

## **Business Continuity Exercise Report for Respiratory**

Date: Friday 13<sup>th</sup> October 2023

Location: Respiratory Department, Level 3, Salisbury Hospital

### **OUTLINE**

This report is produced by the Emergency Planning Team for Salisbury Hospital NHS Foundation Trust to detail the response provided by the Respiratory service when asked to explain how it would react and what measures were in place with regards different scenarios based on their Business Continuity Plan. This report is required to support the assurance processes as laid down in the Civil Contingencies Act 2004 where all NHS Funded organisations must plan and practice responses to incidents that affect a service and is also designed to support present plans and identify any recommendations to ensure departments are able to respond effectively to any incidents.

### **METHOD**

On Friday 13<sup>th</sup> October 2023 a table-top exercise was organised by the Emergency Planning team to run through specific scenarios which would test the departments business continuity plans regarding incidents that could affect the service delivery for the patients at Salisbury. The exercise was formatted from the Public Health England (now UKHSA) “off the shelf” exercise for business continuity which is developed in conjunction with subject matter experts and senior managers within UKHAS and specialist healthcare professionals, to provide Emergency Planning, Resilience and Response Managers with detailed exercise instructions, including facilitator notes and scenarios. This ensures the exercises are conducted in a controlled and safe environment.

The scenarios were based on four specific incidents, these being IT Failure, Loss of Premises, Supply Chain delays and Staffing.

The group were given the scenarios and talked through their plans, with the Emergency Planning team identifying anything which could help improve the plans.

### **Scenario 1 – IT Failure**

**Response:** The group discussed the initial actions if an IT failure to any system was found and there was a clear route for staff to follow and escalate where it may be necessary. The plan is clear and concise which supports all staff members.

If there was a requirement to go back to using paper copies, all staff knew where these were kept and understood that if they required assistance in uploading the data back into the system, they could seek support from the Divisional team. The EPMA has organised “battle boxes” so spare patient charts are in these packs.

If the failure impacted on the telephones, mobile phones are available and contact details for patients are within the plan so this would need to be passed to the comm’s team for cascade. More Trust mobile phones would be an advantage but not having them, wouldn’t interrupted service delivery.

#### **Recommendations:**

1. Plan and practice IT failure processes.
2. Admin support for Recovery stage can be asked.
3. Plan for recovery.

#### **Scenario 2 - Loss of Premises**

##### **Response:**

The department is small, and any loss of room or facility could impact on service delivery however the team have used other areas to sustain the service (especially in COVID) so have a good understanding of where they go into. Clarendon Suite was advised as an alternative premises If the whole department was not available, the escalation would be to the site team who would then follow into the duty manager and or COO/deputy COO. There is a clear escalation process within the plan.

##### **Recommendation**

#### **Scenario 3 - Supply Chain Issues**

##### **Response**

The team discussed the process for managing supplies and the procurement team supports this however it was agreed to start having specific discussions with the top 5 suppliers as a good working relationship could support managing any issues that may occur.

Th process of starting discussions could also be used with neighbouring Trusts as good dialogue with partner organisations can help with getting equipment/medication at short notice. It also supports with intelligence gathering and will keep all parties informed of nay issues on the horizon.

##### **Recommendations**

1. Liaise with BSW.
2. Identified a few competitors for deal.
3. Plan for recovery.

## Scenario 4 – Staffing

### Response

The department has a clear understanding of what the minimal staffing numbers are and are aware of the clinical need of patients, which the priority will be managed by the senior CNSs (Clinical Specialist Nurses). If staffing numbers were low, flexibility to move staff around is available as highlighted in COVID but this needs to be managed well.

Knowing where staff live, and their care circumstances could help identify who may be able to attend work at short notice to maintain services so it was suggested a RAG rating against each member of staff may help. There isn't a high need for agency staff as all roles have been filled so there is resilience in the department.

### Recommendations

1. Ensure contact details for staff are up to date and located in a central area.
2. Working from Home is also an option for Nurse lead clinics.
3. Plan for recovery.

### CONCLUSION

The session was to identify any issues that may occur through different scenarios, and it was found that the Respiratory team have thought about what might happen and have identified how they could limit the impact on patients.

Those who attended the session were fully engaged and were very knowledgeable to what was in the plans to support daily service delivery. There are some recommendations identified but these are very minor and the plans that are in place, look robust.

The Emergency Planning team congratulates the Respiratory department with its ability to react to any situation and are available to give support to them where needed.

### List of Attendees

Steve Court	Head of EPRR
Sameer Anthony	EPRR Officer
Elise Jones	EPRR Officer
Ness Betts	Senior CNS
Catherine	Senior CNS
Phill Blackman	Operational Manager Oncology, Haem & Resp.