

# Meeting of Governing Body

Date: 7 August 2018

Time: 1.30pm

Location: Clevedon Hall, Elton Rd, Clevedon, North Somerset, BS21 7RQ

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## Agenda number: 10.3

### Report title: Business Continuity Policy

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Report Sponsor: Lisa Manson

#### 1. Purpose

This paper presents business continuity policy to the Governing Body for approval.

#### 2. Recommendations

The Governing Body is asked to approve the policy.

#### 3. Executive Summary

The Policy sets out the process for Directorates and the organisation should a business continuity event occur. It includes the command control and communication structure required to escalate both internally and externally and communicate with patients and public based on the National Decision Making model recommended by NHS England.

#### 4. Financial resource implications

There is a budget code appointed to Emergency Preparedness Resilience & Response should additional monies / resources be required. This budget code has no funding allocated but allows monies to be audited and reclaimed, as appropriate.

#### 5. Legal implications

- As a Category 2 responder under the Civil Contingencies Act, 2004, as a Clinical Commissioning Group we have a duty to ensure we have a business continuity management structure in place and so do our commissioned provider organisations.
- Health & Social Care Act, 2006,
- Emergency Preparedness Resilience & Response Framework, 2015
- NHS Constitution

## 6. Risk implications

Risks are identified and tabled in the Business Continuity Policy. Risks are reviewed and mitigation considered and updated on a quarterly basis through assessment of

- National Risk Register
- Local Resilience Forum (LRF) Community Risk Register
- Local Health Resilience Partnership (LHRP) Risk Register

## 7. Implications for health inequalities

Business Impact Analysis enables Directorates to identify and prioritise critical and first priority services; this may impact certain groups in the short term only until business as usual is re-instated. Following a business continuity event, a debrief will follow where any potential inequalities will be highlighted and resolved.

## 8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

An assessment has not been completed as there will be no equality issues in a business continuity response

## 9. Implications for Public Involvement

The Policy is an organisation response and the public will be communicated with as part of the response should that need arise. Communications Team are sighted on the need for support in responding to any incident.

## Recommendations

For this Policy to be approved to enable Directorate BC planning to commence as part of the management

## Glossary of terms and abbreviations

Business Impact Analysis	The process of analysing all business functions and the effect that a specific disaster may have upon them and people involved.
Emergency Preparedness Resilience & Response	This is a programme of work referred to in the health community as emergency preparedness, resilience and response (EPRR).
Local Resilience Forum	A 'Local Resilience Forum' (LRF) is a forum formed in a police area of the United Kingdom by key emergency responders and specific supporting agencies. It is a requirement of the Civil Contingencies Act 2004.

Local Health Resilience Partnership

Local Health Resilience Partnerships (LHRPs) are established to deliver national EPRR strategy in the context of local risks. They bring together the health sector organisations involved in EPRR at the Local Resilience Forum (LRF) level. Building on existing arrangements for health representation at LRFs, the LHRP will be a forum for coordination, joint working and planning for emergency preparedness and response by all relevant health bodies. The LHRPs' footprint will map to the LRFs. It will offer a coordinated point of contact with the LRF and reflect a national consistent approach to support effective planning of health emergency response.

## Appendices

Business Continuity Policy

# Bristol North Somerset and South Gloucestershire CCG Business Continuity Policy



# Bristol North Somerset and South Gloucestershire CCG Business Continuity Policy

<b><i>Please complete the table below:</i></b>	
Policy ref no:	<i>to be added by corporate team once policy approved and before placing on website</i>
Author (inc job title)	Janette Midda, Interim EPRR Manager
Date Approved	<i>to be added by corporate team once policy approved and before placing on website</i>
Approved by	<i>to be added by corporate team once policy approved and before placing on website</i>
Date of next review	January 2020
How is policy to be disseminated	This document will be made available to all interested parties including partners, providers and staff via the CCG's internet and intranet sites.

<b>Version Control</b>		
Version	Date	Consultation
Version 1	24/01/18	Produced by Janette Midda and shared with Jeanette George as AEO for comment
Version 2	31/01/18	Updated following comments from AEO
Version 3	14/02/18	Further comments Formatted by J Macken
Version 4	18/02/18	Update following Corporate Policy Group

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## 1. Introduction

Business Continuity is a key part of the Bristol, North Somerset and South Gloucestershire (BNSSG) CCG responsibilities as a Category 2 responder for Emergency Preparedness, Resilience & Response (EPRR) requirements.

