

BUSINESS CONTINUITY MANAGEMENT POLICY

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DOCUMENT CONTROL

Reference	Version 4	Status Final	Author Head of Corporate Business/ Emergency Planning Officer
Amendments	Extensively revised following post incident learning and the annual EPRR assurance process.		
Document objectives: This Business Continuity Policy provides the strategic framework for the Trust's business continuity arrangements and describes its business continuity management programme which will ensure it meets its legal obligations to ensure the organisation's essential activities and services are protected against potential disruption as a result of incidents, emergencies and climate change adaptation.			
Intended recipients: All Trust staff and members of partner agencies.			
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1. INTRODUCTION

- 1.1 Business continuity management (BCM) is a legal requirement for all NHS organisations. BCM forms part of the Care Quality Commission's Essential Standards of Quality and Safety which all health providers must comply with as a condition of their CQC registration and the NHS Commissioning Board, Core Standards for Emergency Preparedness, Resilience and Response 2013 (EPRR). BCM is an integral part of EPRR and sits within the EPRR Core Standards Framework in both planning and assurance.
- 1.2 The Cabinet Office Standard, BS 259999, (now the ISO 22301) sets out the requirements for BCM and will help to ensure the Trust is able to meet the requirements of the NHS Resilience Project and has in place a process to meet its obligations under the Department of Health "NHS Resilience and Business Continuity Management Guidance" (June 2008)¹.
- 1.3 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 provide the statutory basis for the Care Quality Commission's Essential Standards of Quality and Safety, ss 4B, 6D and 10E, which require healthcare providers to have arrangements in place for the management of emergencies and the development and maintenance of contingency plans to maintain services. These must enable them to:
- respond to incidents and emergencies;
 - ensure the health, safety and well-being of its patients and staff;
 - support partner agencies through mutual aid arrangements.
- 1.4 BCM is an integral and critical part of the incident response planning process and helps build resilience within the organisation. BCM is about identifying an organisation's essential activities and services, the 'appropriate' resources required to deliver them, and how to maintain and reinstate them as soon as reasonably practicable should a disruptive incident occur. BCM achieves this by assessing the risks to the Trust's ability to deliver its services, how these risks can be eliminated or reduced, the contingency plans which can be put in place to ensure those services identified as essential are maintained regardless of the disruption and how the other services can best be recovered when the disruption ceases.
- 1.5 The Climate Change Act 2008 also places a mandatory requirement on health care organisations to put in place Climate Change Adaption plans. The UK climate is changing and as a consequence there are more frequent and severe weather events, such as droughts, heat waves, storms and extremes of cold and hot weather bringing potentially increased disruption to services and activities. The BCM forms part of the Trust's Climate Change Adaption plans by building in organisational resilience to deal with severe weather events and other climate change impacts.
- 1.6 This policy requires **ALL Services in ALL Divisions** to develop BCM plans which detail how a service will perform its functions in the event of

¹ [The NHS Resilience and Business Continuity Management Guidance 2008: interim strategic national guidance for NHS organisations](#)

disruption by defining and prioritising its essential activities/services, detailing contingency arrangements during the disruption and, when the disruption has passed, how all services will be restored (recovered) by.

- undertaking a Business Impact Analysis (BIA) to identify essential activities/services;
- identifying the risks to the delivery of essential activities/services and the likely impact if they are affected;
- planning how to mitigate against risk to essential activities/services and improve the resilience;
- developing a Recovery Plan which details the Minimum Tolerable Period of Disruption (MTPD) to essential activities/services, their Recovery Time Objectives (RTO), and the minimum and appropriate resources required delivering them and the order of priority to in which these and other services should be restored to normal.

1.7 Other NHS, private and third sector organisations which provide services on behalf of the Trust or equipment and goods which will be used by the Trust are required to have their own BCM and resilience arrangements in order to meet their legal and contractual obligations to the Trust.

2. SCOPE

2.1 This Policy applies to:

- all Trust services in all Divisions;
- staff directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the Trust;
- all third parties and others authorised to undertake work on behalf of the Trust;
- all Trust managers responsible for contracting, commissioning or purchasing goods or services from external organisation(s), defined as NHS Funded Providers. These managers are responsible for ensuring contracts and/or service level agreements with providers of goods and/or services include arrangements to ensure there are robust BCM arrangements are in place so that the service or product they provide can be maintained thus supporting the Trusts' own identified essential activities.

2.2 The procedures described are separate from, but operate in conjunction with, the Trust's Incident Response Plan and specific contingency planning documents including the Pandemic Contingency, Severe Weather, and Heatwave Plans.

3. DUTIES AND RESPONSIBILITIES

3.1 The **Chief Executive** has a legal duty under the Civil Contingencies Act (2004) and within NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards (2014) to ensure the Trust is

prepared to respond to a major incident or contingency event within the local and wider health community, to maintain the public's protection, and maximise the NHS' overall response. The Trust is ultimately accountable to the public and the Secretary of State for Health for ensuring the organisation consistently follows the principles of good corporate governance and internal control. This ensures an EPRR programme, of which BCM is an integral part, is in place to ensure, in the event of a loss or major disruption to core Trust functions, the public continue to receive the best quality and range of services it is reasonably practicable to deliver, and Prioritised Activities/Services are maintained.

- 3.2 The **Accountable Officer for Emergency Planning (Director of Governance and Corporate Development)** provides assurance to the Trust Board the organisation is meeting its obligations with respect to EPRR and relevant statutory obligations under the Civil Contingencies Act 2004. This will include assurance that the organisation has allocated appropriate resources to meet these requirements, which includes the support of trained and competent staff. The Officer is responsible for ensuring business continuity processes are managed in accordance with the requirements of Department of Health guidance and ISO 22301.
- 3.3 The **Emergency Planning Lead (Head of Corporate Business)** is responsible for the development and implementation of the BCM programme, advising on compliance with the Civil Contingencies Act and NHS England EPRR Core Standards. The Lead will:
- develop a Trust Incident Response Plan (IRP) from which the BCM element will list the Trust's Prioritised Activities/Services;
 - provide specialist advice and on BCM issues including the coordination, development, implementation and review of the BCM policies, programme and plan;
 - interpret the requirements of the Civil Contingencies Act 2004, NHS England EPRR Core Standards and ISO 22301 Societal Security - BCM System Requirements, and associated guidance to support the Trust's Divisions and operational services to ensure these requirements are met;
 - conduct risk assessments based on current and future threats identified through environmental scanning and intelligence gathering;
 - embed an EPRR/ BCM culture through awareness sessions, training and exercises to staff according to their roles and needs;
 - liaise with other NHS organisations and the wider area external agencies as required;
 - assess compliance relating to local Emergency Response and BCM Plans, providing recommendations and other feedback as appropriate.
- 3.4 The **Executive Directors** are responsible for ensuring:
- liaison with the Emergency Planning Lead;
 - the completion of directorate core business impact analyses and associated risk assessments and BCM plans;

- appropriate BCM plans are completed for their directorates;
- BCM plans are reviewed annually or as required following an exercise or actual event taking place which makes a review appropriate.

