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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

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1 PURPOSE

The purpose of these arrangements is to develop a holistic management process (Business Continuity Management - BCM) that identifies potential threats to the directorate and the impacts to business operations that those threats, if realized, might cause, and which provides a framework for building organizational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.

It is to satisfy the Civil Contingencies Act, 2004 and the Department of Health's progression towards BS 25:999.

2 SCOPE

2.1 Objectives

- To prevent disruption to patient care and meet patient commitments within an acceptable timeframe in the event of a disruption to normal operations and ensure the safety of staff and visitors is not compromised
- To ensure the directorate can continue to provide critical services to patients during times of disruption and have Business Continuity Management strategies to maintain the following critical business activities identified by the Business Impact Assessment (BIA);
 - Payroll Services
 - Expense and Benefits Service
 - L&OD overall Function
 - Mandatory Training delivery
 - Corporate Induction
 - OD delivery
 - Operational day to day Human Resources service.
- To effectively manage any incident that may cause a business disruption to the organization, such as the scenarios below and ensure the requirements of all stakeholders are met.
 - Loss of Technology (IT/Communications)
 - Denial of Premises (Fire/Flood)
 - Staff Shortages (Flu Pandemic)
 - Utility Failure (Electricity/Gas/Water)
 - Key Suppliers/Partners Failure
- To protect market share and competitive advantage and mitigate negative publicity should an incident occur
- To meet legislative, regulatory and contractual requirements under the Civil Contingencies Act, 2004 and the Department of Health's progression towards BS 25:999

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- To reduce the period of disruption to, and operational and financial impacts on, the directorate, whilst maintaining patient focus
- To fulfil the trust's corporate governance requirements, fulfil its duty of care and protect the interests of stakeholders

3 PLAN

3.1 Introduction

A Business Continuity Plan (BCP) is a documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident to enable an organization to continue to deliver its critical activities at an acceptable pre-defined level (BS NHS 25999:1 Guidance, 2009).

3.2 Trust Business Continuity Management

- **Executive Director for Emergency Preparedness** (including Business Continuity): Director of Nursing and Quality
- **Lead Manager for Emergency Preparedness:** Associate Director for External Development
- **Clinical Lead for Emergency Planning:** Accident and Emergency Consultant
- **Emergency Planning Liaison Officer:** Emergency Planning Officer
- **Planning Groups:** Emergency Planning Steering Group/Emergency Planning Committee

3.3 Directorate Business Continuity Management

3.3.1 Team and Roles and Responsibilities

- **Overall Divisional Emergency Planning and Business Continuity Lead** – appoint a person to act as Directorate Business Continuity Lead(s), oversee and ensure resources are available for Business Continuity Deputy Director of Workforce&OD
- **Directorate Business Continuity Lead(s)** – coordinate and develop arrangements, ensure staff are trained and exercised on Business Continuity: Head of Employment Services:Head of ER: L&D Manager
- **BCM Competent Divisional Lead(s)** – divisional representative on the ADTAPT BCM event to support the BC Lead along with the Emergency Planning Officer: N/A
- **Media Trained Staff:** N/A
- **Directorate Planning Group** – the Directorate Planning Group does not have to be specifically for business continuity but a directorate meeting to oversee and ratify the plan: HR SMT

Once the BCP is developed and ratified by the directorate team, it is shared with the Emergency Planning Committee and displayed on the Emergency Planning Intranet Page.

3.3.2 Resources

- **Local Command Room:** Deputy Director Workforce & OD Office
- **Access Procedure for Command Room:** N/A
- **Phones:** 8
- **Computers:** 8
- **Plans:** Head of Service Office: HR Meeting room and main open plan Aster Office

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3.4 Training and Awareness

3.4.1 Trust

Corporate trust training is provided on incident management and coordination through the Emergency Planning Silver Command Training and key directorate staff are provided with training on all emergency preparedness issues including business continuity through the Emergency Plans Training.

3.4.2 Directorate

Regular corporate resources are made available for those directorate trained staff to cascade to all directorate staff. Also the educational information is displayed on the emergency planning intranet page for staff to view at anytime.

All directorate staff should be shown the Business Continuity Plan on induction along with Major Incident Plan and Pandemic Influenza Plan.

3.5 Exercising

The table below outlines the exercising requirements for directorate's inline with the BS NHS 25999:1 Guidance, 2009.

EXERCISE	PROCESS	VARIANTS	GOOD PRACTICE FREQUENCY
Desk check	Review/amendment of content	Update/validation	At least annually
	Challenge content of BCP	Audit/verification	Annually
Walk-through of plan	Challenge content of BCP	Include interaction and validate participants' roles	Annually
Simulation	Use "artificial" situation to validate that the BCP(s) contains both necessary and sufficient information to enable a successful recovery	Incorporate associated plans	Annually or twice yearly
Exercise critical activities	Invocation in a controlled situation that does not jeopardize business as usual operation	Defined operations from alternative site for a fixed time	Annually or less
Exercise full BCP, including incident management	Building-/ campus-/ exclusion zone-wide exercise		Annually or less

3.6 Reviewing

The Business Continuity Plan should be revised annually, after any of the above exercises, unless some service re-configuration takes place.

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3.7 Directorate Business Impact Analysis (BIA)

Business Impact Analysis is a process of analysing business functions and the effect that a business disruption might have upon them (BS NHS 25999:1 Guidance, 2009).

3.7.1 Analysis of Functions

No.	WHAT IS PROVIDED (BUSINESS FUNCTION)? (This should be quite short and derive from the aims and objectives of your directorate)	HOW IS IT DELIVERED AND WHERE?	TO WHOM?	HOW?	WHY?
1	Payroll/Pension Services	Aster Offices	BTH, LNCCG, BCCG, F&WCCG, Trinity Hospice, Spiral Health	11.87 wte	Core Services to staff to enable adequate workforce for patient care provision
2	Expense & Benefits Services			3.67 wte	
3	Essential Mandatory Training	Administration of training in offices. Delivery in training rooms. Workbook distribution. E-Learning.	All Trust Staff	Self serve and L&D nominated staff and	NHSLA Staff safety Legislation
4	Essential Corporate and Local Induction	Administration of training in offices. Delivery in training rooms. Workbook distribution. E-Learning.	All new Trust staff	By L&D staff	NHSLA Staff safety Legislation

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No.	WHAT IS PROVIDED (BUSINESS FUNCTION)? (This should be quite short and derive from the aims and objectives of your directorate)	HOW IS IT DELIVERED AND WHERE?	TO WHOM?	HOW?	WHY?
5	Essential/critical HR advice	HR & OD Management supported by HRBP's supported by HR Advisors and Assistants where applicable	All divisions at BTH and staff from externally contracted Trusts	management and staff responsible for their respective areas of expertise, i.e. divisionally based HR teams	To provide legal compliance and pragmatic HR Service

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3.7.2 Consequence of Business Function Failure

- The **Maximum Tolerable Period of Disruption** is the duration after which an organization's viability will be irrevocably threatened if product and service delivery cannot be resumed (BS NHS 25999:1 Guidance, 2009).
- **Dependencies** are the important services that you rely upon to discharge day-to-day business tasks (BS NHS 25999:1 Guidance, 2009).

