

Business Continuity Plan

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1. Introduction – Policy Statement

Business Continuity Management is a key element of NHS North Lincolnshire Clinical Commissioning Groups (NHS NL CCG) risk management arrangements.

Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service. Unlike Primary Care Trusts who were Category 1 responders under the Civil Contingencies Act 2004 (CCA), the newly functioning CCGs are designated Category 2 responders and their main role will be in support of Category 1 responders, under the direction of Public Health England (PHE) and NHS England (Area Team), depending on the nature of the major incident/emergency.

2. Background

In conjunction with the Civil Contingencies Act 2004, the Health and Social Care Act 2012, requires all Category Two responders to have a Business Continuity Management (BCM) plan in place for all essential services and that these plans are regularly reviewed, up-dated and tested. BCM plans should provide guidance about what measures need to be taken in the event of normal service provision being interrupted. In addition, the CCG will be required to seek assurance that all commissioned providers of NHS funded care are contractually obliged to have robust Emergency preparedness, resilience and response (EPRR) plans in place to ensure continuation of critical services in the event of a major incident/emergency.

The Accountable Officer for Emergency Preparedness, Resilience and Response (EPRR) has the statutory responsibility for ensuring that the CCG meets these requirements.

2. Context

The aim of business continuity management is to enable planning and responding to major incidents and emergencies in a coordinated manner. Whilst business continuity and major incident planning are usually separate processes within an organisation, a major incident may occur at the same time as a business continuity issue, or be triggered by it.

Business continuity management, including the identification of critical services and detailed processes for recovery and restoration should be considered by NHS organisations as a key element of its every day business processes requiring a corporate response. Business continuity should be seen as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations (DH Guidance 2008).

3. Business Continuity Management in NHS North Lincolnshire CCG

The Business Continuity Institute (BCI) has defined Business Continuity Management (BCM) as:

“a holistic management process that identifies potential impacts that threaten an organisation and provides a framework for building resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand”

(DH 2008:13)

For the NHS, BCM is defined as:

'The Management process that enables a NHS organisation:

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

(DH June 2008:13)

A service disruption for the NHS is defined as:

"Any disruptive challenge that threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal operating functions"

To address NHS North Lincolnshire's duties as a Category 2 responder and to ensure that the organisation is sufficiently prepared to respond to any incident in an effective manner the BCM planning process has been developed and informed by NHS guidance (2008) and the duties as set out in the CCA (2004) and the Health and Social Care Act 2012. The process undertaken for the review and further development of NHS North Lincolnshire (NHS NL CCG) BCM plan is detailed below.

4. Identification of key risks to the organisation

The key external risks to critical functions locally are identified in the Humber Community Risk Register and monitored through the Humber Local Resilience Forum.

In addition to these the most significant risks to NHS NL CCG service provision are likely to be:

- Loss of or access to CCG premises – 'Building Denial'
- Key staff absence
- Severe weather
- Computer/Network failure
- Utility Failure
- Pandemic Influenza
- Fuel shortages
- Telephone & fax (land line) failure – site specific
- Heating Failure

While recognising the diverse nature of potential threats to disruption of services, business continuity should not specifically focus on the individual threat/risks, as detailed above; these may come from many sources. Business continuity management is focused on the response to any such incident which may impact upon the organisations ability to operate and on the ability to continue to provide critical functions, whatever the disruptive factor may be, in the first 24 hours, 3 days and 7 days.

5. Business Continuity Management Process in NHS North Lincolnshire

The BCI has developed a five-stage BCM process that has been utilised by the DH in the 2008 interim guidance for NHS organisations. The guidance parallels the BS 25999 part 1 & 2. and has shaped the review and development of the NHS NL CCG BCM plan. The process has involved:

5.1 Stage 1: Understanding your business: Using business impact and risk assessments to identify critical services/functions. Critical functions are those that must be provided in the event of disruption, even if it is at a reduced level of service. Critical functions are those that underpin an organisations ability to provide an appropriate response to an emergency, fulfil statutory functions and impact upon the credibility and public perception of the organisation if they are not provided.

