.
- Providing the generic templates to be used for the writing of service level BCPs.
- All critical services are identified.
- For ensuring all plans are comprehensive and cover the critical areas that all NHS organisations should cover:-

Buildings & Environment	Clinical Services
IT Systems	Telephony
Staff	Supplies & Suppliers (supply chain)
Equipment and Other Resources	

- Ensuring the Trust has an agreed and ratified overall corporate business continuity strategy.
- The Business Continuity Sub Group is required to report to the Emergency Planning Committee.

3.5. Deputy Chief Operating Officers/Divisional Managers or equivalents are responsible for:

- Ensuring that all departments, within their portfolio, have robust service level BCPs in place.

3.6. Head of Departments, Group Managers, Directorate Managers, Matrons, Senior Nurses are responsible for: (the BCP owners are set out in *Appendix F*)

- Ensuring that their departments/areas have comprehensive service level BCPs in place.
- Drive Forward their Business Impact Analysis/identification of threats/hazards with their teams
- Annually reviewing the plans including their Business Impact Analysis
- Ensuring that all relevant staff are clear and have received training in the use of the plans
- Engagement with Business Continuity exercises and promotion of Business Continuity within their teams.
- Expel their corporate responsibility that every directorate and department within the Trust are involved in Business continuity management – this is dependent on the level of the number of critical activities performed by that service area with respect to the support provided to the Trust in relation to the overriding business continuity goals of the organisation.

4.0. Communication of Strategy

This will be circulated to all plan owners and senior managers to launch with their teams. It is also available on the Emergency Preparedness Trust intranet site http://intranet/emergencypreparedness/business_cont.html . Hard copies are available in the Gold Control Room and the Emergency Planning Office.

5.0. Process Review & Maintenance

All departments will have service level BCPs. It is essential that plans are regularly maintained and the plan owner shall ensure that the master copy plan is updated eg following any significant changes in activities or structure. Revised copies will be posted to the Trust intranet.

Every 12 months, Emergency Planning will run a 'plan health check review,' this will run alongside the formal reviews that are conducted by the plan owners and will require completion of the plan health check document in the review process. Website attached.

An outline of the steps that should be taken as part of the regular review and maintenance of the plans is outlined in the review process – http://intranet/emergencypreparedness/business_cont.html

6.0. Equality & Diversity Statement

This document complies with the Royal Wolverhampton NHS Trust Equality and Diversity statement.

Section 2 – The Royal Wolverhampton NHS Trust
Business Continuity Response Structure and Continuity Plans

7.0. Critical Services

An assessment of the Trust's Critical Services has been undertaken and these are highlighted in *Appendix A*. The assessment sets out anticipated recovery times needed, the maximum amount of time the service can cope for in the event of disruption and the level of service that can operate before normal levels are resumed.

8.0. Recovery of Critical Activities

8.1. Buildings

New Cross Hospital

While it is possible that a major incident could affect the whole of New Cross Hospital, it is much more likely that any building-related disruption will affect a single building on site, and this is reflected in the Trust's continuity strategy.

Other Trust Buildings and Community

The delivery of critical services from the affected building(s) will be recovered to another location either within the same venue or at an alternative site whichever is most practical. The designated recovery locations for each department/service are contained in each of the individual business continuity plans and are summarised in *Appendix B* for clinical services.

Recovery Locations for Office Space

Recovery locations are included in local Business continuity plans. For clinical directorates requirements for office-based accommodation are limited, and will be met by key staff accessing systems from other locations on site following a local disruption

The Wolverhampton Medical Institute (WMI) will be used as a recovery site for larger numbers of staff, should a disruption to an office location last more than a few days, converting the library and/or training rooms to office workspace.

In the event of a business continuity incident involving accessibility to buildings, a decision will be made by the Head of Service.

8.2. General

Some non-critical services or activities may be suspended depending on the nature of the incident. This decision will be taken at the time of the incident and will be based on a pre-agreed assessment of critical services for the Trust (also recorded in each directorates business continuity plan). In some cases staff may be redeployed to other areas.

Where necessary, office workspace positions will be allocated/confirmed to individual departments at the time of a disruption by the Business Continuity Incident Team, based on an assessment of 'current' critical business activities.

The actions required to recover services at an alternative location are detailed in each department's business continuity plan

8.3. IT Systems

In the event of a major unplanned incident affecting the Trust's IT systems and infrastructure:

The Trust has identified priorities for the recovery of its IT systems needed to support critical services: depending on the nature of the disruption, systems will be recovered in line with pre-agreed recovery timeframes listed in *Appendix C.*

Any replacement hardware will be procured and installed at the time of the incident through existing providers.

Commissioned services: in the event of a major unplanned incident affecting one or more of the Trust's commissioned service providers ie GPs, IT support will be provided to GPs at the time of an incident as part of their contract.

8.4. Telephony

The Trust has considerable resilience in place to ensure that telephony services can be maintained in the event of a major disruption:

- Separate lines into the New Cross site, routed from different locations including West Park, Phoenix Centre and the Gem Centre.
- Microwave system to provide backup to fixed telephone lines
- Separate telephone switches at New Cross and at the Eye Infirmary.
- Standalone emergency phone system (red phones) covering all wards
- Satellite telephones, mobile phones and pagers

8.5. People

No 'single points of failure' have been identified among staff who carry out critical services and activities. As part of normal day-to-day management processes, the Trust will ensure that, for all critical services, there is no dependence on one individual for his/her knowledge or expertise. This will be undertaken through training and, where appropriate, succession planning.

In the event of any business continuity event, which has a significant impact upon the Trust and where there is a potential impact on staff, of which there are several types:

- Industrial unrest
- Influenza Pandemic
- Major incident
- Inclement Weather Conditions – both in the event of extreme hazardous journeys ie snow or during a nationally declared heat wave

- Fuel shortage

The aim would be to ensure minimal disruption to the delivery of essential services. A large scale staff loss has been covered as part of pandemic planning but it is also recognised that the impact on the loss of staff may be different based on the event. Prioritisation of service, effective utilisation of resources and trigger levels for implementing agreed mitigation measures form part of BCPs & pandemic planning.

In the event of an incident affecting larger numbers of staff within the Trust (for example a flu outbreak), each directorate will manage its own staff to ensure that critical services can continue. Where this is not possible, other suitably qualified staff within the Trust will be redeployed as necessary. See *Appendix D* which outlines the policies and guidance to be followed in the event of an incident which leads to the loss of staff.

8.6. Supplies and Suppliers

The Trust has confirmed the business continuity arrangements that are in place through the NHS supply chain to maintain an adequate supply of common consumables. The requirements for consumables and specialist items needed to support critical services will be identified by all directorates and will be reviewed on a regular basis.

The business continuity status of suppliers of critical services or goods will be assessed as part of the contract process. Suppliers are expected to adhere to business continuity best practice, following the principles of BS25999. This should include a defined business continuity strategy to ensure the continuity of supply to the Trust, supported by plans and regular exercises, where appropriate

Where possible, alternate suppliers will be identified for critical goods or services .At the time of a disruption to services or goods, the Trust will liaise with suppliers to minimise the impact of any disruption. If necessary, alternate suppliers will be engaged Departments will identify opportunities for mutual support through other hospitals

8.7. Equipment and Other Resources

All departments/services have identified alternative sources for obtaining specialist equipment, including mutual aid through NHS networks. Details are captured in departmental business continuity plans

Where necessary, patients/procedures will be transferred to other hospitals until replacement equipment is commissioned

8.8. Patient Transport Services

In the event of disruption to the provision of patient transport services, the Trust major incident plan would be used in terms of extra provision. In relation to accommodation of the service, the plan would be to utilise the contractor premises situated Strawberry Lane, Wednesfield and have access to their system. Mobile phones to contact other services would also be utilised.