NO.1 – Payroll Services

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All Staff IT	Mckessons ESR Allocate Software ESR Connect CCGs	Breach our employment law obligations	Loss of Income Litigation	<u>5 working days</u>	<u>1wte based on replication to provide minimum</u>

NO.2 – Expense and Benefits Services

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All Staff Management IT Pensions on Line	Allocate Software Mckessons ESR CCGs	Breach our employment law obligations	Loss of income Litigation	<u>5 working days</u>	<u>1 wte to provide esessential service</u>

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NO.3 – L&D overall function

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All staff	External contacts, suppliers or trainers	Untrained staff in fire, H&S or M&H could result in fines and claims	Untrained staff in fire, H&S or M&H could result in fines and claims Loss of NHSLA L3 could result in £700k loss	1 week	Fire, H&S and M&H training and admin for NHSLA monitoring

NO.4 – Mandatory Training

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All staff	None	Untrained staff in fire, H&S or M&H could result in fines and claims	Untrained staff in fire, H&S or M&H could result in fines and claims Loss of NHSLA L3 could result in £700k loss	1 week	Fire, H&S and M&H training and admin for NHSLA monitoring

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NO.5 – Corporate Induction

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All new starters. Trainers and speakers	External contacts, suppliers or trainers	Untrained staff in fire, H&S or M&H could result in fines and claims	Untrained staff in fire, H&S or M&H could result in fines and claims Loss of NHSLA L3 could result in £700k loss	2 weeks	Fire, H&S and M&H training and admin for NHSLA monitoring

NO.6– HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT MANAGEMENT FUNCTION

OVERALL CONSEQUENCES OF NOT PROVIDING THE FUNCTION				MAXIMUM TOLERABLE PERIOD OF DISRUPTION	MINIMUM LEVEL OF ACTIVITY
INTERNAL DEPENDANTS	EXTERNAL DEPENDANTS	LEGAL IMPLICATIONS	FINANCIAL IMPLICATIONS		
All Management and Staff within the FT	Patient Care, NHS Organisations within the NW	Potential claims from both internal and external clients	Loss of income, increased expenditure	No More than One Week	Maintain effective Employee relation Support the maintenance of safe staffing

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3.7.3 Critical Activities

- **Critical Activities** are those activities which have to be performed in order to deliver the key products and services which enable an organization to meet its most important and time-sensitive objectives (BS NHS 25999:1 Guidance, 2009).

NUMBER	BUSINESS FUNCTIONS	CRITICAL ACTIVITIES (IN PRIORITY ORDER)	POTENTIAL THREATS
1	Payroll Services	Paying Staff Providing Ledger Feeds Taking Payroll Queries	IT Failure Mckessons failure (ESR) Loss of utilities Staffing Levels Denial of access to premises
2	Pensions Services	Provision of Payroll Data to Pension Agency Management of Redundancies Calculate Pension Estimates of all kinds Meet staff to assist with Retirement/Redundancy etc Death in Service assistance provision	IT Failure External suppliers (Mckesons / Pens On Line) Loss of utilities Staffing Levels Denial of access to premises
3	Expense and Benefits	Paying staff Expenses Administering the Salary Sacrifice Schemes Reconciliation of Income/Expense Provision of Child Care Service	IT Failure Mckessons failure (ESR) Allocate Software failure Loss of utilities Staffing Levels Denial of access to premises
4	L&OD overall function	Admin of Mandatory Training OLM system Admin of Corporate Induction Payment of course invoices IT Training of patient/clinical systems	NHSLA standards HSE legislation ESR loss of function Invest In Health income generation
5	Mandatory Training	Admin of Mandatory Training OLM system recording Distribution and recording of workbooks	L&D staff shortage or sickness OLM system malfunction

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NUMBER	BUSINESS FUNCTIONS	CRITICAL ACTIVITIES (IN PRIORITY ORDER)	POTENTIAL THREATS
6	Corporate and Local Induction	Fire, H&S, M&H delivery OLM system Admin of Corporate Induction	L&D staff shortage or sickness OLM system malfunction
7	Management Function- Overall day to day management of core HR ensuring that statutory obligations are met	Continued support re urgent employee relations Workforce planning Communication with managers / staff – employee engagement and staff side	Legal claim Utilities Staff absence Key providers (IT software etc) Access to premises

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3.8 Directorate Recovery Time Objectives (RTO)

- **Recovery time objectives** are the target time set for:
 - Resumption of product or service delivery after an incident; or
 - Resumption of performance of an activity after an incident; or
 - Recovery of an IT system or application after an incident.

*NOTE: The recovery time objective has to be less than the **maximum tolerable period of disruption**. (BS NHS 25999:1 Guidance, 2009)*

LEVEL	RISK RATING DESCRIPTOR	DESCRIPTION
1	<u>Required</u>	Restore within 1 month
2	<u>Necessary</u>	Restore within 1 week
3	<u>Important</u>	Restore within 1 day
4	<u>Essential</u>	Restore within 4 hours
5	<u>Vital</u>	No interruption acceptable (Restore within 1 hour)

- **Levels 1–2** - Departments day to day planning will address these issues
- **Levels 3-5** - The critical functions addressed in this plan and must be restored within 1 day.

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3.9 Directorate Business Continuity Risk Assessments

Refer to directorate risk assessments for the below 'cause of disruption'.

The table below is an overview of the directorates risk assessments and Business Impact Analysis (BIA)

BUSINESS CONTINUITY PLANS	CAUSE OF DISRUPTION (REFER TO RISK ASSESSMENTS)	RELATED RISK ASSESSMENT SCORES	IMPACT ON BUSINESS FUNCTIONS	RTO LEVEL	RISK RATING DESCRIPTOR
SCENARIO 1	Loss Of Technology (IT/Communications)	IT: 3	1 - 5	3	Restore within 1 day
SCENARIO 2	Denial Of Premises (Fire/Flood)	Fire: 2	1 – 5	2	Restore within 1 week
SCEANRIO 3	Staff Shortages (Flu Pandemic)	Staffing: 4	1 – 5	4	Restore within 4 hours
SCEANRIO 4	Utility Failure (Electricity/Gas/Water)	Electricity:3 Gas:3 Water3:	1 – 5	3	Restore within 1 day
SCENARIO 5	Key Suppliers/Partners Failure	2	1 – 5	2	Restore within 1 week
SCENARIO 6	Fuel Disruption	None	N/A	N/A	N/A

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4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Trust - Business Continuity Alerting Diagram
Appendix 2	Directorate – Business Continuity Alerting Diagram
Appendix 3	Action Cards And Roles/Responsibilities
Appendix 4	Business Continuity Strategies/Incident Management Plans
Appendix 5	External Stakeholders Contact List
Appendix 6	Internal Stakeholder Contact List
Appendix 7	Contact List Of Key Suppliers And Partners
Appendix 8	Site Map
Appendix 9	Loggist Recording Sheet

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	01/07/2014
2	Wards, Departments and Service	01/07/2014