The CCG is required to deliver an effective Business Continuity Management System (BCMS) in order to secure the best possible outcomes for services and patients. The CCG recognises the potential operational and financial losses associated with a major service disruption, and the importance of maintaining viable recovery strategies. In ~~addition, the~~addition, the CCG, together with the wider Health and Social Care system, must comply with the Civil Contingencies Act (2004) in developing robust business continuity plans.

The Business Continuity Policy defines the framework for implementation of the Business Continuity Management Strategy (BCMS) to minimise the impact of incidents. It is supplemented by the Business Continuity Plan and Business Impact Assessments for each business area in the CCG along with a training needs analysis and training attendance records.

A key element of a successful BCMS is embedding a strong business continuity culture amongst all staff throughout the CCG.

## 2. Legal Framework

This policy has been written in accordance with the following requirements of the CCG:

- ISO 22301:2012, the International Standard for Business Continuity Management.
- PAS 22399:2007 Guidelines for Incident Preparedness and Operational Continuity Management
- NHS England Business Continuity Management Framework
- Civil Contingencies Act 2004; to have business continuity plans that ensure the organisation can deliver normal business during an emergency response.

It is also aligned with, and meets the requirements of, NHS England Business Continuity Policy to ensure the CCG is able to support NHS England in discharging its functions locally.

Under the Emergency Preparedness, Resilience and Response Framework set out by NHS England the CCG is responsible for:

- Ensuring contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitoring compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- Ensuring robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensuring effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Being represented at the Local Health Resilience Partnership (LHRP), either on their own behalf or through a nominated lead CCG representative

- Providing a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Supporting NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)
- Fulfilling the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).

### 3. Purpose and scope

The CCG is committed to ensuring robust and effective Business Continuity Management (BCM) as a key mechanism to restore and deliver continuity of key services in the event of an incident.

This policy provides a framework for CCG business continuity in the event of an incident, such as loss of people, loss of premises, loss of process. It also states the process for implementing and maintaining a robust BCMS.

The CCG's business continuity plans will be based on the following standards:

- NHS England Core Standards for EPRR.
- ISO 22301:2012 - Business Continuity Management Systems -Requirements.
- ISO / PAS 22399: 2007 - Guideline for Incident Preparedness and Operational Continuity Management.
- Business Continuity Institute (BCI) Good Practice Guidelines 2013
- Recognised standards of corporate governance.

All BNSSG CCG Directors will ensure that nominated service level business continuity leads maintain business continuity management, including Business Continuity Plans (BCP), for prioritised activities within their area of responsibility. This will include assurance from external service providers.

All staff must be aware of the Business Continuity Plan (BCP) that affects their business areas and their individual role following invocation.

The CCG will implement a programme of BCMS training, exercise, maintenance and review to ensure the relevance of the BCMS.

In addition, the CCG will provide assurance to NHS England on progress with the BCMS following lessons identified and learned after incidents through the debriefing process.



## 4. Business Continuity Objectives

The business continuity objectives of the CCG are to:

1. Provide a framework for the development of a robust and consistent BCMS .
2. Identify and mitigate business continuity risk.
3. Ensure that the BCMS provides planning, processes, training and continuous improvement to manage operational incidents.
4. Enable the successful delivery of the Business Continuity Plan.
5. Promote and maintain the reputational integrity of the CCG.
6. Meet the requirements of the Civil Contingencies Act (2004) and align to International Organization for Standardization (ISO) business continuity requirements and guidelines.
7. Assure the Governing Body that Business Continuity plans are fit for purpose, and meet the necessary requirements outlined in Section 2, below.

The CCG's Emergency Accountable Officer has responsibility and accountability for the BCMS. This will provide assurance that the BCMS is aligned to the CCG's strategic objectives.

The following diagram shows the key risks that have been identified to business continuity within the organisation.

	<b>Risk scenarios</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Score</b>
1	Flu / health pandemic / infectious disease leading to 40-50% of staff in critical services being unable to work for 1 month+	4	5	20
2	Terrorist incident (national event)	4	4	16
3	Terrorist incident (affecting local infrastructure)	2	5	10
4	Loss of third party service (BT / IT provider)	2	5	10
5	Malicious or accidental cyber-attack / virus taking network down for 1 week+	2	5	10
6	Period of severe adverse weather such as snow, storm, heat wave or flooding	4	3	12
7	Fuel shortage for 4-5 days+	2	4	8
8	Terrorist incident (directly upon organisation)	1	5	5
9	Loss of one of the main buildings (any cause)	2	3	6
10	Loss of servers due to flooding or fire	2	3	6
11	Loss of a utility such as gas or water	2	3	6
12	Loss of a significant number of staff for a prolonged period of time due to Industrial action / Pandemic Flu / Extreme weather	2	3	6
13	Violent civil unrest / disturbance or occupation of the building	1	4	4

#### **4.1. First Priority Services**

First priority services are those which, if withdrawn, would have a major impact on the public or would potentially cause the CCG to stop functioning within a very short period of time or which would have a significant impact on patients.