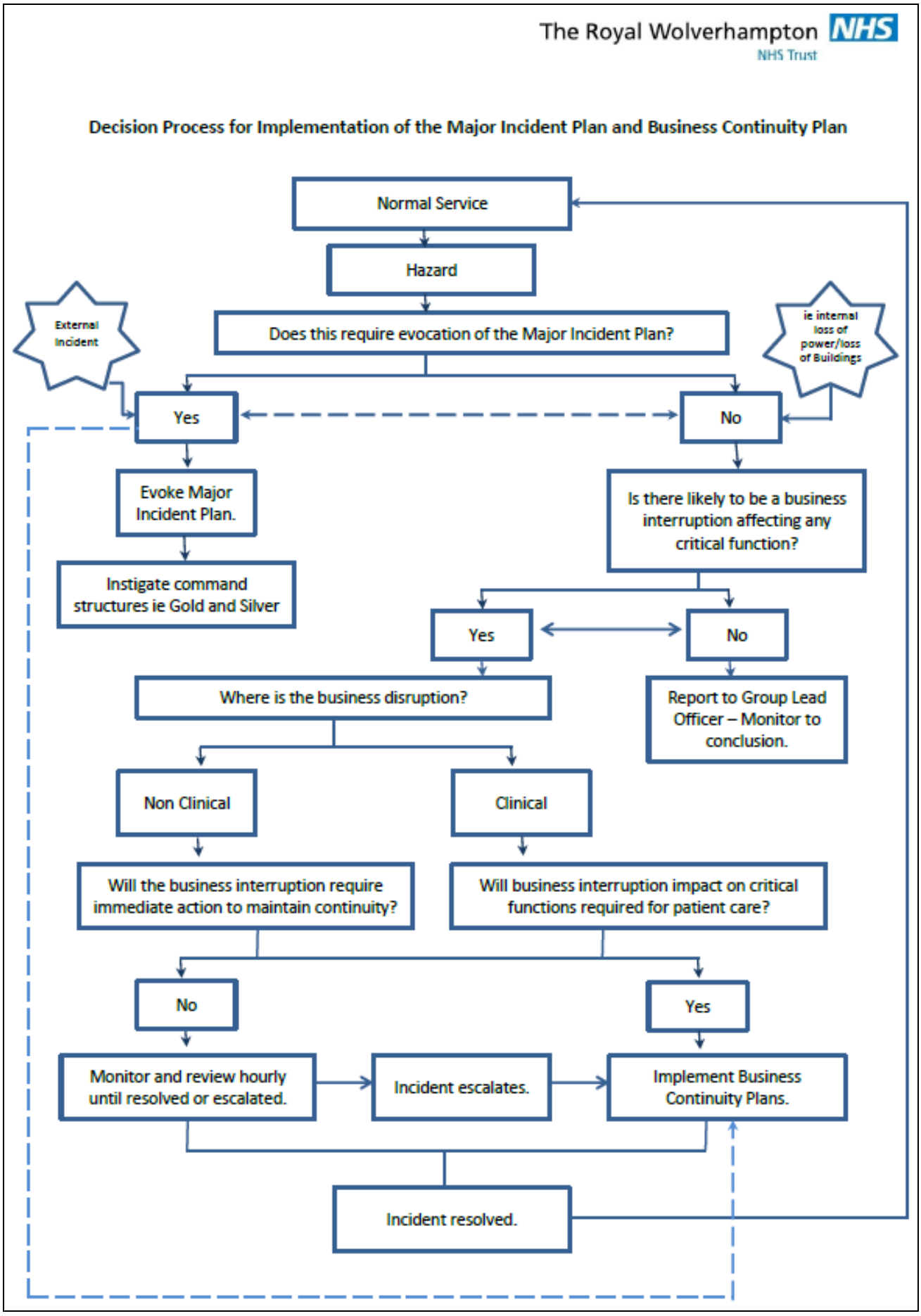
Within the Trust, other offices would be used eg General Office or the Private Patient Department.

9.0. Alert & Escalation

9.1. Business continuity is concerned with RWTs ability to continue to operate its business processes to deliver its services and to mitigate the effects of disruption, whatever the cause, on its ability to deliver. Although there are external consequences that result from disruption in the delivery of services the main focus of business continuity management is internal. In contrast the focus of emergency planning is almost invariably external and it is for these events or situations that RWT has in place a major incident plan and emergency preparedness strategy.

Figure 2 demonstrates the relationship between MI and BC incidents and sets out the decision process for identification of whether it is a Major incident or a business continuity incident.

Figure 2 – Decision process



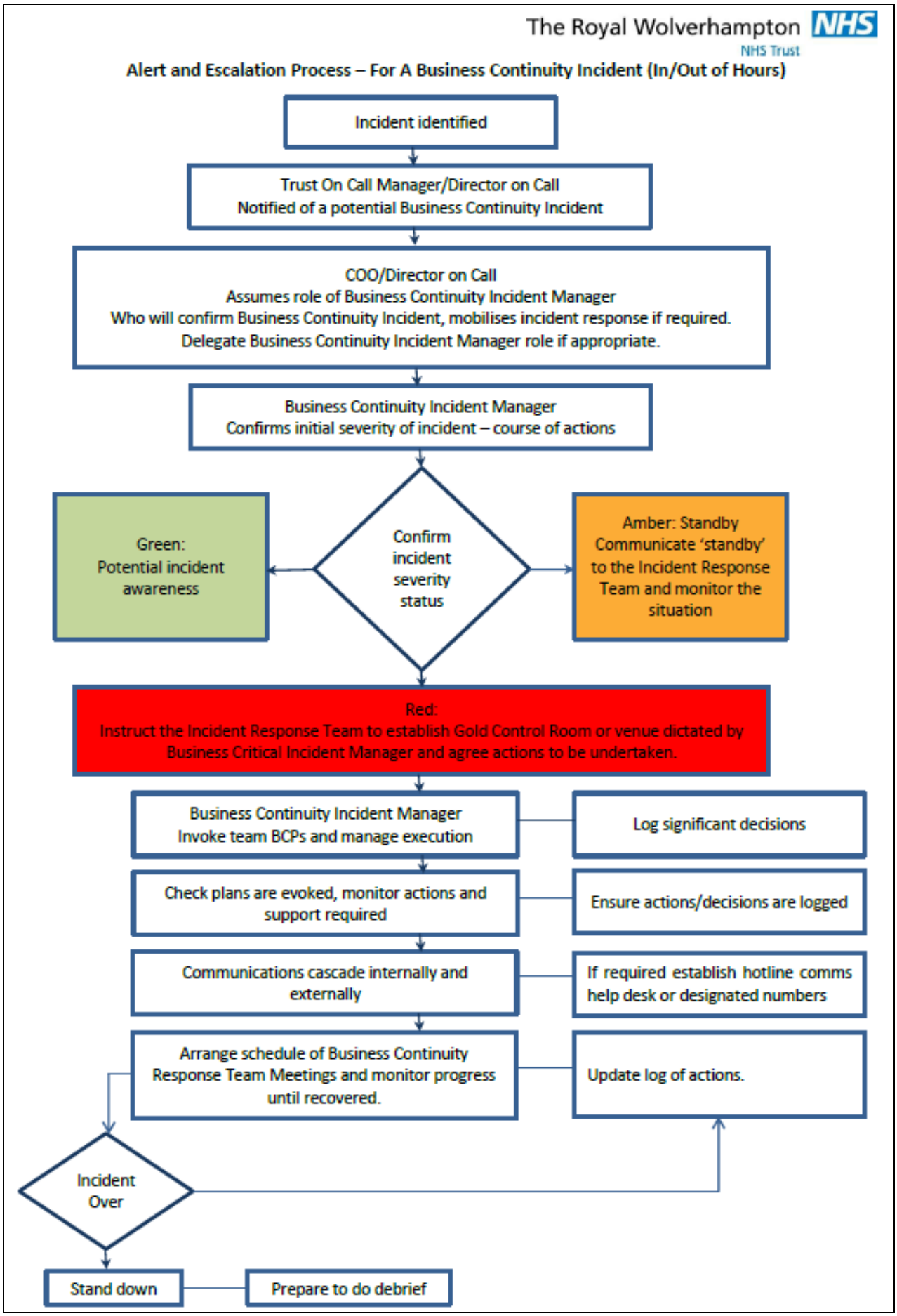
9.2. If a decision has been made that it is a business continuity incident, this will be executed by the Director on Call who will at the time of the incident assume the role of the Business Continuity Incident Manager with support provided by a Business Continuity incident response team. The escalation process is detailed in [figure 3] below.

9.2.1. If the business continuity incident occurs during/or due to a major incident the Director on call will undertake the role of the Major incident Gold Commander and concerned solely with managing the trusts major incident response, responsibility for the Business continuity incident manager must be passed to another Director.