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

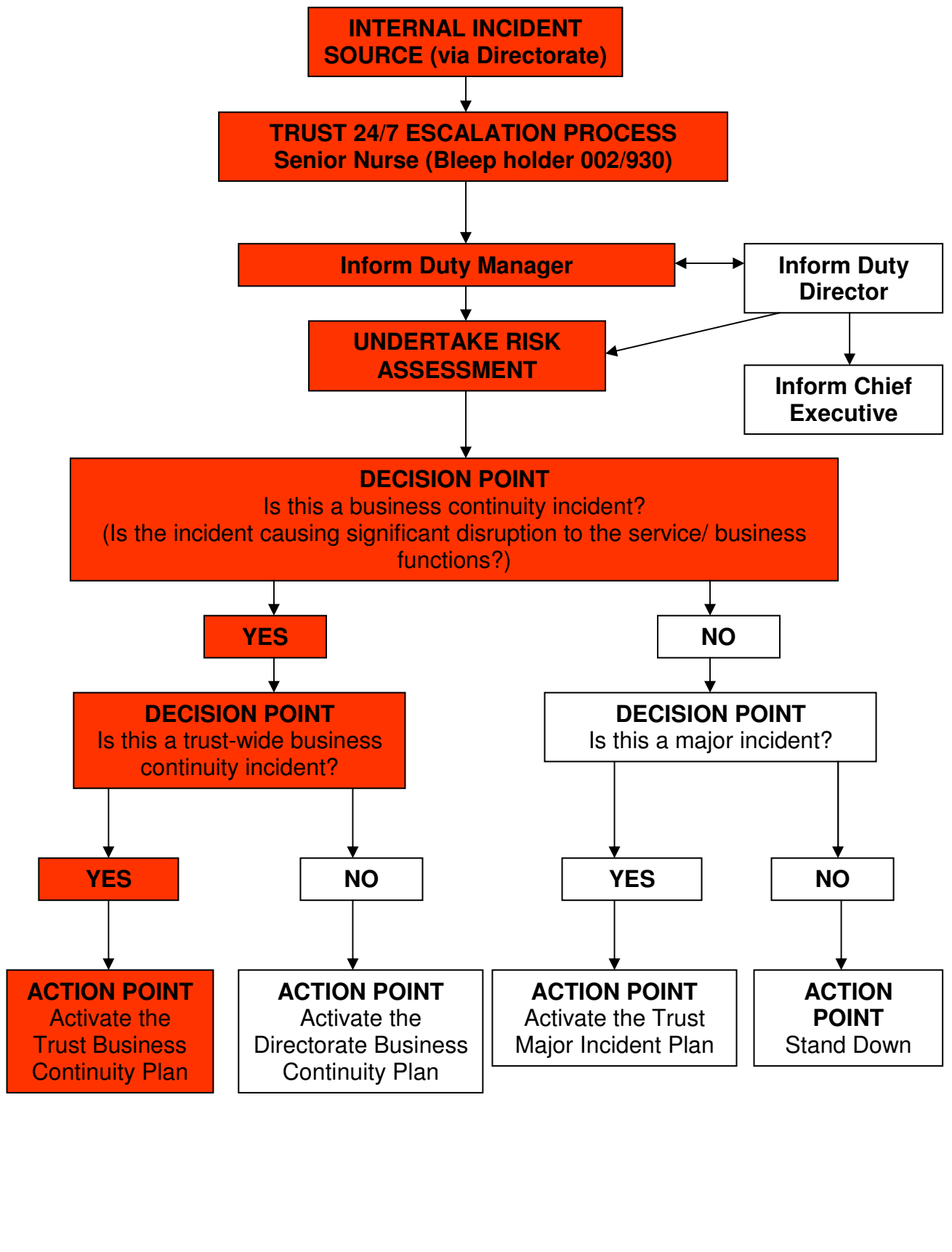
8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full

9 CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation

10 DEFINITIONS/GLOSSARY OF TERMS

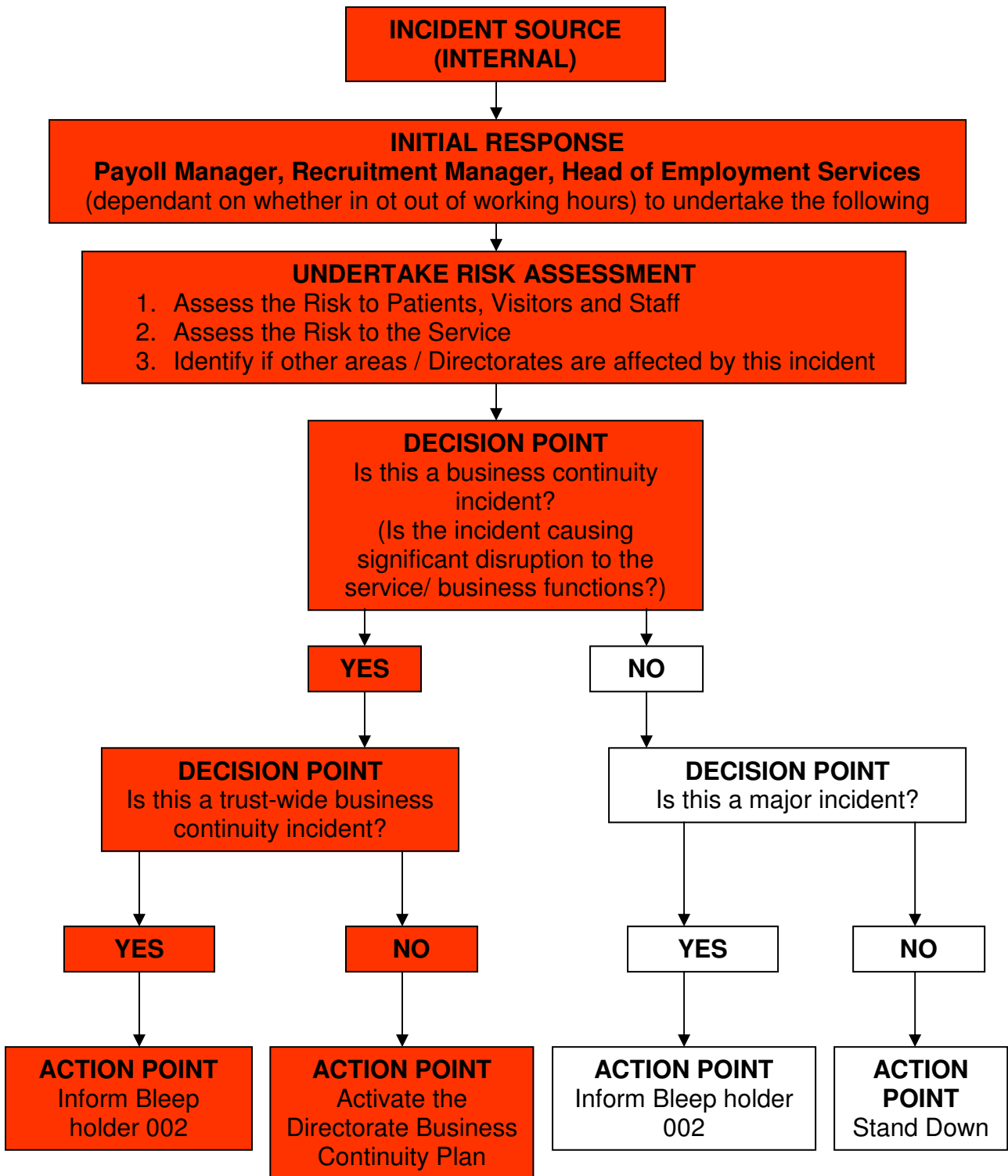
11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Mark Casson -	Checked By	Nicky Ingham
Job Title	Head of Payroll and Benefits	Job Title	Director of Workforce and Organisational Development
Date	July 2014	Date	July 2014

