

MetaVision Suite 6.14 Business Continuity Plan

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Distribution Control

A paper copy will be in the Emergency Planning Team and on Trust Docs under the ID: 20389

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Consultation

The following were consulted during the development of this document:
Critical Care Senior Nursing Team.
Critical Care Matron.
Digital Health Analysts.

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document.

This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a protocol applicable to the Norfolk and Norwich University Hospital NHS foundation Trust. With relation to the following Trust Documents

- Standard Operating Procedure for the Trust Business Continuity Plan Approval Process [Trust Docs ID: 19291](#)

A hard copy of your plan must be kept in your area, including:

All action cards

Activation and Escalation Process

Business Impact Assessment/Analysis (excel spreadsheet)

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1. Introduction

1.1. Rationale

MetaVision Suite 6.14 (MV6) is the electronic patient record system (EPR) in use within the Critical Care Complex (CCC).

The purpose of the system is to collate all aspects of patient care. MV6 acts as a documentation record, drug administration system and is used for recording data and vital signs for patient care, as well as supporting clinical decision-making.

The system is interfaced with systems such as: PAS, ICE, Microsoft Active Directory; and devices such as: Radiometer Blood Gas Analyser, Radiometer PCT analyser, Mindray Monitors and Ventilators (Draeger V800 and Servo U) used within CCC to ensure accurate documentation and continuity of documentation and patient care records.

The system is interfaced with the data analysing system MedICUs feeding data for the Case Mix Program (CMP) audit for the Intensive Care National Audit & Research Centre (ICNARC) and for Critical Care Minimal Data Set (CCMDS) purposes. MedICUs will have its own Business Continuity Plan (BCP).

MV6 is used by all members of the multi-disciplinary team, and external teams coming to CCC, and all patients admitted for critical care level support are admitted to and their care is documented and managed within MV6.

1.2. Purpose

The aims of this BCP are:

- To ensure that staff and patient safety is remained through a coordinated response to building or site disruptions, thereby minimising the impact on the wider health care service.
- That all Trust Staff, facility managers and contractors fully understand their role and responsibilities in the event of a Business Continuity Incident.
- That any important information within the reasons for failure are indicated in this plan for an emergency, critical or major incidents.
- That clear escalation and communication routes and contacts exist across all services and necessary outside organisations, if applicable to ensure that early activation of service level business continuity plans and the appropriate support is available and both local and regional level.
- To provide expertise and guidance to the organisation to ensure a robust and working Business Continuity Plan is in place in all areas when an incident occurs
- To build resilience and make sure the organisation is equipped to continue operating when faced with Business Continuity Incident

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- To ensure that the management and compliance of all strategic and operational response plans are provided
- To ensure that adequate training is designed and provided for the organisation

1.3. Standards

The latest international requirements standard for business continuity management is BS ISO 22301 (2012).

This specifies the requirements to:

- Understand the organisation's needs and obligations
- Identify crucial risk factors affecting the organisation
- Establish, implement and maintain an effective Business Continuity Management System

In addition to the above, The Faculty of Intensive Care Medicine Guidelines for the Provision of Intensive Care Services (2022) states that all organisations using digital clinical information systems (or EPR) must have “a rigorous business continuity access (BCA) plan and resilience system so that critical patient information remains available and system downtime must not compromise patient safety in any way”.

2. Definitions

2.1. Business Continuity Planning

The process which leads to a clearly defined and documented plan for use in the event of a serious incident impacting upon the people, functions and/or reputation of a business. Examples of such events include power failures, loss of IT systems, fire, industrial action, transport disruption etc. These events may not be mutually exclusive, for example, extreme weather may lead to loss of electricity and disruption to transport which may prevent staff from getting to work and/or the distribution of essential supplies.

Although it is important to consider the possible **causes** of a disruption, it is the **effect** of such disruption that should be the focus of contingency planning.

2.2. Core Services / Key functions_

- Record all aspects of patient care:
 - Vital Signs (eObservations)
 - Biochemistry, haematology investigation results
 - Care recording (Nursing, AHP and Medical)
 - Care planning and decision-making
 - Drug Prescription and Administration (ePMA)

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- Point of Care results
- Record Critical Care activity
- Record Organ of Care and Levels of Care.