These are:

- Commissioning of specialist packages of care
- Contracts
- Primary Care
- System / Incident escalation / response
- Safeguarding
- Referral Support Services
- Patient Safety
- Medicines Management

#### **4.2. Second Priority Services**

Second priority services are high-value functions, without which the CCG would soon start to fail but for the short term could continue to function.

These are:

- Finance
- Human Resources
- Recovery

#### **4.3. Critical business functions**

Planning for the restoration and support of utilities and services without which the core business functions would not be able to continue.

Examples of these are:

- Utilities (Gas, Electric, Water)
- Estates (Fire, Security, Buildings)
- IM&T
- Telephone system
- Postal services

## 5. Duties and responsibilities

### 5.1. CCG Chief Executive

The CCG Chief Executive has the overall responsibility and accountability for ensuring that effective arrangements are in place to respond to an incident that has the potential to affect service provision.

### 5.2. Accountable Emergency Officer (AEO)

The Accountable Emergency Officer is the Board Level Director responsible for EPRR. They have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements and that the organisation is prepared to respond to an incident should this occur.

The Accountable Emergency Officer has responsibility for:

- Promoting the embodiment of the business continuity culture within the CCG.
- Ensuring a robust BCMS is developed and reviewed.
- Provision of appropriate levels of resource and budget to achieve the required level of business continuity in response to incidents.
- Ensuring that appropriately experienced and trained officers and senior managers are available for both strategic and tactical support (respectively) to support an incident in line with the CCG's Incident Response Plan
- Ensuring information governance standards continue to be applied to data and information during an incident.
- Providing assurance to NHS England through the EPRR core standards self-assessment regular assurance meetings and engagement with the Local Health Resilience Partnership
- Appointing a nominated lead for implementation of business continuity plans.
- Ensuring the CCG is able to support NHS England in discharging its EPRR functions and duties locally.

### 5.3. Business Continuity nominated lead

The CCG's Business Continuity and EPRR nominated leads will be closely aligned, or executed as part of one job role. The business continuity nominated lead will support the Accountable Emergency Officer through:

- Developing, maintaining and reviewing this Business Continuity Policy and processes
- Development, exercise, maintenance and review of the relevant Business Impact Analysis (BIA) and Business Continuity Plans (BCPs).
- The management and recovery of relevant business continuity incidents under the command and control of the nominated Incident Response Manager
- Liaising with the NHS England Area Team BCMS.
- Carrying out a training needs analysis of all staff and delivering internal training for on-call staff
- Ensuring training and exercising attendance records are maintained

- Making sure the BCP is tested, reviewed, updated and communicated at least annually
- Produce a report of any incident that leads to invoking BCPs and as a consequence sharing learning and updating plans as necessary

#### 5.4. BNSSG CCG managers

All Managers/staff are responsible for:

- Developing an awareness of BCM within their area of responsibility including undertaking business impact assessments and developing plans to mitigate risks to the service.
- Reporting in accordance with the relevant Incident Reporting and Management System for any business continuity incident.
- Understanding and contributing to business continuity incident and recovery plans within their area of responsibility, including the specific roles and responsibilities allocated.
- Developing business continuity standards within their own area of responsibility with the support of the Business Continuity nominated lead
- Releasing staff to participate in business continuity exercises and training as appropriate

### 6. Definitions/explanations of terms used

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document shall have the same meaning as set out in the National Health Service Act 2006 and the Health & Social Care Act 2012 or in any secondary legislation made under the National Health Service Act 2006 and the Health & Social Care Act 2012 and the following defined terms shall have the specific meanings given to them below:

**Board** means the Chair, Executive Members and Non-executive Members of the CCG Governing Body collectively.

**Budget** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of NHS England.

**Business Continuity** means capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident.

**Business Continuity Management (BCM)** means a holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.

**Business Continuity Management System (BCMS)** means part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.

NOTE: The management system includes organisational structure, policies, planning activities, responsibilities, procedures, processes and resources.

**Business Continuity Plan (BCP) means** documented procedures that guide organisations to respond, recover, resume, and restore to a pre-defined level of operation following disruption.