9.3. The business continuity incident response team will be mobilised in the Gold control room or a room designated by the Business Continuity Incident Manager, where they will manage and co-ordinate the response to the business continuity incident.

9.4. It is important to ensure a detailed log of decisions and subsequent actions taking during the business continuity incident is maintained using templates in *Appendix E* – this will aid debriefing the response team and Trust Executive as well as aiding the general recovery back to business as usual.

Figure 3 – Alert & Escalation process



9.5. At a local level if the business continuity incident is less than one day disruption and does not involve any critical services, the Manager refers to department business continuity Plan and takes appropriate action and informs Head of Service.

If the Business Continuity incident is more than 4 hours and/or involves critical services or more than one building – the Manager refers to Head of Service who will escalate the incident as per the Alert & Escalation process outlined in figure 3.

9.6. If the incident is escalated, a business continuity incident will be declared by the Director on call whose decision will be based on any of the following conditions arising:

- Any interruption which causes disruption to RWTs business as usual – any incident arising which threatens, personnel, patients or patient services, office buildings or the operational procedures of RWT.
- Access to or the ability to operate normal services from the main hospital and other facilities in the community ie Gem Centre, Phoenix Centre, West Park Hospital, either fully or partially interrupted due to an incident occurring.
- The Trusts IT systems are interrupted or failing causing significant disruption to either a team or wider group of users.
- There is a failure of service provision rising from a key 3rd party supplier, provider organisation

and as a result of the incident there is an impact on:

- Business as usual
- RWT Health & Safety
- Patient care, delivery of patient services, ability to sustain delivery of RWT services affecting patients.
- Possibility of adverse financial or reputation change
- A requirement to locate alternative working premises or service delivery resources.

9.7. In the event of a serious incident affecting the operations of the Trust, the following status levels will be used to indicate and assess the status of the business continuity incident.

Status	Description
Red	A serious issue affecting the operations of either a site or service requiring immediate invocation of the BC Plan and notification of members of the BC incident response team.
Amber	An issue showing the potential to affect the business operations of either site or service that might escalate and require a full invocation of the BCP 'Standby' notification issued to members of the BC incident response team required.
Green	Not deemed to be of a serious enough nature to alert the business continuity incident team, but provide a watch and wait for further instruction.

9.7.1. Following a full assessment of the situation the Business Continuity Incident Manager will invoke the agreed level of the Business Continuity plan required using the above table.

9.8. Reporting a Business Continuity Incident

Following the report of a BC incident the Trust requires that the incident is reported, and if necessary a debrief takes place to identify future lessons.

Appendix A

Critical Services for RWT

The table below outlines the criticality of services provided by the Trust. It includes the recovery time objective (RTO), and the minimum percentage level of the service that would need to be preformed on resumption (%OR). In addition, the table defines the length of time within which normal levels of operation need to be resumed for each service (RTN).

Support Services – Clinical & Non Clinical

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
Patient Access	Health Records	Library		1 day	50%	7 days
Patient Access	Switchboard	Switchboard		Immediate	100%	Immediate
Children's Services	Community Paediatricians	NAI Clinical Photography		2 hrs	100%	1 day
Pharmacy (A3)	Stores	Procurement and distribution of drugs		4 Hrs	100%	1 day
Pharmacy	Main dispensary	Dispensing of in patient and discharge meds		4 hrs	100%	1 day
Pharmacy	Eye dispensary Satellite	Dispensing of in patient and discharge meds		24 hrs	100%	3 days
Pharmacy	New Cross ward clinical team	Clinical		24 hrs	100%	3 days
Pharmacy	Aseptic suite	Aseptic reconstitution of chemotherapy		2 hrs	100%	1 day
Pharmacy	West park ward clinical team	Clinical		24 hrs	100%	3 days
Radiology	Diagnostic Services	ED CT		12 hours	100	3 days
Radiology	Diagnostic Services	ED Plain Film		12 hours	100	3 days
Radiology	Diagnostic Services	PACS		4 hours	100	4 hours
Radiology	Diagnostic Services	Power Supply		Immediately	10%	Immediately
Radiology	Diagnostic Services	Main X-ray CT		24 hours	100	3 days
Radiology	Diagnostic Services	Main X-ray MR		24 hours	100	3 days
Radiology	Diagnostic Services	Main X-ray plain Film		24 hours	100	3 days
Radiology	Diagnostic Services	Nuclear Imaging		24 hours	100	1 week
Radiology	Diagnostic Services	Ultrasound		24 hours	25	1 week
Radiology	Diagnostic Services	Intervention		12 hours	100	3 days
Radiology	Diagnostic Services	Breast Imaging		24 hours	100	1 week
Therapy Services	Therapy Services	Acute		1 week	50%	1 month

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
(A36)	Acute	Physiotherapy Trauma Team				
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Respiratory / ICCU		4 hours	90%	1 week
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Rehab / Mobility Teams		1 day	50%	1 week
Therapy Services	Therapy Services Acute	Inpatient OT		1 day	50%	1 week
Therapy Services	Therapy Services Acute	Rapid Response		4 hours	80%	1 day
Therapy Services	Therapy Services Acute	Outpatient Physiotherapy		2 days	50%	2 weeks
Therapy Services	Therapy Services Acute	Outpatient Occupational Therapy		2 days	50%	2 weeks
Therapy Services	Therapy Services Acute	Cardiac Rehab		2 weeks	50%	1 month
Therapy Services	Therapy Services Acute	Pulmonary Rehab		2 weeks	50%	1 month
Therapy Services	Therapy Services Acute	Acute Physiotherapy Trauma Team		1 week	50%	1 month
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Respiratory / ICCU		4 hours	90%	1 week
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Rehab / Mobility Teams		1 day	50%	1 week
Therapy Services	Therapy Services Acute	Inpatient OT		1 day	50%	1 week
Therapy Services	Therapy Services Acute	Rapid Response		4 hours	80%	1 day
Therapy Services	West Park	Physio In patients		4 days	80	2 weeks
Therapy Services	Community	Physio MSK community		1 week	50	3 weeks
Therapy Services	West Park	Physio MSK		1 week	50	2 weeks
Therapy Services	West Park	Physio Rehab O/P		2 weeks	50	3 weeks
Therapy Services	West Park	Physio CoE O/P		2 weeks	50	3 weeks
Therapy Services	West Park	Falls prevention therapy		2 weeks	50	3 weeks
Therapy Services	Community RC's	Therapy		1 week	80	2 weeks
Therapy Services	Gem Centre	Physio paeds		2 weeks	50	3 weeks
Therapy Services	Special schools	Physio paeds community		6 weeks	100	6 weeks
Therapy Services	Community	Physio paeds community		1 week	50	3 weeks
Therapy Services	West Park	OT In patients		4 days	80	2 weeks

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
Therapy Services	West Park	Out pt/community rheumatology		2 week	50	3 weeks
Therapy Services	West Park	Out pt/community Vocational rehab		2 week	50	2 weeks
Therapy Services	West Park	OT O/P CofE		2 weeks	50	3 weeks
Therapy Services	West Park	Falls prevention therapy		2 weeks	50	3 weeks
Therapy Services	Community RC's	Therapy		1 week	80	2 weeks
Therapy Services	Gem Centre	OT paeds		2 weeks	50	3 weeks
Therapy Services	Special schools	OT paeds community		6 weeks	100	6 weeks
Therapy Services	Community	OT paeds community		1 week	50	3 weeks
Therapy Services	Community	Macmillan OT		3 days	100	2 weeks
Therapy Services	Community	OT community elderly team (interchange with cict)		1 week	80	2 weeks
Therapy Services	Community	Social services OTs		2 weeks	80	4 weeks
Therapy Services	Community	Discharge link workers		1 week	100	2 weeks
Medical Physics & Clinical Engineering	High Dependency Group 1	Medical device maintenance: - Heart & Lung Centre		Immediately	75	1 day
Medical Physics & Clinical Engineering	High Dependency Group 1	Clinical information systems maintenance: - Heart & Lung Centre		Immediately	50	1 day
Medical Physics & Clinical Engineering	High Dependency Group 2	Medical device maintenance: - Theatres - Neo natal - A&E - Women and Children's		Immediately	75	1 day
Medical Physics & Clinical Engineering	Renal	Medical device maintenance: - Renal New Cross - Cannock satellite - Pond Lane satellite - Walsall satellite - Home dialysis		Immediately	50	1 day
Medical Physics & Clinical Engineering	Renal	Medical device maintenance: - Endoscope		2 hours	50	3 days