2.3. Business Critical Requirements

A business-critical requirement (system or resource) is regarded as one which if unavailable for more than the agreed maximum downtime, would result in severe disruption to the Trust in terms of its ability to maintain patient care standards or carry out key business operations.

3. Trust - Wide Business Planning Documents

The Business Continuity Plan should not exist in isolation and it therefore co-ordinates with existing Trust plans for emergency response that are available to all staff on the Intranet, for example:

- Major Incident Plan
- Operational Escalation Plan
- Disaster Assessment and Recovery Plan (IT)
- Cold Weather Plan
- Heat Wave Plan
- Critical Care Complex Business Continuity Plan

4.0. Business Continuity

4.1. Declaration of Business Continuity Plan

The declaration of the business continuity incident due to a technical issue with MV6 is the responsibility of the Critical Care Coordinator and MetaVision team.

5.0. Business Impact Analysis

5.1 Reasons for Failure

An interruption to core services can be caused by the loss or failure of People, Premises, Equipment, Processes and Providers.

Looking at each key function within the directorate, an impact analysis was undertaken which identifies, under five main headings, the requirements for the continuation of the service:

- People:
 - Key staff and skills

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- Minimum system disruption to ensure staff are able to maintain key unit functions
- Premises:
 - NNUH IT dept including Wi-Fi servers.
 - NNVMETA-API01 – Active Patient Index (API) server for communication with MedICUs.
 - NNVMETACOM01 - Communication server for medical equipment and clinical messaging.
 - NNVMETAICU01 – MedICUs host.
 - NNVMETASQL01 – server for main patient databases host.
 - NNVMETATST01 – server for test environment database.
 - NNVMETAV501 – Metavision version 5 (MV5) legacy server.
 - NNVMRDMV502 - MV5 Remote Desktop Service (RDS) Host.
 - NNVMRDSH01-08 - RDS hosts for MV6 (and other trust apps. Not dedicated to Mv6)
- Equipment:
 - Bedside and nursing station computers.
 - Wi-Fi.
 - Metavision Manual Recovery (also known as MetaVisionEDA) station.
- Processes:
 - Wi-Fi.
 - Freshdesk support.
 - IMS Maxims/iMDSOFT support.
 - Windows access.
 - Switchboard.
- Providers:
 - IMS Maxims/iMDSOFT.
 - Trust Wi-Fi provider CAE.
 - Digital Health.
 - IMS Maxim via iMDSOFT

5.2. Risk Assessment

The likelihood of each loss or failure occurring was scored out of 5 and the consequence (impact rating) was also scored out of 5. This gave a risk rating for each loss or failure which was graded green, yellow, amber or red in accordance with the Trust's risk management strategy.

In calculating the consequence (impact rating), the existing contingencies at both departmental and Trust level were taken into account. These are listed on the impact assessment (**Appendix B**).

5.3. Outcome

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The risk assessment (**Appendix B**) showed that the residual risk of failure or loss of MetaVision key service requirements were in the categories of:

Very Low Risk – RR Score 1 to 4

Low Risk – RR Score 5 to 8

Moderate Risk – RR Score 9 to 15

High Risk – RR Score 16+

Score outcome was:

- People:
 - Key staff and skills - 5
 - Minimum system disruption to ensure staff are able to maintain key unit functions - 5
 - Premises:
 - NNUH IT dept including Wi-Fi servers. - 5
 - NNVMMETA-API01 - API server for communication with MedicUs.- 5
 - NNVMMETACOM01 - Communication server for medical equipment and clinical messaging. - 5
 - NNVMMETAICU01 – MedicUs host.- 5
 - NNVMMETASQL01 – server for main patient databases host. - 10
 - NNVMMETATST01 – server for test environment database. - 5
 - NNVMMETAV501 - MV5 Legacy SQL server. - 5
 - NNVMRDMV502 - MV5 RDS Host. - 5
 - NNVMRDSH01-08 - RDS hosts for MV6 (and other trust apps. Not dedicated to Mv6) – 10
- Equipment:
 - Bedside and nursing station computers. - 10
 - Wi-Fi. - 15
 - MetavisionEDA station. - 10
- Processes:
 - Wi-Fi. - 15
 - Freshdesk support. - 5
 - iMDSoft support. - 5
 - Windows access. - 5
 - Switchboard. - 5
- Providers:
 - iMDSoft. - 5
 - Trust Wi-Fi provider CAE. -5
 - Digital Health. - 10
 - IMS Maxim via iMDSoft - 5

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5.4. Responsible People_

The person at Hospital Management Board level with responsibility for this Business Continuity Plan is the Chief Division for Surgical, Critical and Emergency care.