3.5 The **Divisional and Service Managers** are responsible for:

- implementing and supporting the BCM policy;
- ensuring a Business Impact Analysis (BIA) for their services is undertaken;
- developing, maintaining and reviewing at least annually their BCM plans, including the BIA;
- testing and exercising at least annually their BCM Plans;
- ensuring sufficient training is given;
- participating in exercises where appropriate;
- maintaining all relevant operational BCM plans as they are developed, ensuring any significant service changes or risks are reflected in plans, and for understanding all the requirements and responsibilities as detailed in the plans.

3.6 **Managers/Team Leaders** are responsible for:

- ensuring their staff are familiar with BCM arrangements and plans;
- testing and exercising at least annually their BCM plans;
- ensuring sufficient training is given;
- participating in exercises where appropriate.

3.7 **All Staff** will make themselves aware of their department's BCM plans and will participate in training and exercises as required.

4. EXPLANATION OF TERMS USED

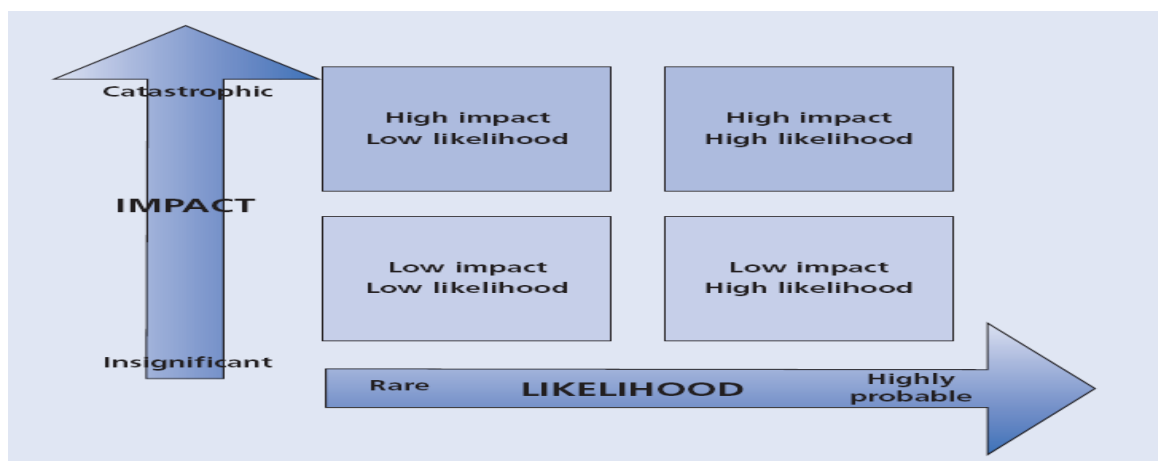
4.1 **Business Continuity Management (BCM)** is an inclusive management process which enables the Trust to:

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

4.2 A **Business Continuity Plan** is a plan to facilitate BCM ensuring the Trust can continue to perform its functions whatever the circumstances.

4.3 A **Business Impact Analysis (BIA)** is the process of analysing ALL Trust business functions and the effect a disruption might have upon them.

4.4 **Impact:** the extent to which the event impacts upon the Trust (e.g. lack of staff, disruption to power supply, damage to facilities).



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4.5 **Maximum Tolerable Period of Disruption (MTPoD)** is the time duration after which the service's viability will be irrevocably threatened if product and service delivery cannot be resumed.

4.6 **Prioritised Activities/Services** are those services which are necessary for the preservation of life or to ensure the health, safety and welfare of patients and staff.

4.7 **Recovery** is the process of restoring and rebuilding and supporting groups particularly affected in the aftermath of an incident.

4.8 **Recovery Time Objective (RTO)** is a target time set for the resumption of a product, service, activity or resource after an incident.

4.9 **Resilience** is the ability of the Trust to withstand the consequences of a disruptive incident.

4.10 **Service Interruption** is a disruptive challenge that threatens personnel, buildings, clinical systems and operational procedures of the Trust which require special measures to be taken to restore normal operating functions.

5. LEGAL FRAMEWORK AND STANDARDS

- 5.1 Under the **Health and Social Care Act 2012**, the Trust must be 'properly prepared for dealing with an emergency' and must monitor and control all services to make sure they are prepared.
- 5.2 Under the Civil Contingencies Act (2004), the Trust and its subcontractors must show they can deal with these incidents while maintaining services to patients. This work is referred to as 'Emergency Preparedness Resilience and Response' (EPRR).
- 5.3 The main guidance for business continuity management, against which this policy is aligned, is contained in:
- **ISO 22301** Societal Security - Business Continuity Management Systems – Requirements:
http://www.iso.org/iso/catalogue_detail?csnumber=50038
 - **ISO 22313** Societal Security - Business Continuity Management Systems – Guidance;
 - **PAS 2015** - Framework for Health Services Resilience:
<http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297>

6. EFFECTIVE BUSINESS CONTINUITY MANAGEMENT

- 6.1 Successful BCM has the potential to achieve:
- identification and protection of key Trust services and critical functions ensuring continuity;
 - an incident management capability to avoid incidents becoming crises;
 - understanding by the Trust of itself, its relationships with partners, suppliers, other organisation and the emergency services are properly developed and documented;
 - trained staff, who will be able to respond effectively to an incident or service interruption;
 - understanding and effectively delivering stakeholder requirements.

Effective Business Continuity Management is Built Upon the “Seven P`s”².