Appendix 1: Trust - Business Continuity Alerting Diagram



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Appendix 2: Directorate – Business Continuity Alerting Diagram



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Appendix 3: Action Cards And Roles/Responsibilities

ACTION CARD – 1

FIRST RESPONDER

NOMINATED PERSONS	ROLES/RESPONSIBILITIES
Any directorate staff Associate Director of HR and OD	To identify impact of incident upon the directorate
	To identify impact of incident upon the directorate
	To identify someone to be a loggist
	To coordinate emergency meeting
	To collect, collate and display information
	To establish and maintain liaison with internal services

No	Task	Done
1	Make contact with supporting areas and record the impact of the incident	
	Inform Deputy Director WF&OD	
	Inform Head of Payroll and Benefits	
	Inform L&D Manager 1186	
	Inform Staff side / TURF Chair	
	Alert areas on the Internal Stakeholders Contact List (Appendix 6 - page X)	
2	Access local command room–	
	Base Head of Service Office Main open plan Aster Office Deputy Director WF&OD Office HR Meeting Room	
3	Identify secretarial support (loggist)	
	Name L&OD admin pool and office manager Numbers : 6744, 7778, 1179, 7504 Carole Haworth Ext 3722 Susan Traylor Ext 6870	

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ACTION CARD – 2 BUSINESS CONTINUITY MANAGER

NOMINATED PERSONS	ROLES/RESPONSIBILITIES
Head of Payroll and Benefits	To be given the alert message
Payroll Manager	To conduct a risk assessment
Expense and Benefit Manager	To activate the Business Continuity Team
Deputy Director WF &OD	
L&D Manager	
HRBPs	

No	Task	Done
1	Review	
	On being alerted review the CHALETS Form from the FIRST RESPONDER	
2	Steps being taken to mitigate the effects	
	What is being done to mitigate / resolve the incident? Outstanding problems?	
3	Risk Assessment	
	Risks to Patients, Visitors and Staff	
	Risks to the service?	
	Key assets at risk?	
4	Current Risk Assessment – See Section 3.7 Directorate Business Continuity Risk Assessments (page 7-10)	
	Low risk (level 1) - Liaison /advice only – normal systems can cope	
	Medium - High risk (level 2-4) - Incident compromises or threatens to compromise the continued delivery of some critical business functions. Declare 'Directorate Business Continuity Incident'	
	Very High Risk (level 5) - Declare 'Directorate Business Continuity Incident and liaise with Executive Team	
	Identify which scenario plan to use to manage the incident (Appendix 4 - pages 22)	
5	Alerting others	
	Contact Duty Manager and give a situation report and confirm your decisions	
5	Activating the Business Continuity Team - See Action Card – 3 (Appendix 3 - page 17)	
6	Convene a meeting of the Business Continuity Team	
	Confirm details of incident	
	Agree on roles and initial tasks, ensure that everyone understands and are able to execute their roles, check that staff have action cards.	
	Confirm incident room layout and operating procedure.	
	All staff to record chronologically all information received and decisions made on log sheets.	
	Confirm that completed log/message sheets should be passed ASAP to the loggist	
	Agree on next actions	
7	Maintain Liaison	
	Ensure that correct links with in-house and key stakeholders are established and maintained. See Internal Stakeholders Contact List (Appendix 6 - page 28)	
8	Staffing consideration (with Team Support)	
	Ensure rota arranged for the staff in the local command room and welfare issues	
9	Further Actions	
	Agree with Duty Manager / 002/930 those to be responsible for the continuation of normal operations	
	Agree with Duty Manager / 002/930 to authorise the close down of non-clinical services	
	Agree local strategy and resources with PCT's	
	Agree time scale for regular updates	
10	Stand Down the Incident	
	Obtain confirmation from Duty Manager to authorise 'stand down'	
	Activate and stand down procedure. Cascade to all staff and key stakeholders	
	Conduct a hot debrief at the incident room.	
	Attend internal or external debriefs. Contribute to any reports	

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ACTION CARD – 3

BUSINESS CONTINUITY TEAM

The composition of this team will vary depending upon the type and scale of the incident

Business Continuity Incident Definition

An incident that comprises or threatens to compromise the continued delivery of critical business functions.

1. The Business Continuity Manager will decide whether or not to activate the Business Continuity Recovery Team.
2. **Aim**
To ensure that critical functions and services are able to continue
3. **Objectives**
To provide for a rapid response to any incident
To risk assess all stages of the incident
To identify the causative agents(s) and their impacts on services
To provide a robust and appropriate service and corporate response to recover, restore and protect key assets, functions and services.
4. **Membership**
Decide who needs to be involved. This depends on the scale of the adverse incident. You will need directorate managers, clinical staff, support staff and where necessary specialist advisors e.g. IT. Combine roles where necessary:-

BUSINESS CONTINUITY TEAM ROLE	APPROPRIATE STAFF TITLES	NAMED STAFF MEMBERS	CONTACT NUMBER
Business Continuity Manager	Head of Payroll and Benefits Payroll Manager Expense and Benefit Manager Associate Director of HR and OD L&D Manager OD Adviser Deputy Director of HR&OD		
Recovery Manager	Payroll Manager Recruitment Manager Head of ESC L&D Manager Another senior member of Staff		
Loggist	Appointed at the time PA to Directorate / Medical Secretary or admin pool member		

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Appendix 3: Action Cards And Roles/Responsibilities

ACTION CARD – 4

RECOVERY MANAGER

NOMINATED PERSONS	ROLES/RESPONSIBILITIES
Head of Payroll and Benefits	To set up Local Control Room
Payroll Manager	To establish and maintain liaison with internal and external services
Expense and Benefit Manager	To provide administrative and clerical support
L&D Manager	To collect, collate and display information
HRBPs	
Another senior member of Staff	

No	Task	Done
1	Alert relevant staff as instructed- ask them to report to Local Command Room	
	Call out the relevant staff to help with the incident - See Internal Stakeholders Contact List (Appendix 6 - page 33)	
2	Set up the local command centre	
	With the Business Continuity Manager confirm room layout, set out communications system, log sheets, incident status boards.	
	Layout sufficient telephones for team members, including one dedicated incoming line. Use mobile telephones for outgoing calls if necessary. Supply of log sheets to be available	
	Set up an incoming secure fax, and an outgoing secure fax if possible	
3	Tasks	
	Confirm the dedicated telephone numbers for calls to be received / made, dedicated fax line.	
	Confirm the dedicated Personal Computer (PC), printer and associated sundries for email / internet and intranet access can be maintained on a dedicated network and network point (Will require send secure facility with regards to Patient Identifiable Information (PII))	
4	Other tasks	
	Delegate a colleague to reschedule the appointments and commitments of the Business Continuity Team	
5	Business Continuity Scenario	
	Agree on the Business Continuity Plan to be followed with the Business Continuity Manager (Appendix 4 - pages 23)	
6	Staffing consideration (with Business Continuity Manager)	
	Consider staffing requirements to allow critical functions to continue 24/7	
	Arrange and maintain rota for the staff in the emergency operations centre	
	Ensure there are catering arrangements and refreshments	
7	At the end of your shift	
	Hand over this action card to your replacement. Brief them on the current situation on incident room procedures and on liaison needs.	