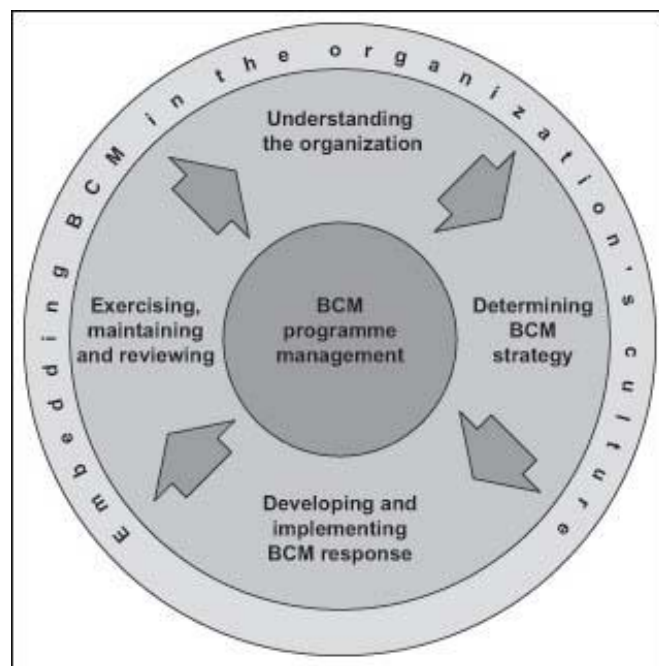
5.2 Stage 2: BCM strategies: Involves identifying the alternative strategies available to mitigate loss and assessing their potential effectiveness in maintaining the organisation's ability to deliver critical functions.

5.3 Stage 3: Developing and implementing a BCM response: Developing the response to challenges, and the plans underpinning the response.

5.4 Stage 4: Establishing a BCM culture: Ensuring a continuity culture is embedded in the organisation by raising awareness throughout the organisation and its key stakeholders, and offering training to all staff on BCM issues.

5.5 Stage 5: Maintaining and auditing BCM: Ensuring plans are fit for purpose, kept up to date, regularly tested, exercised and reviewed.

Figure 1. The BCM cycle



6. Activating the NHS NL BCM plans

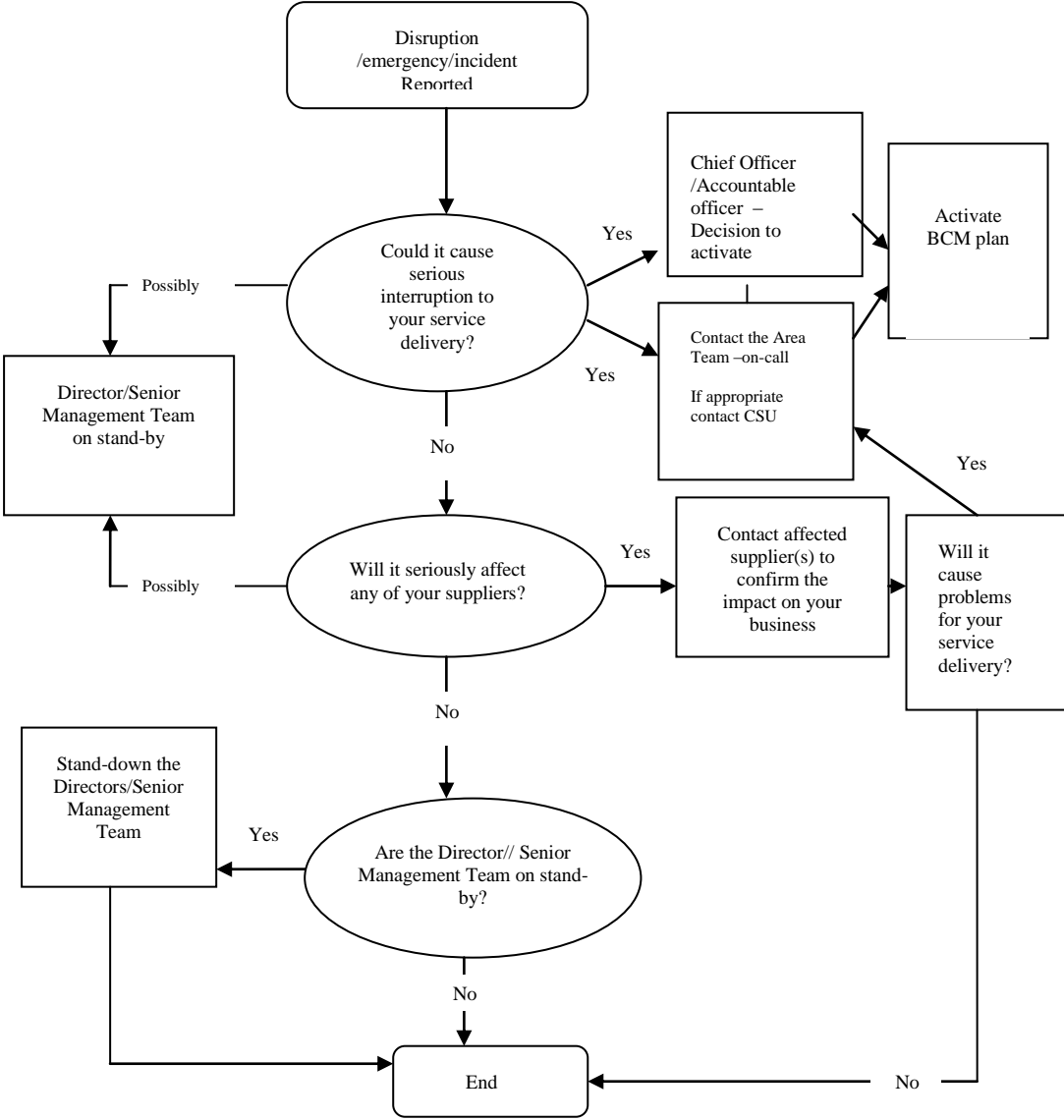
In the event of NHS NL CCG being compromised in its ability to deliver services in any part of the organisation, the Chief Officer/ Accountable officer for EPRR should be informed immediately and will take the decision as to whether the disruption merits activating the BCM plan/emergency plan.