1.	<u>P</u>rogramme	Proactively managing the process
2.	<u>P</u>eople	Roles and responsibilities, awareness and education
3.	<u>P</u>rocesses	All organisational data and processes, including ICT and clinical systems
4.	<u>P</u>remises	Buildings, Facilities and equipment
5.	<u>P</u>roviders	Supply chain, including outsourcing and utilities
6.	<u>P</u>rofile	Brand, image and reputation
7.	<u>P</u>erformance	Benchmarking, evaluation and audit

6.2 BCM is concerned with ensuring the Trust is able to continue operating to a pre-determined level, in the event of a disruption.

6.3 Effective BCM is not only about minimising the likelihood of an event occurring but also having the ability to recover and restart following an incident.

6.4 There may be serious consequences for the Trust if it does not have effective BCM in place including:

- failure to deliver key services;
- possibility of loss of life or injury;
- loss of public confidence;
- exposure to potential legal action, leading to financial penalties and the reduction of available funding.

7. THE BUSINESS CONTINUITY MANAGEMENT PLANNING CYCLE

7.1 To align with the required standards, and best practice, the Trust BCM process will follow the five stages of the BCM lifecycle. The five stages are shown below:

² [Emergency Preparedness, Chapter 6: "Business Continuity Management"](#)



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Business Continuity Objectives

7.2 The primary BCM objectives for the Trust will be to:

- comply with legal, regulatory and contractual obligations;
- ensure effective and competent incident management;
- ensure Prioritised Activities/Services have been identified, are protected, and their continuity made certain;
- ensure staff are trained to respond effectively to an incident or disruption through appropriate exercising;
- understand the requirements of key stakeholders and maintain communication with them;
- maintain the safety and well-being of patients, staff and others;
- meet the extraordinary demands of an evolving scenario;
- ensure the supply chain is secured;
- contribute to whole System/Wide Area Resilience.

Business Impact Analysis

7.3 ALL Trust services in ALL Divisions will undertake a Business Impact Analysis (BIA) using the Trust Business Impact Analysis template in the BCM Plan template in Appendix B. Directorate and Central Services will use the BIA in Appendix C.

7.4 Support and training in the use of the template will be provided by the Emergency Planning Lead.

7.5 The BIA element of the BCM process will analyse the functions/activities of the service and/or Division on the basis of not performing that function.

- 7.6 A BIA is designed to assist business continuity planning by identifying essential activities, the impact of a disruption and the resources required to maintain/restore them. A BIA should be completed for all essential services mapped out in directorate plans. This is used to assist business continuity planning for that service.
- 7.7 Categorisation will enable managers to identify all Prioritised Activities to provide a Trust-wide perspective of those services which need to be continued, reduced or suspended.

CATEGORY OF ACTIVITY
A: activities which must be continued
B: activities which could be scaled down if necessary
C: activities which could be suspended if necessary

- 7.8 The number and complexity of Prioritised Activities/Services identified will determine the subsequent level of support needed during an incident.
- 7.9 All services in all Directorates will review their BIAs on an annual basis, on undertaking a new service, post exercise and post incident.

Risk Assessment

- 7.10 ALL Trust services in all Divisions will undertake a Risk Assessment using the Trust's Risk Assessment Matrix and guidance.
- 7.11 The Risk Assessment considers the services and supporting resources identified in the BIA stage. The likelihood and impact of a variety of risks which could cause disruption to these services is analysed with the focus being on the **RED (A)** and **AMBER (B)** Prioritised Activities/Services, allowing services to prioritise their risk reduction activities. This should be referenced where appropriate in local and divisional risk registers.

Impact of Disruption

- 7.12 For the identified **RED (A)** and **AMBER (B)** Prioritised Activities/Services, ALL services will analyse the impact of disruption and determine the:
- Maximum Tolerable Period of Disruption (MTPoD) using the following:
 - One hour**
 - Four hours**
 - One Day**
 - One Week**
 - One month**
 - Recovery Time Objective (RTO) of a service or activity (which must be less than its MTPoD), using the following:
 - One hour**
 - Four hours**
 - One Day**
 - One Week**

□ **One month**

- *minimum* amount of *appropriate* resources (including staff, premises, utilities, technology, information, supplies and stakeholders in order to maintain Prioritised Activities/Services at a basic level and with the appropriate skills/level of expertise required, This must include processes to identify staff with skills which are not easily obtained from elsewhere within the Trust.
- appropriate control measures which can be put in place to reduce the likelihood of disruption, shorten the period of disruption, and limit the impact.

Recovery Plans

7.13 Following completion of the Business Impact Analysis and Risk Assessment, ALL services in all Divisions will formulate their Recovery Plan as to how **RED**, **AMBER** and **GREEN** Prioritised Activities/Services will be restored in order to meet the determined RTOs.

7.14 Recovery Plans will be:

- comprehensive but easy understandable;
- efficient;
- achievable;
- realistic;
- concise as possible and readily available when needed;
- easy to revise and update.

8. INCIDENT IDENTIFICATION

8.1 An incident or set of circumstances which might present a risk to service continuity might be identified by any member of staff. When an incident or set of circumstances which might present a risk to service continuity is identified, it is important the staff member identifying the incident knows what to do. In the initial stages, this will involve making sure the right people have been informed.

8.2 In the event of a minor incident, or one which can be dealt with using normal services and resources available, managers and staff will manage the incident locally.

8.3 The below table outlines the Levels of Incident and the required action of Trust staff and On-Call staff:

Level 1	<p>Disruption to a GREEN Service (A service which could be suspended if necessary)</p> <p>An incident which requires activation of local business continuity plans to ensure essential activities are maintained.</p> <ul style="list-style-type: none"> • Only notify Head of Division/Director if this impacts upon a Priority Activity • Take any remedial action it is safe to take • Report to line manager • Follow local BCM plan • Report through DATIX
Level 2	<p>Disruption to an AMBER Service (A service which could be scaled down if necessary)</p> <p>A business continuity incident which requires activation of directorate plans due to the number or severity of impacts on prioritised activities.</p> <ul style="list-style-type: none"> • Notify Service/Area Manager/Divisional Director who may notify the On Call Director and Accountable Emergency Officer (AEO). • Follow Directorate BCM plan • Report through DATIX
Level 3	<p>Disruption to a RED Priority Service (A service which must be enhanced/continued)</p> <p>An incident which requires full implementation of Trustwide plans; declaration of a major incident will be considered by the Executive Team and/or coordination by a crisis management team under the leadership of an Executive Director.</p> <ul style="list-style-type: none"> • Notify Head of Division/ Director who will notify the Accountable Emergency Officer(AEO) • Out of Hours notify the On Call Manager who will notify the On Call Director • The On Call Director will determine whether to declare a Major Incident • Follow Service/Divisional Business Continuity Plan • Report through DATIX

9. INCIDENT DECLARATION

Normal Working Hours

- 9.1 During normal working hours, in the event of an incident, or set of circumstances which might present a risk to the continuity of **RED**, and **AMBER Prioritised Activities/Services**, an Incident would be declared and the BCM Plan invoked by the Director or Head of Division with responsibility for the service affected. If appropriate the Director or Head of Division will declare a Major Incident in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.
- 9.2 Where more than one service is affected, any one of the responsible Directors or Heads of Division can decide to declare a major incident and invoke the Trust's Incident Response Plan.