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ACTION CARD – 5

LOGGIST

NOMINATED PERSONS	ROLES/RESPONSIBILITIES
Deputy Payroll Manager Payroll Team Leaders PA to Directorate / Medical Secretary or admin pool member As appointed at the time	To maintain an accurate combined log of all messages incoming and outgoing by Business Continuity Recovery Team To maintain an accurate combined log of actions taken by Business Continuity Recovery Team

1	Agree roles and immediate action with Business Continuity Manager	Done
	Confirm local command room – ESC Meeting Room, HRBP Offices Trust HQ, L&D Offices	
	Confirm room layout, communications system, log sheets to be used, log sheet collection system.	
	Access a supply of log sheets for the Business Continuity Team	
2	At a meeting of the team	
	Confirm your role and that of others, staff locations, communications system, log keeping system.	
3	Ensure that all members of team are keeping an accurate individual log	
	Ensure that all details are being entered on the log-	
	Messages details – time of call, name of caller (check spelling), their contact number, spelling of technical names, spelling of locations and company names.	
	Actions taken	
	Challenge anything you are unsure about.	
4	Compile a combined log	
	Collect, collate and store individual log sheets – via updating status board.	
	Record chronologically all information in the incident log	
5	At the end of your shift	
	Hand over this action card to your replacement. Brief them on the current situation on incident room procedures and on liaison needs	
6	At the end of the incident	
	Collect all log sheets	
	Complete the combined log for the incident room and ensure passed on to business continuity	

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Appendix 3: Action Cards And Roles/Responsibilities

ACTION CARD – 6

INCIDENT REPORT FORM / CHALETS FORM

CHALETS FORM	INFORMATION	
Casualties	Number of Patients/Staff/ Visitors Involved	
Hazards	Fire/Water/Electricity/Gas	
Access	Any Problems?	
Location	Where	
	Date	
	Time	
Emergency Services or Departments Required	Police/Fire/Other Trust Departments	
Type	Type of Incident (Fire/Flood/Utility/Supply/ Staff/IT/Communications)	
Start Log	Appendix 9 - Loggist Recording Sheet – page X	

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Appendix 4: Business Continuity Strategies/Incident Management Plans

4.1 SCENARIO 1: LOSS OF TECHNOLOGY (IT/COMMUNICATIONS)

Critical Activities	How can you maintain this critical activity in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely re-imbursment of expanse claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Liase with;</p> <ul style="list-style-type: none"> ▪ IT Department, Switchboard/Telecoms, Estates - See Internal Stakeholders Contact List (Appendix 6 - page 33) ▪ Equipment Providers - See section: Contact List Of Key Suppliers And Partners (Appendix 7 - page 34) <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Up to date list of contact details for staff; as additional staff may be required - See Internal Stakeholders Contact List (Appendix 6 - page 33) <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (ISC, Occupational Health Dept, HR Offices) <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 8) ▪ Inform Switchboard of any change of contact numbers. ▪ Alternative methods of communication with Trust ▪ Commence hand written records. ▪ Consider the cancellation of services in consultation with HR & OD Director. (refer to 3.7.2 Critical Activities – page 8) ▪ Log all events so that information can be inputted at a later date i.e. patient transfers etc. ▪ Request a hard copy of the clinic lists ▪ Maintain hard copies of key documents (as required) 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Use neighbouring department's telephones and fax machines in an emergency. (ISC, Occupational Health Dept, HR Offices) ▪ Ensure access to at least one PC. (Laptops or HR Dept) ▪ Gain access to External Equipment Providers BCP's ▪ Remote working for staff (Home/Laptops main Victoria Hospital site) ▪ Older technologies which can be brought back into use (paper systems, personal files etc) <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any sundry items. ▪ Department will endeavour to relocate stock from other areas. <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ See External Stakeholders Contact List (Appendix 5 - page 32) ▪ Liase with Communications Team ▪ 3.3.1 Media Trained Staff 	<p>Information Technology</p> <p>Telecommunications</p> <p>Communications</p> <p>Estates & Facilities</p> <p>Medical Records</p> <p>Procurement</p> <p>Radiology</p> <p>Pathology</p> <p>Pharmacy</p> <p>Catering</p> <p>Linen Services</p> <p>Porters</p> <p>Allied Health Professionals (OT, SLT, Physiotherapist, dietician)</p> <p>Domestic Services</p> <p>General Office</p> <p>Volunteers</p> <p>Bed Manager</p> <p>Secretaries</p> <p>Transport Department</p> <p>BCCG</p> <p>LNCCG</p> <p>F&WCCG</p> <p>TRINITY HOSPICE</p> <p>SPIRAL HEALTH</p>

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Appendix 4: Business Continuity Strategies/Incident Management Plans

<p>L&OD overall function Mandatory Training (MT) Corporate and Local Induction (CLI) OD</p>	<p>Liaise with;</p> <ul style="list-style-type: none"> ▪ IT Department, Switchboard/Telecoms, Estates - See Internal Stakeholders Contact List (Appendix 6 - page 35) ▪ Equipment Providers - See section: Contact List Of Key Suppliers And Partners (Appendix 7 - page 36) <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Up to date list of contact details for staff; as additional staff may be required - See Internal Stakeholders Contact List (Appendix 6 - page 35) <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities e.g. local hospital or PCC <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 12) ▪ Inform Switchboard of any change of contact numbers. ▪ Commence hand written records. ▪ Log all events so that information can be inputted at a later date i.e. patient transfers etc. ▪ Request a hard copy of the clinic lists ▪ Maintain hard copies of key documents Corporate Induction registers, Mandatory Training registers and training requests. 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Use neighbouring department's telephones and fax machines in an emergency. Education Centre ▪ Ensure access to at least one PC. Home 1 L&D Office ▪ Gain access to External Equipment Providers BCP's Blackpool Stadium NHS Blackpool ▪ Older technologies which can be brought back into use workbooks, paper registers <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact printers for any sundry items. Extra workbooks, paper and pens ▪ Department will endeavour to relocate stock from other areas. Education Centre. <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ Link to Procurement BCP ▪ See External Stakeholders Contact List (Appendix 5 - page 34) <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Information Technology Telecommunications Communications HR and OD Directorate Management Team Procurement Education Centres</p>
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<p>Maintain effective Employee relation Support for the maintenance of safe staffing Recovery time No More than One Week</p>	<p>Liaise with;</p> <ul style="list-style-type: none"> ▪ IT Department, Switchboard/Telecoms, Estates - See Internal Stakeholders Contact List (Appendix 6 – page 28) ▪ Equipment Providers - See section: Contact List Of Key Suppliers And Partners (Appendix 7 - page 28) <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Up to date list of contact details for staff; as additional staff may be required - See Internal Stakeholders Contact List (Appendix 6 - page 28) <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (<p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 8,9) ▪ Inform Switchboard of any change of contact numbers. ▪ Alternative methods of communication with Trust ▪ Member of staff allocated to become a ‘runner’ to communicate between the wards & departments; consider the use of staff volunteers ▪ Commence hand written records. ▪ Consider the cancellation of services in consultation with Clinical Director. (refer to 3.7.2 Critical Activities – page 8,9) ▪ Log all events so that information can be inputted at a later date i.e. patient transfers etc. ▪ Request a hard copy of the clinic lists ▪ Maintain hard copies of key documents (refer to page 5) 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Use neighbouring department’s telephones and fax machines in an emergency. ▪ Ensure access to at least one PC. ▪ Gain access to External Equipment Providers BCP’s ▪ Remote working for staff ▪ Older technologies which can be brought back into use <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any sundry items. Utilise HR & OD Laptops ▪ Department will endeavour to relocate stock from other Admin areas. <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ Link to Procurement BCP ▪ See External Stakeholders Contact List (Appendix 5 – page 27) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff 	<p>Information Technology Telecommunications Communications Estates & Facilities Medical Records Procurement Radiology Pathology Pharmacy Catering Linen Services Porters Allied Health Professionals (OT, SLT, Physiotherapist, dietician) Domestic Services General Office Volunteers Bed Manager Secretaries Transport Department</p>
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4.2 SCENARIO 2: DENIAL OF PREMISES (FIRE/FLOOD)