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
		washer-disinfectors				
Medical Physics & Clinical Engineering	Renal	Clinical information systems maintenance: - All renal units		4 hours	50	1 week
Medical Physics & Clinical Engineering	Radiotherapy Electronics	Medical device maintenance: - Linear accelerators and associated radiotherapy equipment - Deanesly wards - Eye Infirmary - Laboratory equipment		Immediately	75	1 day
Medical Physics & Clinical Engineering	EBME	Medical device maintenance: - Wards - Outpatients - Delivery Suite - Community based services		2 hours	50	2 days
Medical Physics & Clinical Engineering	Surgical Engineering	Medical device maintenance: - Surgical instrumentation (Trust wide) - Medical gas flowmeters/regulators (Trust wide) - Suction controllers (Trust wide)		2 hours	50	2 days
Medical Physics & Clinical Engineering	Clinical Resource Centre & Medical Equipment Library	Medical device maintenance and decontamination: - Beds - Pressure relieving mattresses Library equipment		2 hours	50	2 days
Medical Physics & Clinical Engineering	Medical Device Trainers	Medical device training and coordination		2 days	25	2 weeks
Medical Physics & Clinical Engineering	Diagnostic Radiology	* Immediate testing of imaging equipment following repairs.	2 days	1 day	20%	2 weeks
Medical Physics & Clinical Engineering	Diagnostic radiology	Medical Physics expert advice re incidents & equipment usage	1 week	2 days	20%	2 weeks
Medical Physics & Clinical Engineering	Nuclear Medicine	*Radiopharmacy	2 days	1 day	33%	1 week
Medical Physics & Clinical Engineering	Nuclear Medicine	*NM Treatments & Diagnostics	1 week	3 days	33%	2 weeks

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
Medical Physics & Clinical Engineering	Nuclear Medicine	Medical Physics expert advice re incidents, Radioactive storage/waste & equipment usage	1 week	2 days	20%	2 weeks
Medical Physics & Clinical Engineering	Medical Physics	*National Arrangements for Incidents involving Radioactivity (NAIR) response team	1 week	2 days	20%	2 weeks

Medical Physics: *Critical services have been defined as those that impact on serious patient conditions and/or have impact on Bed stay or significant financial impact. None have an immediate life or death impact.*

The response depends on type of disruption and effects on both building fabric and staffing. There are contingency plans in pace for very serious disruptions that mean the MTPD is likely to be exceeded that involve transfer of work / patients to other hospitals.

*In cases marked * a service will need specific dedicated equipment some of which is part of building fabric.*

Non- Clinical Support Services

Directorate	Service Area	Service	RTO	%OR	RTN
Finance & Information (12)	Finance	Payroll	2 hours	25%	2 days
		Creditor Payments	1 Day	25%	4 days
		Debtors	3 Days	25%	1 week
		Capital	3 Days	25%	1 week
		Treasury	1 Day	25%	2 days
		Financial Accounts	3 Days	25%	1 week
		Financial Management	3 Days	25%	1 week
		Performance	3 Days	25%	1 week
		Procurement Buying Team	2 Hours	50%	2 days
		Procurement Receipts & Distribution	Immediately	60%	1 day
Medical Illustration (C29)	Medical Illustration	KITE site	1 day	100%	1 day
	Medical Illustration	Patient Information Leaflets	1 day	50%	1 week
Medical Illustration	Medical Illustration	Reprographics	1 day	50%	1 week
	Medical Illustration	Clinical Photography	2 hrs	100%	1 day
	Medical	Non-clinical	1 day	50%	1 week

Directorate	Service Area	Service	RTO	%OR	RTN
	Illustration	photography			
	Medical Illustration	Design Services	2 days	50%	1 week
	Medical Illustration	Trust website	1 day	100%	1 day
	Medical Illustration	Video production	2 hrs	100%	1 day
Hotel Services inc catering, housekeeping, and portering (12)	Hotel Services in terms of accommodation/building impacts are clearly defined in the Local BCP but in the event of loss of staff this is set out below.				
Housekeeping	First priority will be to all clinical, high risk areas: Theatres Wards Removal of clinical/non clinical waste from wards/departments. Second Priority will be & is subject to a sufficient workforce being available are: Labs Clinical Departments				
Portering	Priority service areas are: Patient movement between A&E dept/EAU EAU to wards Discharges				
Estates & Utilities (C27)	**Electricity failure** – emergency generator supply across site to essential circuits across the site – up to 24hr local supply – more may be available from central oil supplies adjacent to boilerhouse – NOTE: UPS on non essential circuits will fail once batteries exhausted.				
	Gas Failure – central steam plant revert to oil supplies – several days to several weeks supply depending on season, winter high consumption, summer low – NOTE: local gas supplies no fallback position therefore immediate loss of service – these are non patient areas currently				
	Medical Gases failure – seek support from supplier e.g. BOC and revert to bottled supplies and local suction pumps				
	Water failure – up to 24hr tank supply (depending on use) available to site – areas currently supplied by mains e.g. renal would have to be switch to tank supply, may affect performance of renal equipment as it prefers to be on a direct mains feed.				
	Clinical Waste (Incinerator Failure) – revert to 3rd party disposal currently via TRADEBE				
	Sewerage failure – no back-up system, address problem directly as quickly as possible using on site and specialist contractor support as necessary.				

Clinical Services

Directorate	Service Area	Service	RTO	%OR	RTN
Children's	New Cross Hospital	Neonatal unit	1 day	30%	1-2 days
Children's	New Cross Hospital	A21	5 hours	30%	1 day
Children's	New Cross Hospital	A21 (PAU)	4 hours	40%	2 hours
Children's	School Nursing	Child protection	4 hours	66	3 days
Children's	Health Visitors	Child protection	4 hours	66	3 days
Children's	Community Children's Nurses	Children depending on technology	4 hours	100	4 hours
Children's	Community Paediatricians	Child protection	4 hours	66	1 month
Children's	Community Paediatricians	Emergency response and emergency procedures	4 hours	100	4 hours
Children's	Community Children's Nurses	Wound care	1 day	80	3 days
Children's	Community Paediatricians	Clinic support	1 day	66	2 weeks
Community & Rehabilitation Services	Allied Health Professionals	Dental service (emergency cases)	2 days	20	2 weeks
Children's	CAMS	Child and family service - crisis team	2 days	50	2 weeks
Children's	CAMS	Child and family service - risk management	2 days	50	2 weeks
Children's	Health Visitors	Primary visits	3 days	66	2 weeks
Children's	Child Health Administration	Register births	3 days	100	3 days
Children's	Child Health Administration	Gem Centre management and administration	3 days	80	1 week
Children's	Contraception and Sexual Health	Pre-termination assessments	3 days	100	3 days
Children's	Contraception and Sexual Health	Morning after pill	3 days	80	1 week
Children's	School Nursing	Immunisation	1 week	66	1 month
Children's	School Nursing	Surveillance	1 week	66	1 month
Children's	School Nursing	Hearing screening	1 week	66	1 month
Children's	Health Visitors	Hearing screening	1 week	66	1 month
Children's	Health Visitors	Child Health Clinics	1 week	66	1 month
Children's	Health Visitors	Health promotion programmes	1 week	66	1 month
Children's	Community Children's Nurses	Clinic support	1 week	66	1 month
Children's	CAMS	Learning and disability service	1 week	50	1 month
Children's	CAMS	Key team	1 week	50	1 month
Children's	Contraception and Sexual Health	Cytology	2 weeks	50	1 month
Children's	Teenage Pregnancy Unit	Support activities	2 weeks	80	1 month