Out of Hours

- 9.3 In the event of an incident which might present a risk to the continuity of **RED** and **AMBER** Prioritised Activities/Services occurring outside normal working hours, the On-Call Manager would decide to declare an Incident and invoke the 'local' BCM Plan, informing the On-Call Director. If appropriate the On-Call Director will declare a Major Incident invoke the Trust's Incident Response Plan in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.
- 9.4 Both during normal working hours and out of hours the responsible Director, Head of Division or On Call Manager will:
- start an incident log;
 - notify the Accountable Emergency Officer (in hours) and the On-Call Director of the incident and response at the earliest opportunity;
 - notify the Head of Communications;
 - if out of hours, notify the Director or Head of Division with line management responsibility for the service at the earliest possible opportunity the next working day.

- 9.5 **During in hours and out of hours the Director decides it is appropriate to declare a Major Incident the Trust's Incident Response Plan would then be followed.**

Stand Down

- 9.6 The responsible Director and Head of Division will decide in consultation with the Accountable Emergency Officer when an Incident can be stood down.

Recovery, Debrief, Lessons identified to Lessons Learnt

- 9.7 The responsible Director would be responsible for leading a debriefing and review process to ensure organisational learning, through identifying lessons to then be learnt:
- 9.8 A review of the response by the service, area, division, organisation, partners/other agencies is evaluated, from which lessons are identified can be highlighted and from which a timetable of how those lessons will be learnt.

- 9.9 Staff receive appropriate support to ensure their health, safety and well-being at work; All areas of concern are addressed.
- 9.10 All relevant documents are collated and a report prepared.
- 9.11 Any additional training needs are identified and a timetable of when that will be delivered.
- 9.12 Staff are kept fully informed.
- 9.13 BCM Plans are reviewed and updated.

10. COMMUNICATIONS

- 10.1 The Trust will maintain procedures for regular communications with partner organisations. This is particularly important during the planning stage for known disruptions such as winter weather.
- 10.2 Formal reporting and situation updates may also be required using the METHANE template in the lead up to and during a disruption to create a local, regional and national overview of effects across the NHS.
- 10.3 These arrangements will be tested to make sure the Trust can maintain the flow of information.
- 10.4 The Trust will maintain robust internal and external communication procedures for before, during and after a disruption. These procedures include a system for alerting partner organisations and interested parties of any current or potential disruption to services.

11. EQUALITY AND DIVERSITY

- 11.1 The Trust recognises and acknowledges the diverse nature of its workforce and of the patients and carers to whom it provides treatment and care. The Trust ensures all information and guidance sent to members of staff, patients and carers will be in a language and format which they can easily understand.
- 11.2 The Trust recognises people who have English as a second language may experience language difficulties due to the added stress of a disruptive event. The Trust will endeavour to support them by ensuring language support is available.
- 11.3 The Trust recognises issues related to the protected characteristics defined by the Equality Act 2010 and the potentially different effects these may have on its workforce, patients and carers during a disruptive event and will ensure these are taken fully into account as far as is possible during such an event.
- 11.4 A very disruptive event is a very and difficult time and there may be a need for increased spiritual and religious support. Members of the Trust Chaplaincy Service and Spirituality Forum will provide this support in cooperation with members of the Somerset faith communities. Rooms will be set aside in all Trust premises for staff, service users and carers to use for reflection and prayer.

12. EXERCISING AND TRAINING REQUIREMENTS

- 12.1 Trust wide exercises (unannounced, planned or table top) will be conducted as described in the Trust's EPRR Training Plan.
- 12.2 Individual Divisions are responsible for ensuring their BCM Plans are exercised. The frequency of exercise will be dependent on the number of Prioritised Activities/Services and the risk to them and will be at the discretion of the Divisional Director. However all BCM Plans should be exercised and reviewed at least annually by:
- **Testing.** Not all aspects of a plan can be tested, but crucial elements such as the contact list and the activation process can;
 - **Discussion.** Staff are brought together to inform them of the plan and their individual responsibilities. Discussion allows problems and solutions to be identified; (Lessons identified to be Learnt);
 - **Table-top.** Staff take decisions as a scenario unfolds in the same way they would in the event of a real Incident;
 - **Live.** Ranges from a small scale test of one component, such as evacuation, through to a full scale test of all the components of the plan.
- 12.3 The Head of Corporate Business Continuity will ensure BCM is included in the Trust's corporate induction training.
- 12.4 All managers will ensure awareness of their Service/Area or Divisional BCM Plans form a part of the local induction process.
- 12.5 Staff will be trained according to their level of need, as per the Trust's EPRR Training Needs Analysis (TNA).
- 12.6 Significant changes and updates to BCM requirements or processes will be notified through the Regulation Governance Group.

13. EQUALITY IMPACT ASSESSMENT

- 13.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

14. MONITORING COMPLIANCE AND EFFECTIVENESS

14.1 Process for Monitoring Compliance

- Overall monitoring will be by the Regulation Governance Group.
- Monitoring of the policy will also be conducted at operational management meetings and at ward/team levels.

14.2 Responsibilities for conducting the monitoring

- The Head of Corporate Business/Emergency Planning Lead will be responsible for monitoring the effectiveness of the policy and for

reporting concerns or issues to the Regulation Governance Group.

14.3 **Methodology to be used for monitoring**

- Incident reporting and monitoring.

14.4 **Frequency of monitoring**

- The Regulation Governance Group will receive quarterly reports on business continuity preparedness or more frequently when required.