Critical Activities	How can you maintain this critical function in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely reimbursement of expense claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Liaise with;</p> <ul style="list-style-type: none"> ▪ Estates Department. ▪ Ensure communication with Infection Prevention Team <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Business Continuity Manager to review workload across the Directorate and prioritise staff deployment with Recovery Manager. ▪ Identify staff for redeployment to alternative ward/department. <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (ISC, Occupational Health Dept, HR Offices) ▪ <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 8) ▪ Consider the cancellation of services in consultation with Clinical Director. (refer to 3.7.2 Critical Activities – page 8) ▪ 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Ensure access to at least 1 telephone & PC (HR Offices) ▪ Remote working for staff (Home/Laptops main Victoria Hospital site) ▪ Technology and equipment need for relocation (network points, phones) <p>▪ Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any NHS stock items required <p>▪ Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ Link to Procurement BCP ▪ Link to Estates BCP ▪ See External Stakeholders Contact List (Appendix 5 - page 32) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff 	<p>Information Technology</p> <p>Telecommunications</p> <p>Communications</p> <p>Estates & Facilities</p> <p>Human Resources</p> <p>Medical Records</p> <p>Procurement</p> <p>Radiology</p> <p>Pathology</p> <p>Pharmacy</p> <p>Catering</p> <p>Linen Services</p> <p>Porters</p> <p>Allied Health Professionals (OT, SLT, Physiotherapist, dietician)</p> <p>Domestic Services</p> <p>Sterile Services</p> <p>Decontamination Services</p> <p>General Office</p> <p>Volunteers</p> <p>Theatre</p> <p>Bed Manager</p> <p>Secretaries</p> <p>Transport</p> <p>Infection Prevention Team</p> <p>BPCT</p> <p>NLPCT</p> <p>Trinity Hospice</p>

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<p>Admin of Mandatory Training OLM system Admin of Corporate Induction Payment of course invoices IT Training of patient/clinical systems</p>	<p>Liaise with;</p> <ul style="list-style-type: none"> ▪ Estates Department. ▪ Ensure communication with communications team <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Business Continuity Manager to review workload across the Directorate and prioritise staff deployment with Recovery Manager. ▪ Identify staff for redeployment to alternative department. <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities Education Centre, Blackpool Stadium, Trust HQ <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 12) 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Ensure access to at least 1 telephone & PC Home 1 L&D Office BVH ▪ Technology and equipment need for relocation PC, phone, desk <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any NHS stock items required. Workbooks, paper, pens <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ Link to Procurement BCP ▪ Link to Estates BCP ▪ See External Stakeholders Contact List (Appendix 5 - page 34) ▪ Liaise with Communications Team ▪ <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Information Technology Telecommunications Communications Estates & Facilities Human Resources Procurement Transport Education Centres</p>
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<p>Maintain effective Employee relation Support for the maintenance of safe staffing</p> <p>Recovery time No More than One Week</p>	<p>Liaise with;</p> <ul style="list-style-type: none"> ▪ Estates Department. ▪ Ensure communication with Infection Prevention Team <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Business Continuity Manager to review workload across the Directorate and prioritise staff deployment with Recovery Manager. ▪ Identify staff for redeployment to alternative ward/department. <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities ESC/OH/L&D, Alternative rented accommodation <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page 8,9) ▪ Consider the cancellation of services in consultation with HR & OD Director Director. (refer to 3.7.2 Critical Activities – page 8,9) 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Ensure access to at least 1 telephone & PC THQ/ESC/OH/L&D ▪ Remote working for staff Utilise HR&OD Laptops ▪ Technology and equipment need for relocation <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any NHS stock items required. General stationery sundries <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to IT BCP ▪ Link to Procurement BCP ▪ Link to Estates BCP ▪ See External Stakeholders Contact List (Appendix 5 - page 27) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff 	<p>Information Technology Telecommunications Communications Estates & Facilities Human Resources Medical Records Procurement Radiology Pathology Pharmacy Catering Linen Services Porters Allied Health Professionals (OT, SLT, Physiotherapist, dietician) Domestic Services Sterile Services Decontamination Services General Office Volunteers Theatre Bed Manager Secretaries Transport Infection Prevention Team All Wards & Departments</p>
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4.3 SCENARIO 3: STAFF SHORTAGES (FLU PANDEMIC)

Critical Activities	How can you maintain this critical function in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely re-imbursment of expanse claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Liase with;</p> <ul style="list-style-type: none"> ▪ Ensure close communication with Infection Prevention Team – Pandemic Influenza ▪ Ensure communication with Trust Lead Nurse Safeguarding Children, if necessary <p>Action - Staff;</p> <ul style="list-style-type: none"> ▪ Recovery Manager (senior nurse) to review off duties, patient dependency and staffing levels on wards to maximise efficiency. ▪ Consider the cancelling of all non-essential study leave and annual leave, where appropriate ▪ Contact Nurse Bank & Medical Staffing for staff cover ▪ Consider redeploying Specialist Nurses and Health Visitors to work on wards / clinical area (if competent to do so). ▪ Consider redeployment of staff to alternative site after discussion with HR. ▪ Consider use of staff volunteers through volunteer co-ordinator. ▪ Consider staff working extra hours if authorised by Business Continuity Manager. ▪ Consider liaison with other Directorates for deployment of staff. ▪ Identify training needs – [e.g. Ventilators and BiPaP] <p>Action - Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (insert list of options) ▪ Restrict visiting in consultation with Directorate and Infection Prevention <p>Action - Information;</p> <ul style="list-style-type: none"> ▪ Refer to the 3.7.2 Critical Activities Table (page X) ▪ Where necessary; perform risk assessments, ensure treatment 	<p>Action - Technology;</p> <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any NHS stock items required. (list of top ten supplies) <p>Action - Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to Procurement BCP ▪ Link to Pharmacy BCP ▪ Link to HR BCP ▪ See External Stakeholders Contact List (Appendix 5 - page X) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Human Resources</p> <p>Nurse Bank Office</p> <p>Medical staffing</p> <p>Directorate Manager</p> <p>Medical Records</p> <p>Procurement</p> <p>Radiology</p> <p>Pharmacy</p> <p>Catering</p> <p>Linen Services</p> <p>Bed Management</p> <p>Team</p> <p>Porters</p> <p>Pathology</p> <p>IT</p> <p>Switchboard</p> <p>Allied Health Professionals (OT, SLT, Physiotherapist, dietician)</p> <p>Domestic Services</p> <p>General Office</p> <p>Volunteers</p> <p>Theatre</p> <p>Bed Manager</p> <p>Secretaries</p> <p>Communications Officer</p> <p>Transport</p> <p>Department</p> <p>[Insert Wards & Departments]</p>