Directorate	Service Area	Service	RTO	%OR	RTN
Children's	School Nursing	Teaching	1 month	100	1 mth
Children's	Teenage Pregnancy Unit	Prevention activities	1 month	80	2 months
Oncology & Clinical Haematology	Radiotherapy	***Radiotherapy planning*** Category 1 patients	1 day	100%	1 day
		Category 2 patients	5 days	100%	5 days
		Category 3 patients	7 days	25%	7days
		Category 3 patients	14 days	75%	14 Days
		Radiotherapy treatment Category 1 patients	1 day	100%	1day
		Category 2 patients	5 days	100%	5 days
		Category 3 patients	7 days	25%	7 days
		Category 3 patients	14 days	75%	14 Days
		Telephone systems	2 hours	50%	2 days
	Radiotherapy physics	Mosaic database	1day	100%	1 day
		By pass hospital network	1 day	25%	1 day
		Treatment planning	2 days	25%	2 days
			3 days	100%	3 days
	Deansley Centre alarm system	***Security Radioactive materials***	12 hours	100%	12 hours
	Chemotherapy	17 Chairs – Treatment	1 day	50%	1day
		Telephone systems	2 hours	50%	1 day
	OPD	Telephone systems	2 hours	50%	1 day
		New Patients	7 days	100%	7 days
		Reviews	7 days	50%	7days
	Durnall Unit	Day case	1 day	50%	1 day
		Triage	4 hours	100%	1 day
		Telephone systems	2 hours	50%	1 day
	Cancer Services	***Fast track*** needs: Somerset cancer registry PAS	5 days 5 days 5 days	100% 100% 100%	5 days 5 days 5days
		MDT's: needs Somerset database **Data submissions** - to national team PAS/ Somerset systems Financial implication	10 days	100%	10 days
		Telephone systems Fast track team MDT co coordinator teams	2 hours 1 day	50% 50%	2 days 5 days

Directorate	Service Area	Service	RTO	%OR	RTN
		Tracking team	5 days	50%	10 days
Oncology & Clinical Haematology	Cancer Services	**Photocopier**	3 days	100%	3 days
	Deanesly ward	17 Beds	1 day	50%	4 days
		Telephone systems	2 hours	50%	1 day
	B11 (CHU) day case	Treatments	1 day	50%	1day
		Telephone systems	2 hours	50%	1 day
	CHU	18 Beds	1day	80%	2 days
	Administration	Clinical web portal	2 hours	100%	2 hours
		Radiology access	2 hours	100%	2 hours
		PAS	2 days	100%	days
		Oncology database	48 hours	100%	48 hours
		Telephone systems	2hours	25%	2 hours
			2 days	50%	24 hours
			5 days	100%	5 days
General Surgery	Ward A9	Surgical Emergency Portal	2 hours	100%	4 hours
General Surgery	Surgical Ward	Ward A12, A14 and B7 In-patient facilities for surgical patients	4 hours	80%	6 hours
General Surgery	Surgical Ward	Vascular High Care	Immediately	50%	Immediately
General Surgery	Out-Patients	Urgent clinic capacity for Fast Track patients	2 days	100%	4 days
General Surgery	Out-Patients	General out-patient clinics	1 week	80%	2 weeks
General Surgery	Colorectal	Specialist Nurses	1 week	50%	2 weeks
General Surgery	Breast	Specialist Nurses	2 days	50%	4 days
General Surgery	Vascular	Specialist Nurses	1 week	50%	2 weeks
General Surgery	Upper GI	Specialist Nurses	1 week	50%	2 weeks
Urology	Ward A9	See above (shared facilities)			
Urology	Surgical Wards	See above (shared facilities)			
Urology	Out-Patients	Urgent clinic capacity for Fast Track patients	2 days	100%	4 days
Urology	Out-Patients	General out-patient clinics	1 week	80%	2 weeks
Urology	Theatre	Cystoscopy & Biopsy	2 days	50%	4 days
Urology	Urology	Specialist Nurses	1 week	50%	2 weeks
Urology	Urology	Hospital 2 Home Team	1 day	80%	1 week
Cardiothoracic Services	Cardiac Theatres – all services inc medical gases.	1 – 2 hours – assuming back up supply available	1 theatre		5 days
Theatres & Critical Care	Theatres & Critical Care	1-2 hours – assuming UPS back-up supply available.	Cardiac patients will require 24/7 ventillatory support and monitoring. Number will vary between 6-10 patients, but minimum number		ASAP

Directorate	Service Area	Service	RTO	%OR	RTN
			required at any one time will depend on patients dependency at that time.		
Cardiothoracic Services	Cardiac critical care (ICCU)	1-2 hours – heart attack patients would need to be diverted from the hospital until labs back up and running.	1 catheter lab		5 days
Radiology – H&L Centre	Catheter laboratories – X-ray equipment	As above	1 catheter lab		5 days
Emergency Services	New Cross Hospital	Emergency Department	Immediately	100	Immediately
Emergency Services	New Cross Hospital	Acute Medical Unit	Immediately	100	Immediately
Emergency Services	New Cross Hospital	Capacity Team/Discharge Lounge	Immediately	100	Immediately
Emergency Services	New Cross Hospital	C15	1 day	100	1 day
Emergency Services	Phoenix Centre	Walk-in centre	1 week	50	1 week
Emergency Services	New Cross Hospital	Bed Bureau	Immediately	100	Immediatel y
Emergency Services	Community Services	WUCTAS (inc SPAR)	2 hours	80	3 days
Theatres/ICCU Group services	Heart and lung centre	ICCU	Immediately	100	Immediately
	Beynon Day Case Unit	Theatres	Immediately	100	Immediately
	Beynon Day Case Unit	Ambulatory wards	2 hours	80	1 day
	Theatre Suite	Theatres 4 and 5	Immediately	100	Immediately
	Theatre Suite	Theatres 1,2,3,6/7/8/9/10	Immediately	100	Immediately
	Heart and Lung centre	Theatre 4	Immediately	100	Immediately
	Appleby Suite	Admissions and pre assessment service	4 hours	80	1 day
Gynaecology	New Cross Hospital	D8,Emergency Gynaecology patients	Immediately	100	Immediately
Maternity	New Cross Hospital	Delivery Suite	Immediately	100	Immediately
Renal	Haemodialysis Unit NX	Haemodialysis Acute Patients	Immediate	100	Immediate
	Haemodialysis Unit NX	Chronic Patients (non Stable)	Immediate	25	Immediate
	Haemodialysis unit NX	AKI due to incident	Immediate	100	Immediate
	Haemodialysis Unit NX	Chronic stable	1 week	50	1 month
	Haemodialysis Unit NX	Water Plant	Immediate	100	Immediate
Diabetes	Community	Diabetes Service	1 week	50	1 month
Respiratory	New Cross Hospital	TB Service	1 week	50	1 month

Directorate	Service Area	Service	RTO	%OR	RTN
Rehabilitation & Ambulatory Medicine Group	West Park Rehabilitation	West Park - high dependency patients	Immedia tely	100	Immedia tely
Rehabilitation & Ambulatory Medicine	West Park Rehabilitation	West Park - lower dependency patients	2 hours	100	2 hours
Rehabilitation & Ambulatory Medicine	West Park Rehabilitation	West Park - community rehabilitation services	1 day	80	1 week
Rehabilitation & Ambulatory Medicine	West Park Rehabilitation	West Park - Maltings day care centre	2 weeks	50	2 months
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Physiotherapy (specialist service at West Park)	2 weeks	30	1 month
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Community skeletal service	2 weeks	30	1 month
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Occupational Therapy (on wards at West Park)	2 weeks	30	1 month
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Falls team	2 weeks	30	1 month
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Speech and language	2 weeks	30	1 month
Rehabilitation & Ambulatory Medicine	Allied Health Professionals	Audiology	2 weeks	30	1 month
Adult Community Services Group	Community	District nursing (including night visiting)	4 hours	80	1 week
Adult Community Services Group	Community	Anti-coagulation service	4 hours	66	1 week
Adult Community Services Group	Community	Hospital at home	4 hours	50	1 month
Adult Community Services Group	Community	Community matrons	4 hours	30	2 weeks
Adult Community services Group	Community	Continence Service	2 weeks	50	1 month
Adult Community Services Group	Community	Phlebotomy Service	2 weeks	50	1 month
Adult & Community Services Group	Community Services	Hospital liaison	1 month	50	2 months
Community Dental Services	Community and special care dental services	Dental Service (emergency case)	2 days	20	2 weeks
Community Dental Services	Community and special care dental services	Dental Service (non-emergency cases)	2 weeks	30	1 month
Community & Rehabilitation Services	Foot Health	Foot health (for high dependency patients)	3 days	30	1 month
Community & Rehabilitation Services	Foot Health	Foot health (except for high dependency patients)	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Audiology	2 weeks	30	1 month

Appendix B

Recovery Locations: Clinical Services

Recovery locations/solutions for all clinical services are listed in the tables below.