14.5 **Process for reviewing results and ensuring improvements in performance occur.**

Issues and concerns will be presented to the Regulation Governance Group as appropriate for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These will be responsible for ensuring improvements, where necessary, are implemented. A brief of the any lessons learnt will be provided to staff to raise awareness.

15. **RELEVANT CARE QUALITY COMMISSION (CQC) STANDARDS**

15.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 8:	General
Regulation 12:	Safe care and treatment
Regulation 15:	Premises and equipment
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 20:	Duty of candour

15.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11:	General
Regulation 18:	Notification of other incidents

15.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

16. COUNTER FRAUD

- 16.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

17. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

17.1 Trust Documents

- Incident Response Plan, associated plans and action cards;
- Risk Management Policy;
- Risk Management Strategy;
- Health & Safety Policy;
- Climate Change Adaption Plan;
- Severe Weather Plan;
- Evacuation and Shelter Policy;
- Lockdown Policy;
- Pandemic Contingency Plan;
- Road Fuel Plan;
- Chemical, Biological, Radiological, Nuclear (CBRN) Plan (Restricted).

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

17.2 National Documents

The following documents provide the regulatory and strategic context for this policy. They make BCM a legal requirement for the Trust and describe expectations and good practice regarding emergency preparedness and business continuity:

- Civil Contingencies Act 2004 and the Civil Contingencies Act 2004 (Contingency Planning) regulations 2005 (<http://www.legislation.gov.uk/ukxi/2005/2042/contents/made>);
- Humanitarian Assistance Guidance (<https://www.gov.uk/government/publications/humanitarian-assistance-in-emergencies>);
- Business Continuity Institute Good Practice Guidelines (2013);
- International Standards Organisation ISO: 22301: 2012;
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2009;

- Care Quality Commission's Essential Standards of Quality and Safety';
- Responding to Emergencies: The UK Central Government Response. Concept of Operations 2010;
- NHS Resilience PAS 2015: Guidance for NHS-funded organisations 2010;
- Health and Social Care Act 2012;
- National Occupational Standards for Civil Contingencies: Skills for Justice;
- British Standards Institute PAS 2015 Framework for Health Services Resilience;
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response 2013;
- NHS Commissioning Board Emergency Preparedness Framework 2014;
- NHS Commissioning Board Business Continuity Framework (Service Resilience) 2013;
- NHS Commissioning Board Business Continuity Policy Guidance;
- NHS England Business Continuity Management Toolkit;
- Climate Change Act 2008

17.3 Other useful guidance includes:

- ISO 27000 series – a set of standards relating to security management systems: <http://www.27000.org/index.htm>;
- ISO 31000 series – a set of standards relating to risk management family of standards: http://www.iso.org/iso/catalogue_detail?csnumber=43170;
- PD 25222 – guidance on supply chain continuity: <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030239218>;
- PD 25888 – guidance on recovery following a disruption: <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030194308>;
- PD25111 – guidance on the human aspects of business continuity: <http://shop.bsigroup.com/ProductDetail/?pid=00000000030229830>;
- NHS Sustainable Development Unit Adaptation Guidance August 2012: [http://www.sdu.nhs.uk/documents/publications/Adaptation_Guidance_Final.pdf#search="adaptation"](http://www.sdu.nhs.uk/documents/publications/Adaptation_Guidance_Final.pdf#search=).

APPENDIX A: BCM GUIDANCE INFORMATION

People	Premises	Processes	Providers	Profile
<p>Key Staff: What staff do you require to carry out your key Functions?</p>	<p>Buildings: What locations do your department's key functions operate from? (Primary site, alternative premises).</p>	<p>IT: What Clinical (IT) Systems are essential to carry out your key functions? (ie, RiO, Iaptus, Optimise, OrderComms)</p>	<p>Reciprocal Arrangements: Do you have any reciprocal arrangements with other organisations?</p>	<p>Reputation: Who are your key stakeholders?</p>
<p>Skills/Expertise/ Training: What skills/level of expertise is required to undertake key functions?</p>	<p>Facilities: What facilities are essential to carry out your key functions?</p>	<p>Documentation: What documentation / records are essential to carry out your key functions, and how are these stored?</p>	<p>Contractors/External Providers: Do you tender key services out to another organisation, to whom and for what?</p>	<p>Legal Considerations: What are your legal, statutory and regulatory requirements?</p>
<p>Minimum Staffing Levels: What is the minimum staffing level with which you could provide some sort of service?</p>	<p>Equipment/Resources: What equipment/resources are required to carry out your key functions?</p>	<p>Systems and Communications: What systems and means of communication are required to carry out your key functions?</p>	<p>Suppliers: Who are your priority suppliers and whom do you depend on to undertake key functions?</p>	<p>Vulnerable Groups: Which vulnerable groups might be affected by failing to carry out key functions?</p>

CONSIDERATIONS FOR INCREASING BCM RESILIENCE

People	Premises	Processes	Providers	Profile
<p>Key Staff:</p> <p>Can staff be contacted out of hours?</p> <p>Could extra capacity be built into your staffing to assist you in coping during an incident?</p>	<p>Buildings:</p> <p>Could you operate from more than one premise?</p> <p>Could your relocate operations in the event of a premise being lost or if access to the premise was denied?</p>	<p>IT:</p> <p>Is there a process or way of working without IT or Clinical Systems? (this includes working with RiO)</p> <p>How long could the service operate - are alternative arrangements in place?</p>	<p>Reciprocal Arrangements:</p> <p>Do you have agreements with other organisations regarding staffing, use of facilities in the event of an incident?</p>	<p>Reputation:</p> <p>How could reputational damage to your organisation be reduced?</p> <p>How could you provide information to staff and stakeholders in an emergency?</p>
<p>Skills/Expertise/Training:</p> <p>Could staff be trained in other roles?</p> <p>Could other members of staff undertake, other non – specialist roles, in the event of an incident?</p>	<p>Facilities:</p> <p>Are any of your facilities multi-purpose?</p> <p>Are alternative facilities available in the event of an incident?</p>	<p>Documentation:</p> <p>Is essential documentation stored securely (such as fire proof safe, backed up)?</p> <p>Do you keep copies of essential documents elsewhere?</p>	<p>Contractors/External Providers:</p> <p>Do you know of alternative contractors or are you reliant on a single contractor?</p> <p>Do our contractors have contingency plans in place?</p> <p>Could contractors be contacted in the event of an incident?</p>	<p>Legal Considerations:</p> <p>Do you have back up processes in place to ensure your legal obligations can be maintained?</p>