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- protocols are reviewed, & reduce length of stay to a minimum
- Any patient, where it is deemed unsafe, must be moved to an alternative ward/department.
 - Encourage parents/carers/guardians to stay with Child/Adolescent/Neonate
 - Consider the cancellation of services in consultation with Clinical Director. (refer to 3.7.2 Critical Activities – page X)
 - Establish clinician led admission avoidance criteria
 - Establish early discharge criteria

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4.4 SCENARIO 4: UTILITY FAILURE (ELECTRICITY/GAS/WATER)

Critical Activities	How can you maintain this critical function in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely reimbursement of expense claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Liase with;</p> <ul style="list-style-type: none"> ▪ Estates immediately <p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Ensure critical activity equipment is connected to backup supplies ▪ In the event of relocating patients, redeploy staff to alternative site after discussion with HR. ▪ Redeploy staff after discussion with HR. <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (insert list of options) <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Staff to plug vital equipment into specially selected sockets. Backup supply points (list) ▪ Conserve water where possible ▪ Senior Clinicians to undertake ward round & discharge appropriate patients. ▪ Assess bed capacity required to meet emergency demand. ▪ Business Continuity Team to negotiate bed spaces within specialist services. ▪ If unable to access Electronic Patient Records commence hand written records. ▪ Where necessary perform risk assessments, ensure treatment protocols are reviewed and reduce length of stay to a minimum. ▪ Consider the cancellation of services in consultation with Clinical Director. (refer to 3.3.2 Critical Activities – page X) ▪ Liaise with bed management team to identify accessible beds. Bed Managers to arrange emergency bed meeting. ▪ Review on a daily basis planned admissions to ensure no adverse outcomes if cancelled. ▪ Hand written referrals for investigations & referrals to other departments 	<p>Action – Technology;</p> <ul style="list-style-type: none"> ▪ Ensure access to at least one PC. (location) ▪ Technology and equipment need for relocation (list) <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact Procurement for any NHS stock items required. If items are not available, the Supplies Department will attempt to relocate stock from other clinical areas (if possible). (List top ten supplies) ▪ Extra blankets and torches to be requested from linen room. ▪ Consider use of alternative heating sources e.g. blankets or electric fan heaters where available and regularly maintained (list) ▪ Obtain additional supplies of water from other directorates, catering or on site shops (insert list) <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to Estates BCP ▪ Link to Procurement BCP ▪ Link to IT BCP ▪ See External Stakeholders Contact List (Appendix 5 - page X) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Estates & Facilities</p> <p>Procurement</p> <p>Linen</p> <p>Bed Management Team</p> <p>Porters</p> <p>IT</p> <p>Communications</p> <p>Switchboard</p> <p>General Office</p> <p>Secretaries</p> <p>Volunteers</p> <p>Catering</p> <p>Domestic Services</p> <p>Linen/Laundry Manager</p> <p>Transport</p> <p>[Insert Wards & Departments]</p>

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Appendix 4: Business Continuity Strategies/Incident Management Plans

4.5 SCENARIO 5: KEY SUPPLIERS/PARTNERS FAILURE

Critical Activities	How can you maintain this critical function in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely re-imbursment of expense claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Action – Staff;</p> <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (insert list of options) <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Acceptable stock levels for essential items in each clinical area. (include the numbers) ▪ Liaise with clinicians in the event of supply problems with pharmaceutical products and consider the use of alternative medication. ▪ Where necessary perform risk assessments, ensure treatment protocols are reviewed, & reduce length of stay to a minimum. ▪ Consult list of alternative suppliers with external contingency agreements. (see section: Contact List Of Key Suppliers And Partners – Appendix 7 - page X) ▪ Consider the cancellation of services in consultation with Clinical Director. (refer to 3.7.2 Critical Activities – page X) ▪ Consider stock level to maintain function. ▪ Consider increase of stock level on temporary basis of essential items 	<p>Action – Technology;</p> <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Ascertain whether the problem is an internal or external supply chain failure. ▪ Contact Procurement for any NHS stock items required. If items are not available, the Procurement Department will attempt to relocate stock from other clinical areas (if possible). (List top ten supplies) ▪ Contact Procurement re; access to central stock of key essential items. <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to Procurement BCP ▪ Link to Pharmacy BCP ▪ See External Stakeholders Contact List (Appendix 5 - page X) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Directorate Management Team</p> <p>Procurement</p> <p>Pharmacy</p> <p>Catering</p> <p>Linen Services</p> <p>Pathology</p> <p>IT</p> <p>Domestic Services</p> <p>Theatre</p> <p>Main Stores</p> <p>Transport Department</p> <p>[Insert Wards & Departments]</p>

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Appendix 4: Business Continuity Strategies/Incident Management Plans

4.6 SCENARIO 6: FUEL DISRUPTION

Critical Activities	How can you maintain this critical function in light of the scenario?	How can you maintain supplies to maintain function?	Dependants and Stakeholders
<p>Producing a timely Payroll Service.</p> <p>Paying Staff and providing Accounting Details</p> <p>Providing a Pension Service estimates, advice etc</p> <p>Timely re-imbursment of expanse claims</p> <p>administration of benefits schemes and Salary Sacrifice schemes</p>	<p>Action – Staff;</p> <ul style="list-style-type: none"> ▪ Review which staff are critical to the delivery of the service (list staff below) <p>Action – Premises;</p> <ul style="list-style-type: none"> ▪ Business Continuity and Recovery Managers to agree alternative off site facilities (insert list of options) <p>Action – Information;</p> <ul style="list-style-type: none"> ▪ Acceptable stock levels for essential items in each clinical area. (include the numbers) ▪ Liaise with clinicians in the event of supply problems with pharmaceutical products and consider the use of alternative medication. ▪ Where necessary perform risk assessments, ensure treatment protocols are reviewed, & reduce length of stay to a minimum. ▪ Consult list of alternative suppliers with external contingency agreements. (see section: Contact List Of Key Suppliers And Partners – Appendix 7 - page X) ▪ Consider the cancellation of services in consultation with Clinical Director. (refer to 3.7.2 Critical Activities – page X) ▪ Consider stock level to maintain function. ▪ Consider increase of stock level on temporary basis of essential items 	<p>Action – Technology;</p> <p>Action – Supplies;</p> <ul style="list-style-type: none"> ▪ Contact key suppliers for information on their deliveries ▪ Ensure copies of key supplier Business Continuity Plans for fuel ▪ Contact Procurement for any NHS stock items required. If items are not available, the Procurement Department will attempt to relocate stock from other clinical areas (if possible). (List top ten supplies) ▪ Contact Procurement re; access to central stock of key essential items. <p>Action – Stakeholders;</p> <ul style="list-style-type: none"> ▪ Link to Procurement BCP ▪ Link to Pharmacy BCP ▪ See External Stakeholders Contact List (Appendix 5 - page X) ▪ Liaise with Communications Team ▪ 3.3.1 Media Trained Staff <p>Will these arrangements have critical services back online with the recovery time objective?</p>	<p>Directorate Management Team</p> <p>Procurement</p> <p>Pharmacy</p> <p>Catering</p> <p>Linen Services</p> <p>Pathology</p> <p>IT</p> <p>Domestic Services</p> <p>Theatre</p> <p>Main Stores</p> <p>Transport Department</p> <p>[Insert Wards & Departments]</p>