Service Group	Service Area	Recovery Location/Solution
Cardiology/ Cardiothoracic	All services	• Prioritise patients and discharge if possible • Move critical patients to other wards or transfer to partner hospitals • Relocate emergency surgery to other hospitals • Relocate imminent operations to The Priory Hospital (Birmingham) • Cancel elective work • Redirect new patients to Walsall/Dudley (relocate primary PCI staff) • Establish alternative outpatients service elsewhere on site
Surgical Services	All	**Loss of wards:** • Prioritise patients at the time • Send patients home where possible, using day room as temporary accommodation • Where necessary, move patients to other wards within the Trust • Consider moving day case work to private hospitals (Nuffield already being considered for winter planning) **Loss of theatres:** • Prioritise for emergencies and the most serious cases • Utilise 24hr theatres on site if available, or confirm alternative hospitals where procedures can be carried out **Outpatients:** • Cancel appointments • Set up service from alternative location on site
	Orthopaedics	• Maintain services to trauma patients • Cancel fracture clinic & re-establish at alternative location • Cancel elective procedures
	Orthotics	• Cancel same day appointments • Set up alternative location at GEM Centre or other clinic
Theatre/ICCU Services	ICCU	• Prioritise patients • Move patients initially to A6 and/or theatres initially. Contact neighbouring trusts to support transfers out
	Theatres	• Extend operating hours (evenings & weekends) in some cases • Prioritise procedures • Relocate procedures (and potentially theatre staff) to alternative hospitals
Ophthalmology/ Head and Neck Services	Ophthalmology	• Relocate service on site if specialist equipment available • Relocate procedures to other hospitals if necessary

Service Group	Service Area	Recovery Location/Solution
Ophthalmology/ Head and Neck Services	Head & Neck	• Relocate to other wards on NX site
	Dentistry	• See community services plan below
	Out Patients Department	• Relocate to other out patients departments across the Trust
Diagnostic Services	Clinical Chemistry	• Prioritise, limiting work to emergency only • Consider stopping external work (need to notify customers) • Establish temporary arrangements with other labs
	Haematology	
	Histopathology	
	Microbiology	
	Radiology	• Establish lead time and location for setting up mobile unit on site (Breast Unit) • Consider alternative options: – West Park Hospital has the facility to connect a mobile scanner – Nuffield hospital has an MRI scanner and other units • Contact PFI provider for support
Obstetrics & Gynaecology	Maternity	• Invoke regional escalation plan and inform • Move patients to Beynon Day Unit • Deliver if patients in labour • Continue home births/support
	Gynaecology	• Relocate emergency patients, cancel elective procedures • Review oncology issues and prioritise • Set up at alternative location on site
Emergency Services	Emergency Department	• Major Incident Plan would be invoked: – Liaise with PCT – Divert emergencies to Acute Medical Unit – Discharge or move patients from Acute Medical Unit (priority basis)
	Acute Medical Unit	• Identify alternative location • Alert ambulance crews to divert to other hospitals • Acute Medical Unit staff to Emergency Department
	Walk in Centre (Phoenix)	• See community service locations below
	WUCTAS	• See community service locations below
Rehab & Ambulatory Care Medical	Care of Elderly	• Prioritise critical patients, move to other wards as needed • Cancel clinics
	Neurology	• Set up minimum level of service elsewhere on site • Seek support from other providers
	Stroke	• Move patients to alternative wards • Establish ability to see new patients
Rehab & Ambulatory Care	Sexual Health	• Suspend service initially • Set up elsewhere on site within 1-2 weeks

Service Group	Service Area	Recovery Location/Solution
Medical	Rehabilitation	• See below West Park locations
	Rheumatology	• Review records and prioritise patients • Move day unit to Beynon Day Unit ward area • Cancel outpatient appointments • Identify alternative location for clinic
	Dermatology	• Identify alternative location to re-establish service (out patients area). Consider evening or Outreach clinics • Prioritise cases
	West Park – In patients	• Assess patients at the time to determine who can be sent home. Subject to availability, others to go to: New Cross Hospital Locality Beds (3 Centres)
	West Park – Out Patients	• Suspend services initially • Move to the Maltings
Medical Group	Diabetes	• Relocate service: – Other on-site clinics – Off-site clinics or GP surgeries – Health centres
	Wards	• Relocate patients to other wards, together with staff
	Retinal Screening	• Set up elsewhere on site, or relocate to optometrist practices
	Gastroenterology (including endoscopy)	• Identify priorities and establish what could be done in theatres, or with mobile scopes in other areas • Cancel appointments, move routine & planned procedures to other hospitals
	Nutrition & Dietetics	• Set up alternative base (to be determined at the time) if the Dietetics Centre unavailable and continue service
	Respiratory	• Relocate patients to other wards
	Respiratory service & lung function	• Set up clinic at alternative location on site
	Renal	• Dialysis – move patients to satellites or other hospitals • Change treatments to twice per week to reduce demand • Identify alternative location to re-establish service and admin support
Therapy Services	Therapy In Patients	• Continue services to inpatients on wards
	Therapy Out Patients	• Cancel appointments and contact patients • Identify alternative locations and prioritise
	Community	• See Community locations below
Pharmacy	Stores	• Supply to essential locations only. Revert to paper systems.

Service Group	Service Area	Recovery Location/Solution
	Pharmacy dispensaries	• Prioritise work 1) Discharges 2) Critical in patients 3) Non-critical in patient 4) Out patients (use FP10) Clinical staff pulled back to dispensary
	Clinical	• Prioritise work 1) Admissions/discharges 2) Medical/Critical Care 3) Non elective surgical 4) Elective surgical/day case
	Aseptic Suite	• Purchase aseptically prepared supplied externally.
Children's Services	Community Paediatrics	• See community service locations below
	Neonates & Paediatrics	• Move neonates to alternative level 3 care (need to separate neonates & paediatrics • Stabilise care for transfer to other hospitals • Stop further admissions
Oncology/ Haematology	Oncology, Durnell Unit, Haematology	• Prioritise critical patients and move to other wards • Move day cases (on site if possible) • Determine services that can be suspended (see Royal College of Physicians guidance) • Establish alternative out patients service elsewhere on site to be agreed at the time of an incident.
Medical Physics	Medical Physics	• Other workshops in theatres and Heart & Lung Centre
	Medical Physics (Radiotherapy) Computing Nuclear Medicine Computing & Office	• Wolverhampton Medical Institute
West Park	West Park Rehabilitation: Inpatients	Assess patients at the time to determine who can be sent home. Subject to availability, others to go to: • New Cross Hospital • Locality beds (3 centres)
	West Park Rehabilitation: Outpatients	• Suspend services initially Move to the Maltings
West Park Workforce	All services	• New Cross Hospital
	Community and Rehabilitation	• Any health centre
	Smoking Cessation	• Any health centre
	Food Health	• Any health centre
West Park	Audiology	• Phoenix Centre

Service Group	Service Area	Recovery Location/Solution
	Community Services	Options to provide a base for district nurses are: • Warstones Resource Centre • The Maltings
Gem Centre	All outpatients	• New Cross Hospital
	CCNS	• Set up operating base at a health/resource centre
	HVLS	• Set up operating base at a health/resource centre
	Child Health Records	• New Cross Hospital
Gem Centre	• Audiology • Speech & Language Therapy	• West Park Hospital
Phoenix Centre	Walk in Centre	• Suspend service • Move to another clinic • Utilise Emergency Department and/or GPs
	Wound Care	• Relocate to another clinic
	Anti-coagulation Service	• Bilston, or other designated clinic
	Dental Services	• Bilston, or other designated clinic
	Contraception and Sexual Health	• Bilston, or other designated clinic
	Physiotherapy	• Bilston, or other designated clinic
	Continence	• Bilston, or other designated clinic
	Stop Smoking Service	• Bilston, or other designated clinic
	City-wide District Nursing	• West Park Hospital
	Hospital At Home	• West Park Hospital
	Foot Health	• Bilston, or other designated clinic
	Respiratory Services	• Bilston, or other designated clinic

Appendix C

Critical IT Systems

The IT systems listed below have been highlighted as being critical within the first few days of a disruption (the earliest requirements are shown for each system).

Following a major loss of IT infrastructure, it is expected that recovery of IT systems may take up to 6 days to recover all day 1 requirements (3-4 days to restore infrastructure).