People	Premises	Processes	Providers	Profile
<p>Minimum Staffing Levels:</p> <p>What is the minimal staffing level to continue to deliver your key functions at an acceptable level?</p> <p>What measures could be taken to minimise impacts of staff shortfalls?</p>	<p>Equipment/Resources:</p> <p>Could alternative equipment / resources be acquired in the event of an incident / disruption?</p> <p>Could key equipment be replicated or do manual procedures exist?</p>	<p>Systems and Communications:</p> <p>Are your systems flexible?</p> <p>Do you have alternative systems in place (manual processes)?</p> <p>What alternative means of communications exist?</p>	<p>Suppliers:</p> <p>Do you know of suitable alternative suppliers?</p> <p>Could key suppliers be contacted in an emergency?</p>	<p>Vulnerable Groups:</p> <p>How could vulnerable groups be contacted / accommodated in the event of an incident?</p>

[INSERT DIRECTORATE/SERVICE NAME]

**DIRECTORATE/LOCAL BUSINESS
CONTINUITY
MANAGEMENT PLAN**

**ARE YOU DEALING WITH A BUSINESS CONTINUITY
INCIDENT NOW?**

IS THIS THE FIRST TIME YOU HAVE READ THIS PLAN?

**IF SO DO NOT READ ALL THIS PLAN NOW
REFER IMMEDIATELY TO SECTION 6: PLAN
ACTIVATION**

FOREWORD

This plan has been developed to enable **INSERT NAME** to effectively respond to, and recover from, any incident which disrupts its ability to deliver services to patients and others. This could be an event which affects the whole of the service, or specific parts of it.

- A hard copy of the plan is kept off the premises at **INSERT LOCATION** by **INSERT POST**.
- At least one hard copy is available on the premises for use during an incident and must be easily accessible to all staff.
- The plan will be reviewed annually and also following any incident during which it has been used.
- Lessons identified following the debrief after any incident will be incorporated into future revisions of this plan.
- A contact list of telephone numbers for key staff, partner agencies and suppliers will be maintained for emergency use. This list will be kept up to date, especially on changes of staff and following any plan review, and will be kept securely at all times.
- On appointment, each new member of staff will be given a local induction on the service's emergency and business continuity response procedures.
Follow-up refresher training will be provided at regular intervals.

This document is aligned to ISO 22301/22313 and the NHS England EPRR Core Standards.

Version:	
Name of team/ward/service/hospital:	
Name of author:	
Job title:	
Ratified by:	
Date issued:	
Review date	

1. AIM AND OBJECTIVES

1.1 The aim of this local business continuity plan is to ensure <insert name of service> is prepared and able to respond to a disruptive incident which affects its normal service functions. This document provides the basis for ensuring a robust and managed return to “business as usual” regardless of the cause using a structured, well established response.

1.2 The key objectives of the plan are to:

- understand the essential activities undertaken;
- analyse and reduce risks posed to the service using local risk registers;
- provide a detailed prioritised response to an incident;
- identify key roles, responsibilities, resources and contacts.

1.3 This plan should be read in conjunction with the following documents:

- Trust Business Continuity Management Policy;
- Trust Incident Response Plan;
- LHRP Health Response Plan;
- Trust Evacuation and Lockdown Policies and Local Plans;
- Trust Severe Weather Policy and Operational Action Cards;
- Trust Pandemic Influenza Plan.

1.4 In particular, this document is closely linked and should be used in context with:

- Local Business Continuity Management Plans in related services
- Operational Directorate Business Continuity Management Plan;
- Corporate Business Continuity Management Plans;

1. NAME AND DESCRIPTION OF BUILDING/SERVICE AND LOCATION

2. SUMMARY OF KEY RESPONSIBILITIES

Include details of those with key planning and response roles and responsibilities:

3. ACTIVITIES UNDERTAKEN³

		Red ⁴	Amber ⁵	Green ⁶

³ Essential (prioritised) activities are those where priority must be given following an incident to mitigate impacts.

⁴ Red activities must be continued.

⁵ Amber activities may be scaled down if necessary.

⁶ Green activities could be suspended if necessary.

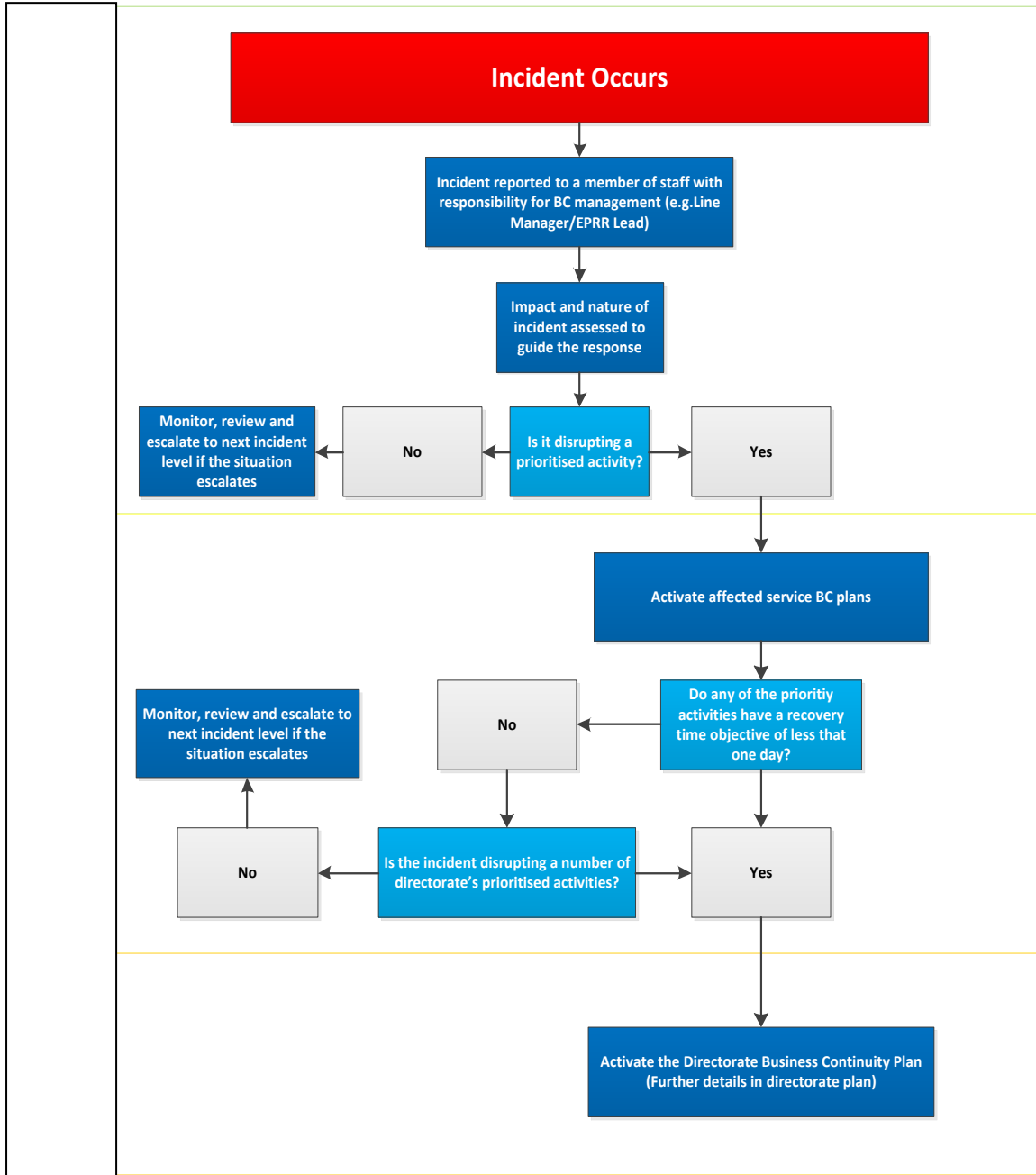
	<i>Use more if needed.</i>			
4. SUMMARY OF PRIORITISED ACTIVITIES (Please use attached Business Impact Analysis Template)				
Prioritised Activity RED or AMBER	Recovery Time Objective (RTO) ⁷	Maximum Tolerable Period of Disruption (MTPoD) ⁸	Responsible Person	
<i>Use more if required.</i>				