NOTE: Typically this covers resources, services and activities required to ensure the continuity of critical business functions.

**Business Continuity Programme means** an ongoing management and governance process supported by top management and appropriately resourced to implement and maintain business continuity management.

**Business Impact Analysis (BIA) means** a process of analysing activities and the effect that a business disruption might have upon them.

**Incident** means a situation that might be, or could lead to, a disruption, loss, emergency or crisis.

**National Director** means an Executive Member or other Officer of NHS England who reports directly to the Chief Executive.

**Nominated Officer** means an Officer charged with the responsibility for discharging a specific task within Business Continuity

**Prioritised Activities** means activities to which priority must be given following an incident in order to mitigate impacts.

NOTE: Terms in common use to describe activities within this group include: critical, essential, vital, urgent and key.

Risk Assessment means the overall process of risk identification, risk analysis and risk evaluation.

### **Incident Response Structure**

The Incident Response Structure will be defined within the BCP and resourced to ensure procedures facilitate response and recovery from an incident. This should include the following:

### **Incident Reporting and Management System**

The BCP details procedures for incident reporting and management to facilitate effective command and control.

- Incident analysis, management and recovery.

The Business Continuity nominated lead will support and provide guidance to the designated Business Continuity Management Team, as detailed in the BCP.

- Incident Control Centre.

Facilities have been identified in all BNSSG CCGs offices to enable effective management of an incident. The Incident Director will coordinate operations from the designated location. The Incident Director and business continuity nominated leads will retain copies of the BCP for effective incident management.

## **7. Financial Arrangements**

The finance representative within the BCMS is the Chief Finance Officer. The funding required to cover any Business Continuity eventualities will be made available from the CCGs financial allocation from the Department of Health.

A unique cost centre for Emergency Planning exists within the CCGs coding structures to record any unexpected costs related to a business continuity issue.

## **8. Communications strategy**

Business continuity awareness will be developed through routine BNSSG CCG communications and training. Business Continuity will be discussed regularly at the Executive Team meeting.

Effective communication is essential at a time of crisis. A communications strategy will be defined with appropriate guidelines for internal and external communication processes in the event of an incident.

Any variations to legal, regulatory and other business continuity requirements shall be communicated to affected staff and areas.

## **9. Training requirements**

The business continuity nominated lead will identify levels of training and awareness facilitation for on-call and other relevant staff to ensure that a strong business continuity culture is embedded within the CCG. This will improve the organisation's resilience to the effects of incidents. The effectiveness of training and awareness will be tested through exercises on a regular basis and is timetabled in the EPRR Work Programme.

## **10. Equality Impact Assessment**

This document forms part of CCG's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice.

As part of the development of this document an initial equality impact screening has been undertaken to determine any relevance to any of the protected characteristics.

No negative equality impact has been identified at this stage. However the document identifies a link between this policy and the learning & development policy, as this policy highlights the important role that learning & development has to play in embedding a strong business continuity culture within the CCG.

The equality impact screening further identifies that embedding a strong business continuity culture, shall better equip the CCG in discharging its compliance with the public sector equality duties.

## **11. Monitoring compliance and effectiveness**

### **11.1. Compliance**

Compliance with the policies and procedures laid down in this document will be monitored by NHS England, together with independent reviews. Non-compliance will be reviewed to determine corrective action.

The Business Continuity Nominated Lead is responsible for the monitoring, revision and updating of this document.

### **11.2. Governance**

The BNSSG Audit, Governance and Risk Committee will be asked to assure the BCMS Policy and business continuity plan and the Accountable Emergency Officer will recommend the Policy to the CCG's Governing Body.

## **12. Counter fraud**

The CCG is committed to the NHS Counter Fraud Authority vision – 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.

## **13. References and associated documents**

### **13.1. Associated documents**

- BNSSG CCG Business Continuity Plan
- Business Impact Assessments
- Business Continuity Training Needs Analysis and attendance records

### **13.2. Reference documents**

- Civil Contingencies Act 2004.
- ISO 22301:2012 – Business Continuity Management Systems Requirements.
- ISO 22313:2012 – Business Continuity Management Systems Guidance.
- ISO / PAS 22399:2007 – Guideline for Incident Preparedness and Operational Continuity Management.
- NHS England Business Continuity Framework.
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
- NHS England Business Continuity Management Toolkit.
- NHS England Risk Management Policy and Procedure.
- PAS 2015:2010 Framework for Health Services Resilience.
- LHRP Concept of Operations
- BNSSG winter surge and escalation plans