Other IT systems and required recovery times have been identified as part of the business impact analysis for IT and are included as part of the IT Disaster Recovery Plan. Below are the top critical systems which have been identified requiring early recovery.

Required same day	Required within 2 days	Required within 3 days
Network	**Choose & Book**	**OPAS Orthotics**
PAS	**CV Web (Cardiology tracking system)**	**Electronic staff records – payroll (dependent on the time of the month)**
Clinical Web Portal (clinical data for patients)	**Diabeta 3**	**Planet**
Ascribe (Pharmacy system)	**E Discharge (manage electronic discharge for patients)**	**I soft - Galaxy theatre System**
BizTalk (various systems across the Trust interface)	**Proton/Finese**	**E-Referrals**
Euro King (Maternity System)	**Unicorn**	**Intranet**
GP Systems (EMIS)	**Medical Physics – Pinnacle** **Elekta lin control**	**IPM**
MSS – patient first (ED system)	**Medical Physics - Varian Linac & MLC control – cancer** **Elekta Linac control - cancer**	**Safe hands (patient location and tracking system)**
ICS PAS or PAS interfaces that serve the critical systems on this list	**GP Pathology messaging**	**Winscribe**
Internet & email	**Vitalpacs**	
Pathology Labs **TD Web,** **TD Synergy** **TD HC** **TD Blood bank** **Analyser - Pathology**		
MPCE systems (Departmental not supported by IT) **Mosaiq, Variam Lanas MLC control**		
Somerset Cancer System		
Radiology **iSite PACS** **iSite Radiology**		

Required same day	Required within 2 days	Required within 3 days
Drax (supported by Estates Service)		
Wireless network		

Key: **IT Hosted (Internal)**
External
Departmental responsibility

Appendix D

Loss of Staff

1. Overview

The main purpose of this Appendix is to ensure that, in the event of any Business Continuity Event which has a significant impact upon the Trust, whether or not a major incident is declared, there is minimal disruption to the delivery of essential services.

There may be several types of incidents which will affect the services provided by the Trust and its staff ranging from:

- Industrial unrest – the principles laid out in this document will be used should the Trust be affected by industrial action however, please refer to the specific management guidance should the need arise which is available.
- Influenza Pandemic
- Major incident
- Inclement Weather Conditions – both in the event of extreme hazardous journeys ie snow or during a nationally declared heat wave
- Fuel shortage

This has been agreed in partnership with staff side. This appendix should be used in conjunction with the Trust's Major Incident Plan and Flu Plan, or when such an event fundamentally affects core services and critical business.

It recognises that all staff will need to be flexible and pragmatic, depending on the circumstances, in order to support both their colleagues and the delivery of critical services. The Trust has a track record for responding well in emergency situations but if it is an emergency, or a longer term business continuity event, it may require potential changes to some HR policies and processes during the emergency.

It is recognised that this Appendix cannot be, nor should it be, completely prescriptive. It has to be used in a way which allows pragmatic solutions to be developed by managers and staff depending on the particular circumstances at the time.

1.1 Managing Industrial Disputes

All will be done within the Trust to minimise any potential disputes through continued good partnership working and effective engagement through well established routes, such as local joint negotiating committees to ensure continued delivery of high quality patient care.

Any industrial action must be in 'contemplation or furtherance of a trade dispute' between workers and their own employer and the dispute must be wholly or mainly about employment related matters which include terms and conditions of employment, allocation of work or the duties of employment and discipline. Please refer to Management Guidance on Industrial Action.

Notice and Ballot

There is an obligation on trade unions to comply with key legal requirements before strike action is confirmed which includes a 7 day notice period of any ballot to the employers as well as numbers, categories and locations of staff involved. Whilst all will be done by the Trust to mitigate any impact on delivery of services, contingency plans will prevail in the event of strike action.

2. Emergency HR Procedures

Managers and Human Resources will work together to:

- Identify specific and vital skills that will be required to support business continuity and cover essential services
- Identify staff groups to be redeployed from non-essential services and provide support for this
- Ensure support and advice is available to staff where necessary.

The Trust will ensure that procedures are in place to ensure that implications to the workforce are minimal and controlled.

A set of escalation levels for revising some existing HR procedures has been established based on Trust wide escalation triggers. Employees will be expected to undertake duties assigned to them to support essential services. Employees are advised that by doing so they do not in any way alter their substantive contract or terms and conditions of service.

Reference should be made to the following Trust policies to assist managers in their decision making:

HR01 – Leave Policy i.e. Time off for Emergencies/Carer's Leave etc.
HR07 – Inclement Weather
HR13 – Management of Sickness Absence

All employees recruited to assist the Trust throughout the duration of the emergency will, wherever possible, be subject to the normal organisational employment checks specifically:

- CRB clearance
- Occupational health clearance
- References received and checked
- Registration and Qualification details up to date and accurate
- Right to Work clearance
- Verification of Identity checks

These checks will apply to employees including retired employees returning to work and with regard to registration details for employees currently working in a non clinical role if required to work in a clinical area. It is possible for some processes to be fast tracked for example registration can be checked on line and references sought verbally with written copies supplied at a later date. Where such amendments to processes are not possible or practicable, individuals will be required to work with supervision.

Where it becomes necessary to relax normal standards (e.g. employment clearances, manual handling training, induction for new employees etc) to maintain essential services, managers must undertake and formally record an appropriate risk assessment and may later be called upon to justify any action that results in an increased risk to workers, client groups or the general public This will also need to be considered against any national guidance which may be issued at the time.

2.1 Flexible Working Patterns/Working Hours

Depending on the situation and individual circumstances, the Trust may suspend flexible working patterns and staff may be requested to work outside their 'normal' start and finish times. Time would accrue in the usual way but should not be taken until the emergency is declared over.

The following rules may be suspended for the duration of the emergency-

- Normal start and finish times
- Time of In Lieu (TOIL) amounts – plus and minus
- Lunch breaks – timings and lengths may be varied

Staff may be expected for the period of the emergency to work in excess of their contracted hours. This will not compromise any individual's rights as an employee of the Trust but may result in unusual patterns of work such as different shift patterns and may result in working out of different bases/locations that could impact on travel time.

2.2 Reporting in Sick

The level of staff absence from work is unpredictable and will depend significantly on the nature of the emergency. In order to manage service delivery, normal reporting arrangements will remain in place for staff (as defined within HR13 – Management of Sickness Absence) however, managers will be required to report '**all departmental absences**' to a central point of contact within the HR Department so that 'Real Time

Information' can be provided to managers to inform their decision making in relation to potential redeployment of staff.

In the event that an employee reports in sick on the day of strike action, they will be asked to produce GP certification to confirm their sickness. Failure to do so will result in non payment of salary.

2.3 Planned Annual Leave and Time Off for Training

In the event of a major incident being declared, no further unplanned, non pre-booked annual leave will be approved.

All planned annual leave will be reviewed and renegotiated where possible. Where leave has been booked and cannot be rearranged, this leave will be honoured.

All planned time off for training will be reviewed and only essential training days/time approved.

2.4 Absence Other

Time Off to Care for Close Dependants
Time off should be granted in accordance with the Trust's Leave Policy (HR01) and Flexible Working Policy. This allows for the first day to deal with the immediate situation and then for ongoing contingencies to be arranged, which might include annual leave, time owing and unpaid leave. Please be reminded that emergency leave should not be granted in times of strike action as notification is provided well in advance to allow for planning.

2.5 Staff Unable to Return to UK Due to an Emergency

Staff should use a combination of any remaining annual leave, time off in lieu or unpaid leave in liaison with their Line Manager. Consistency must be applied in all cases

2.6 Unauthorised Absence

Requests for leave during the course of the emergency should only be considered where it will not affect service delivery. Staff, who absent themselves without proper authority, are not covered by crisis leave or special leave arrangements. Depending on the circumstances, unauthorised absence may be treated as a disciplinary offence. Unauthorised leave will be unpaid. Any overpayment of salary due to unauthorised absence will be recovered.

Staff who unreasonably decline or refuse to attend work will need to be advised that the matter

will be dealt with under the remit of the Disciplinary Policy and that their action may be considered as gross misconduct.

If practicable, staff on unauthorised absence should be contacted weekly, instructed to return to work and reminded of the possible consequences of failing to do so. Managers must be consistent in dealing with employees that fall into the above categories and issues should be discussed with HR prior to any formal action being implemented.