The first actions following an incident would be taken by the unit coordinator.

5.5. Business Continuity Team_

The contact details for the responsible team, including an emergency number for contacting the person out of hours, are:

Title	Name	Extension	Emergency No.
Clinical Lead	Dr Akesh Dhrampal	6529	Only held on secure copies Numbers available via NNUH switchboard
Matron	Keri Betts	1487	
Senior Charge Nurse	Filipe Figueiredo	6661	
Consultant – Digital Lead	Balachandra Maiya	6661	
Staff Nurse, MetaVision Suite Administrator	Emily Georgina Hackett	6661	

5.6. Plan Structure

The team dealing with the incident should work together to address each phase of the situation. The team members who are contacted to deal with the initial response would depend on the location, timing and nature of the incident. It is the responsibility of any member who is 'first on the scene' to contact other team members as appropriate.

5.7. Initial Response_

The immediate priority would be to:

- Critical Care Coordinator to either take the role leading coordinating the response or nominate and appropriate senior member of staff if unit acuity requires
- Follow downtime algorithm in Appendix A
- Contact IT (either via 5555 or on-call via switch) and ensure a response time estimate is provided
- Inform the Critical Care Triumvirate
- Inform MetaVision Team

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5.8. Incident Management

Initiate the MetaVision manual reversion standard operating procedure ([19503](#)) which details plans for admission, discharge, observation, medication and nursing care if less than 4 hours downtime.

If greater than 4 hours downtime, follow the algorithm in **Appendix A** initiating this BCP.

5.9. Sustained Response

The procedures required to resume business are:

- Identify tasks to be undertaken by the Business Continuity Team.
- Identify tasks to be undertaken by other members of staff within the department or in other departments within the Trust.
- Undertake the necessary procedures required to resume the business of the core services.

6.0. Monitoring and Recovery

Following the resumption of business there should be a period of monitoring to ensure that the longer-term actions required to maintain continuity over a period of time are carried out. These could include:

- Improving existing contingencies, e.g., by assessments of MetaVision Suite, the database and servers for stability and security
- Developing partnership arrangements with other providers such as Service desk and iMDSoft

6.1. Should Recovery not be successful

In the event that manual reversion is undertaken and the stability of MV6 downtime is such that the system cannot be recovered a decision should be made by the Critical Care Triumvirate and MetaVision Team regarding the suitability of business operations to continue.

This should be completed in line with the Critical Care Complex business continuity plan. This includes, but is not limited to, the temporary closing of the Critical Care Complex and temporary discontinuation of service.

6.2 Testing and reviewing the Plan

It is important that staff have confidence in the plan, and it is workable and useful. Plans will be reviewed annually. The purpose of this would be to:

- Ensure the plan works.

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- Ensure people are aware of the role they play.
- Learn lessons: identify errors and amend the plan accordingly.
- Update the plan to take account of changes to the service or staff.
- Update the plan to take account of changes in legislation.

6.3 Conclusion

Business continuity planning is about identifying the critical functions and outputs of the business, assessing the threats and devising a plan to eliminate or minimise and manage any threats that do materialise. The result should be a framework for building resilience and ensuring that the department is capable of an effective response.

6.4 Resources

Business Continuity Planning for NHS Organisations; NHS Information Authority: www.igt.connectingforhealth.nhs.uk

Business Continuity Management Toolkit; HM Government: www.direct.gov.uk

British Standards Institution: www.bsigroup.com. (Assessment and certification)

Risk Management Strategy; NNUH Intranet

The Faculty of Intensive Care Medicine Guidelines for the Provision of Intensive Care Services (2022) <https://www.ficm.ac.uk/sites/ficm/files/documents/2022-0GPICS%20V2.1%20%282%29.pdf>

Consequence Score X Likelihood Score = Risk Score						
	Consequence should a risk occur					
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastroph (5)
Likelihood of the risk	Almost Certain (5)	5	10	15	20	25
	Likely (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Remote (1)	1	2	3	4	5

7.0. Risk Scoring Matrix

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Appendix A

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