⁷ The RTO is the period of time following an incident within which an activity must be resumed.

⁸ The MTPoD is the time frame during which a recovery must be affected before the incident affects patient/staff health and well-being and the Trust's business objectives and/or survival.

5. PLAN ACTIVATION

A number of activation triggers have been built into the business continuity planning to ensure incidents are managed at the most appropriate level. These are detailed in the diagram below as well as in further detail in directorate business continuity plans.



6. SUMMARY OF BUSINESS CONTINUITY INCIDENT LEVELS

Level 1	<p>Disruption to a GREEN Service (A service which could be suspended if necessary)</p> <p>An incident which requires activation of local business continuity plans to ensure essential activities are maintained.</p> <ul style="list-style-type: none"> • Only notify Head of Division/Director if this impacts upon a Priority Activity • Take any remedial action it is safe to take • Report to line manager • Follow local BCM plan • Report through DATIX
Level 2	<p>Disruption to an AMBER Service (A service which could be scaled down if necessary)</p> <p>A business continuity incident which requires activation of directorate plans due to the number or severity of impacts on prioritised activities.</p> <ul style="list-style-type: none"> • Notify Service/Area Manager/Divisional Director who may notify the On Call Director and Accountable Emergency Officer (AEO). • Follow Directorate BCM plan • Report through DATIX
Level 3	<p>Disruption to a RED Priority Service (A service which must be enhanced/continued)</p> <p>An incident which requires full implementation of Trustwide plans; declaration of a major incident will be considered by the Executive Team and/or coordination by a crisis management team under the leadership of an Executive Director.</p> <ul style="list-style-type: none"> • Notify Head of Division/ Director who will notify the Accountable Emergency Officer(AEO) • Out of Hours notify the On Call Manager who will notify the On Call Director • The On Call Director will determine whether to declare a Major Incident • Follow Service/Divisional Business Continuity Plan • Report through DATIX

7. NOTIFICATION AND COMMUNICATIONS

If you become aware of any kind of disruption affecting your service you must inform your manager who will notify the Head of Division, Senior Manager or On Call Manager. Any disruptive incident should be reported through the Datix system and to the Emergency Planning Lead.

The Trust will be notified of external incidents which may affect it by Somerset Clinical Commissioning Group through our On Call Director.

All communications with local and national media will be through the Trust Communications Team.

If the disruption cannot be resolved promptly, and is adversely affecting service provision or having a wider impact, the Executive Director or On Call Director will consider activating the Trust Incident Response Plan.

Local communications objectives are as follows:

- provide clear, concise information about the situation to the Trust;
- give patients, carers and family members clear advice and information, as required, in conjunction with any NHS-wide health messages;
- keep staff up-to-date on a rapidly changing situation.

8. BUSINESS CONTINUITY RISKS

Which of the following hazards and threats are relevant to your department or service?

Hazard or threat		Y or N	Why?
1.	Fire or flood		
2.	Loss of electronic records		
3.	Loss of paper records		
4.	Clinical System failure		
5.	Mobile telephony failure		
6.	Landline telephony failure		
7.	Major IT network outage		
8.	Denial of premises		
9.	Terrorist attack or external threat affecting the transport network or service locations		

10.	Theft or criminal damage		
11.	Chemical contamination		
12.	Serious injury to, or death of, staff whilst in work		
13.	Significant staff absence due to severe weather		
14.	Significant staff absence due to transport issues		
15.	Infectious diseases outbreak		
16.	Significant staff absence due to transport issues		
17.	Simultaneous resignation or loss of key staff		
18.	Industrial action		
Hazard or threat		Y or N	Why?
19.	Fraud, sabotage or other malicious acts		
20.	Violence against staff		
21.	Loss of utilities – water, gas electricity.		
22.	Disruption in key supplies to the service		
23.	<i>Please add any other relevant threat</i>		
9. BUSINESS CONTINUITY RISK ASSESSMENT			
Risk assessment is a key element of business continuity planning.			
Relevant threats and hazards identified in Section 9 should be risk assessed using the Trust Assessment template, including planned responses to mitigate against their effects, and then entered in the relevant local, directorate or corporate risk registers. The Risk Owners must be clearly identified.			
Consider 'single points of failure' (e.g. silo workers, specialised roles, specialist equipment). Consideration should also be given to including these on your team /service risk register.			

I confirm a risk assessment has been carried out as part of this business continuity plan and the risks identified have been included in the relevant Trust Risk Register.