3.0 Maintaining Essential Services

3.1 Redeployment including Interim arrangements

Managers will be assessing where shortfalls in staffing essential services may occur as a result of high levels of staff absence. Consideration will have to be given to the viability of redeploying staff away from services deemed to be non-essential to cover critical areas.

It is essential that staff should wear their ID badges at all times; this will ensure that managers can check the authenticity of staff transferring between departments.

The receiving manager and individual member of staff are responsible for identifying any training needs or manual handling limitations identified as a result of temporary redeployment to a new area. Where there is a requirement for CRB clearance, it is the responsibility of the receiving manager to ensure that staff are supervised and not working in isolation with children/vulnerable patients/service users.

3.1 Skills Analysis

A skills audit of all staff has been carried out in respect of both clinical and non-clinical posts. The results of which are logged in a database and the results analysed and mapped. This will be used to inform decisions on redeployment.

3.2 Skills training for Back Office Staff in support of Clinical Services

A number of back office staff have been trained to support clinical teams in basic patient care i.e. bed making. Essential mandatory training has been provided and occupational health clearance given in support so that staff are ready to be deployed at short notice. This training programme will be ongoing to ensure as many staff as possible and training in preparation for redeployment.

3.3 Bank

Bank teams will be used to their maximum in support of essential services. Managers will be expected to prioritise bank staffing requests to meet the needs of the service. Cover is in place 7 days per week.

3.4 Sourcing Additional Staff/Support/Volunteers

Any staff who are on a career break, maternity leave, sick leave, etc at the time of the emergency should be sent a copy of this policy at home as soon as possible.

Managers may contact individuals who fall into this category to ask them to return sooner than anticipated if it is practical to do so and they have the required skills to support essential services. Staff have a right to refuse a request in line with appropriate legislation (e.g. maternity leave) and shall not be subject to any detriment if they choose not to comply.

For those currently not at work, attention should be drawn to signing up to the Trust's Bank to undertake alternative duties or return to work in their substantive capacity if this is viable and they have the appropriate registration.

The Patient Advice and Liaison Service (PALS) will coordinate members of the public who volunteer to provide ad hoc support to the Trust. All volunteers will be subject to the appropriate clearances.

The Human Resources Department will also hold a database of recently retired staff who may be called upon in the event of major disruption. They will be temporarily employed onto the Trust's Clinical and Administrative Banks. They will be deployed into health care support worker roles or any administrative functions where help is needed. If the Trust wants to deploy them back into clinical roles, it will need to ensure their relevant core competencies are up to date through appropriate training, where necessary, and that they are registered appropriately to practice. Any staff employed on this basis will also be subject to the relevant pre-employment checks.

3.5 Volunteering for Additional Paid Duties

During an emergency managers need to ascertain if any staff would be willing to take on additional duties subject to the necessary training/clearances, etc).

Staff who are not needed for front line duties will be asked to undertake different duties.

Managers within critical services should look at skill sets amongst their teams to try to identify and address potential shortfalls.

Anyone already providing an essential service who volunteers to undertake an alternative role where their skills would alleviate particular shortfalls should be considered, provided back fill arrangements can be made.

For staff who volunteer to take on extra duties outside of any required redeployment (e.g. evenings or weekends) will be paid at the band for which the duties are undertaken.

3.6 Remote Working/Working from Home

The ability to work at home will enable flexibility and facilitate the continuation of some services. Further guidance can be found in the Flexible Working Policy.

Staff will have the right to request to work outside 'normal' hours to meet daytime caring responsibilities. Staff working at home must be contactable during their temporary agreed working hours.

Staff who routinely work from home as part of their standard work practice may be asked to attend work/Trust premises to support the delivery of services on site.

3.7 Risks/Health and Safety at Work/Risk Assessments

The Trust has a duty to provide a safe place of work for all employees and is required to maintain safe working systems and to implement protective measures based on local risk assessments other than as may be varied by provisions of the Civil Contingencies Act. (Trust policy HS01)

If staff are to be redeployed to unfamiliar or alternative work, the receiving manager is responsible for undertaking a risk assessment and should consider whether there is an increased risk or specific requirements for that individual (e.g. through any additional training such as manual handling, personal safety may also become an issue, particularly if some jobs are necessarily scaled down to one person.

Managers should also consider whether the member of staff is already covered under the Equality Act 2010 with regards to disability and whether there are any reasonable adjustments which are required for the new work area, e.g. specific chair or adaptation.

All staff must ensure and are responsible for following public health hygiene messages and adhering to hand washing and personal protective equipment (PPE) guidance.

3.8 Occupational Health

For the duration of the emergency the Occupational Health service will focus on providing their usual service to staff and counselling support as required. This may be undertaken by telephone.

Specific guidance regarding the regulations will be advised to managers in partnership with union colleagues based on specific emergency situations in line with the Working Time Regulations.

3.9 Staff Indemnity

NHS staff will be covered by existing indemnity insurance arrangements via the Trust's insurance. This will apply even if staff are working on a different site. Temporary staff will also be covered provided there is a clear contractual relationship with the Trust. For volunteers an honorary contract must be in place.

Staff are fully covered by the NHSLA and indemnified for their actions. The only exception to this would be where staff have behaved recklessly.

Staff need to be reassured that the Trust will continue to provide support should any patient pursue legal action against a member of staff who has been moved area under instruction of the Trust.

4.0 Communication

Timely and effective internal and external communications of accurate information will be vital throughout any emergency to keep staff (and their dependents) up to date with developments and to offer any appropriate advice and reassurance. This will be through a variety of methods: Intranet, meetings, briefings and notices.

Directors will ensure that a central communication point is established locally to deal with staffing matters and dissemination of appropriate information to staff. Similar contact points should be established with partner organisations where appropriate. Contact points will be available online, by telephone and text. If it is not possible to maintain all normal communication channels, Directors should endeavour to find alternatives.

As far as is possible managers are responsible for making direct contact with their employees, however, during an emergency designated individuals will be responsible for rostering and liaising with staff in order to allocate role and duties as appropriate. The confidentiality of all employee information will be maintained at all times.

The Royal Wolverhampton NHS
NHS Trust

BUSINESS CONTINUITY INCIDENT REPORTING FORM

INFORMANT	Name:	
	Title:	
	Contact No:	
	Date and time of initial call:	
	Whom did you notify:	

Nature of Business Continuity Incident:	
Date/time of incident (If different to above):	
Location of incident:	
Hazards – current and potential:	
Loss of Service or function:	
Current impact:	
Potential future impact:	

Please refer to the Business Continuity Incident log sheet on the following page to keep an accurate record of events and actions.

Appendix E.2

The Royal Wolverhampton NHS
NHS Trust

BUSINESS CONTINUITY INCIDENT LOG SHEET

For keeping a record of actions in real time. Please photocopy this sheet as required.

Incident Date:		BC Incident Manager:	
Manager Leading the Response:		Director with Responsibility:	

Date	Time	Entry By	Action/Information/Discussion

Appendix F

Plan Owners

Plan Names	Plan Owner
Adult & Community Services Group	Molly Henriques-Dillon
Cardiothoracic	Kate Middlemiss
Children Services	Victoria Holmes
Community Dental Services	Jane Davies-Slowik
Education & Training	Louise Nickell
Emergency Services Group inc WUCTAS	Jane Mckiernan
Estates & Facilities	Graham Argent
Finance inc payroll	Sandy Ness
General Surgery/Urology/Head & Neck	Ruth Horton
Hotel Services	Sandra Roberts
IT Services	Chris Wanley
Medical Illustration	Nigel Beardsmore
Medical Group inc Gastroenterology, Respiratory, Diabetes and Renal	Dean Gritton
Medical Physics	Malcolm Foley
Nutrition & Dietetics	Kathryn Robinson
Obstetrics & Gynaecology	Heather Adams
Oncology & Haematology	Maurice Hakkak
Ophthalmology	To be advised
Orthopaedics	Helen Read
Pathology	Graham Danks
Pharmacy	Ray Fitzpatrick
Procurement	Tony Stanyard
Radiology	Anthony Leese
Rehabilitation & Ambulatory Care Inc COE, Stroke, Neurology, Rheumatology, Sexual Health & Dermatology	Wendy Worth
Sterile Services & Linen	Pete Gibbons
Theatres/ICCU	Marion Washer
Therapies – Acute & Community	Sheila Stringer