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Appendix 5: External Stakeholders Contact List	
Blackpool CCG	Switchboard
Lancs North CCG	Switchboard
Trinity Hospice	Switchboard
Fylde and Wyre CCG	Switchboard
Spiral Health	Switchboard

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Appendix 6: Internal Stakeholder Contact List			
AREA		NUMBER	RISK RATING (see table below)
Paula Roles		6880	
Mark Casson		7940	
Elaine Hindle		7939	
Dave Forshaw		7932	
Katie Lee		7006	
Alex Latham		1186	
Amanda Eagle		1182	
Level 1	Level 2	Level 3	Level 4
Supplier with little or no effect on continuity	Supplier which may have limited impact on continuity	Supplier of non-critical activities with serious impact or Supplier of critical activities with significant impact	Suppliers to the critical activities with serious/catastrophic impact on continuity
No supply chain issues	BC plan holders are responsible for identifying appropriate alternatives	Alternative suppliers are part of the BC plan with arrangements in place to backfill the gap if required	Probably no alternative supplier within the time scale required. Risk Register entry

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Appendix 7: Contact List Of Key Suppliers And Partners				
Item/Equipment		Supplier and Contact Details		Risk Rating
ESR System		Mckessons		3
E-Roster / E-Expenses		Allocate Software		3
ESR-Connect E-Timesheets		ESR-Connect		3
Level 1	Level 2	Level 3	Level 4	
Supplier with little or no effect on continuity	Supplier which may have limited impact on continuity	Supplier of non-critical activities with serious impact, or Supplier of critical activities with significant impact	Suppliers to the critical activities with serious/catastrophic impact on continuity	
No supply chain issues	BC plan holders are responsible for identifying appropriate alternatives	Alternative suppliers are part of the BC plan with arrangements in place to backfill the gap if required	Probably no alternative supplier within the time scale required. Risk Register entry	

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Appendix 8: Site Map

Welcome to Blackpool Victoria Hospital

Blackpool Teaching Hospitals NHS Foundation Trust

Department	Area	Floor	Department	Area	Floor
A&E Entrance	3	G	Primary Care Dept	3	G
Accident & Emergency (A&E)	3	G	Reception - Blue	4	1st
Account Office	1	G	Reception - Green	1	G
Acute Medical Unit	3	G	Reception - Grey	1	G
Adolescent Unit	2	1st	Reception - Lilac	1	G
Ambulance Liaison Office	1	G	Reception - Orange	1	G
Arms/Elder Ward	2	1st	Reception - Pink	1	G
Audiology	14	G	Reception - Rose	2	1st
Bery Ward	2	G	Reception	2	1st
Breast Care Centre	2	G	Women & Children's	8	1st
CallMarta	12	G	Reception - Yellow	1	G
CallMarta	12	G	Restaurant	9	1st
Cardiac Centre	12	G	Security & Car Parking Office	1	G
Cardiac Investigation Unit	12	G	Shop (Newspaper & Gift)	1	G
Cardiology Day Ward	12	G	Simulation & Skills Centre	2	2nd
Chapel	1	G	Speech Therapy	11	G
Chest Clinic	14	G	Surgical Appliances	2	G
Children's Assessment Unit	2	G	Surgical Centres	7	1st
Community Care Unit	10	1st	Surgical Assessment Ward	4	2nd
Delivery Suite	6	G	Trust Headteachers	14	G
Diabetic Resource Centre	14	G	Urgent Care Centres	3	G
Diabetes & Nutrition	4	G	Urgent Care Centres	3	G
Edwards East Park Drive	2	G	Victoria Centre	8	G
Edwards Whinney Heys Road	2	G	Ward 8	8	1st
Edwards Whinney Avenue	1	G	Ward C (Stroke)	8	2nd
Edwards Woodlands	5	G	Ward D	8	2nd
EEG	1	G	Ward 1 (HDU)	4	G
EEG	1	G	Ward 2	4	1st
Endocrinology	4	G	Ward 5 & 7	5	1st
General Office	1	G	Ward 6	5	1st
Haematology & Oncology	6	G	Ward 8	5	2nd
DayWards	6	4th	Ward 9	5	2nd
Education Centre	14	G	Ward 10	5	G
Information Desk	5	G	Ward 11	5	1st
Intensive Therapy Unit	3	G	Ward 12	5	2nd
Lancashire suite	12	1st	Ward 14 (Surgical Centre)	7	1st
M&M/Kin/Windmill Unit	6	1st	Ward 15 (Surgical Centre)	7	1st
Medical Rehab Unit	5	G	Ward 16 (Surgical Centre)	7	1st
Medical Photography	6	G	Ward 18	3	1st
Menopause	2	G	Ward 19	3	1st
Neonatal Unit	8	1st	Ward 23	3	2nd
Occupational Health	13	G	Ward 24	3	2nd
Occupational Therapy	1	G	Ward 25	3	2nd
Orthopaedic Surgical Unit	5	G	Ward 26	3	2nd
Orthotic Department	1	G	Ward 32	11	G
Podiatric Outreach	2	G	Ward 33	11	G
Pain Clinic	6	G	Ward 34	11	1st
Parkwood	10	G	Ward 35	11	1st
Pathology	2	G	X-Ray Central	4	G
Pharmacy	5	G	X-Ray North	3	G
Physiotherapy	1	G			



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Appendix 9: Loggist Recording Sheet

Appendix 10: Equality Impact Assessment Form				
Department	Departmental Wide	Service or Policy	Plan	Date Completed: November 2014
GROUPS TO BE CONSIDERED				
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.				
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED				
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.				
QUESTION	RESPONSE			IMPACT
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			

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Appendix 10: Equality Impact Assessment Form		
ACTION:		
Please identify if you are now required to carry out a Full Equality Analysis	No	(Please delete as appropriate)
Name of Author: Signature of Author:	Ann Haydock	Date Signed: November 2014
Name of Lead Person: Signature of Lead Person:	Ann Haydock	Date Signed: November 2014
Name of Manager: Signature of Manager	Paula Roles	Date Signed: November 2014

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