Name:

Position:

Signature:

Date:

10. SUMMARY OF RISKS TO PRIORITISED ACTIVITIES

Prioritised Activity	Risk	Mitigation

11. BUSINESS IMPACT ANALYSIS

A business impact analysis is designed to assist business continuity planning by identifying prioritised activities, the impact of a disruption and the resources required to maintain/restore them. A business impact analysis should be completed for all essential services mapped out in directorate plans. This is used to assist business continuity planning for that service.

CATEGORY OF ACTIVITY	
A: activities which must be continued	
B: activities which could be scaled down if necessary	
C: activities which could be suspended if necessary	

12A. IMPACT ANALYSIS OF PRIORITISED ACTIVITIES (CATEGORIES A AND B ABOVE) which must be continued or can be scaled down) AND RECOVERY PLAN

	Prioritised Activity	CAT. A or B	Recovery Time Objective (RTO)⁹	Premises/ Utilities required to restore the service	Technology required to restore the service	Information required to restore the service	Supplies required to restore the service	Stakeholders required to restore the service	Maximum Tolerable Period of Disruption (MTPoD)¹⁰
i:									
ii:									
iii:									
iv:									
v:									
vi:									
vii:									
viii									
ix.									
x.									

⁹ The RTO is the period of time following an incident within which an activity must be resumed.

¹⁰ The MTPoD is the time frame during which a recovery must be affected before the incident affects patient/staff health and well-being and the Trust's business objectives and/or survival.

	Prioritised Activity	CAT. A or B	Recovery Time Objective (RTO)¹¹	Premises/ Utilities required to restore the service	Technology required to restore the service	Information required to restore the service	Supplies required to restore the service	Stakeholders required to restore the service	Maximum Tolerable Period of Disruption (MTPoD)¹²
xii.									
xii.									
xiii									
xiv									
xv	<i>Use more if required</i>								

Do prioritised activities vary at different times of the month/year? Please explain

¹¹ The RTO is the period of time following an incident within which an activity must be resumed.

¹² The MTPoD is the time frame during which a recovery must be affected before the incident affects patient/staff health and well-being and the Trust's business objectives and/or survival.

People required to maintain/restore the service (WTE and grades/roles)

Include business as usual staff and the minimum required as well as any key roles and other requirements.

Other Notes

GUIDANCE NOTES – PRIORITISED ACTIVITIES (which must be continued or can be scaled down)
Premises/utilities required to maintain/restore the service
<i>What are the key utilities and how are they contact/backup options if they go down. Alternate premises – link to evacuation and lockdown planning</i>
Information required to maintain/restore the service
<i>How is information stored and what alternative ways are there to store information (e.g. patient notes)</i>
Technology required to maintain/restore the service
<i>Include key specifics on both physical requirements and software as well as back up options if these fail</i>
Supplies required to maintain/restore the service
<i>Include key supplies, contact details and back up options</i>
Stakeholders required to maintain/restore the service
<i>Include key partners and other interested parties</i>

12B. NON-ESSENTIAL ACTIVITIES (CATEGORY C)

Non-Essential Activities Undertaken (which could be suspended)

Responsible Person

i:		
ii:		
iii:		
iv.		
v.		
vi.		
vii.		
viii.	<i>Insert more if required</i>	

Do non-essential activities vary at different times of the month/year? Please explain

--

People required to maintain/restore the service (WTE and grades/roles)

Include business as usual staff and the minimum required as well as any key roles and other requirements.

Other Notes

KEY CONTACT DETAILS (MUST BE KEPT SECURELY AT ALL TIMES)

HOSPITAL/WARD/SERVICE STAFF				
Name	Role	Telephone	Mobile	Home Number
INTERNAL TRUST CONTACTS				
Name	Role	Telephone	Mobile	
SUPPLIER DIRECTORY				
Name	Role	Telephone	Mobile	

EXTERNAL/PARTNER ORGANISATIONS			
Name	Role	Telephone	Mobile

Appendix C: TRUST CENTRAL FUNCTIONS Business Impact Analysis Form

Directorate:				
Service Function:			Maximum Tolerable Period of Disruption:	Recovery Time Objective:
Risk Rating:				
People	Key Staff <i>What staff are required to carry out key function?</i>	Can staff be contacted? Could extra capacity be built into your staffing to assist you in coping during an incident?		
	Skills/Expertise/ Training <i>Skills/ Expertise required?</i>	Could staff be trained in other roles? Could other staff undertake other non-specialist roles, in the event of an incident?		
	Minimum Staffing <i>Level to support essential service?</i>	What is the minimal staffing level to continue to deliver the function/service at an acceptable level? What grade of staff do you require? What measures could minimise impact?		
Premises	Buildings <i>Primary site locations?</i>	Could you operate from more than one premise? Could staff work remotely? Could you relocate operations in the event of a premise being lost or if access was denied?		
	Facilities <i>What is essential to carry out key functions?</i>	Are any of your facilities multi-purpose? Are alternative facilities available in the event of an incident?		
	Equipment/ Resources <i>What is required?</i>	Could alternative equipment be acquired? Could key equipment be replicated or do manual procedures exist?		
Processes	IT <i>What IT is essential?</i>	Is data backed-up and are back-ups kept off site? Do you have any disaster recovery arrangements?		
	Documentation <i>Essential documentation and how are these stored?</i>	Is essential documentation stored securely (e.g. fire proof safe, backed-up or stored elsewhere)?		
	Systems/ Communications <i>What is required to carry out key functions?</i>	Are your systems flexible? Do you have alternative systems in place (manual processes)? What alternative means of communication exist?		
Providers	Reciprocal arrangements <i>Any arrangements with other organizations?</i>	Do you have agreements with other organisations regarding staffing and use of their facilities in the event of an incident?		
	Contractors <i>With whom and for what?</i>	Alternative contractors or reliant on a single contractor? Do your contractors have contingency plans?		
	Suppliers <i>On whom you depend for key functions?</i>	Do you know of suitable alternative suppliers? Could key suppliers be contacted in an emergency?		
Profile	Reputation <i>Key stakeholders?</i>	How could reputational damage be reduced? How could you provide information to staff and stakeholders in an emergency?		
	Legal Considerations <i>Legal, statutory & regulatory requirements?</i>	Do you have systems to log decisions; actions; and costs, in the event of an incident?		