In the event that the BCM plan is activated each Director should refer to NHS NL CCG BCM plan for guidance and direction. A copy of BCM plans will be kept in the main admin office at Health Place; an electronic copy of the plan is kept on the 'shared area' on the network. All staff should familiarise themselves with the BCM plan.

In the event of the BCM plan being activated the Commissioning Support Unit (CSU) will be informed immediately. If required, the Chief Officer/Directors will prioritise CSU workload to release capacity with the CSU to support the CCG maintain critical functions.

In the event that the any emergency/major incident is impacting on both organisations, the CSU will activate their individual BCM plans and prioritisation of work will be directed by the CCG Chief Officer/Directors and the CSU Relationship Manager.

6. Activating the NHS NL BCM plan



8. Disruption to Sites (including severe weather restricting number of staff on site)

NHS NL CCG headquarters are based at Health Place, Wrawby Road, Brigg. All staff have access to information technology through availability of Laptops/ iPads/Mobile phones, as such it would be possible for staff to work from home or other sites where appropriate. If necessary the Chief Officer/Accountable Officer for EPRR can utilise the teleconference facility to ensure regular communications with the CCG team. See Appendix 3.

9. NHS NL CCG BCM & Commissioned Services

NHS NL CCG is a commissioning organisation and commissions critical/key services from other organisations and through contracting out services to other suppliers.

The CCA (2004) places a duty on the CCG as a Category 2 responders to ensure that all commissioned services of NHS funded care have robust and tested BCM plans and Major Incident/Emergency Plans.

In essence this requires that NHS NL CCG obtain assurance that all commissioned services/suppliers have robust and effective Business Continuity Management Plans in place. Suppliers include outsourcers who perform key business functions (i.e Commissioning Support Unit (CSU), and intermediaries who deliver services on the organisation's behalf. These suppliers (or partners) may be commercial, public or voluntary organisations.

It is therefore essential that an appropriate clause is included in all commissioned services through the standard NHS contract and all other contracts awarded to provide the necessary assurance that BCM process are embedded within all commissioned services.

10. Governance requirement/arrangements to support Emergency Planning/BCM

11. Monitoring, Assurance and Review

NHS organisations are required to monitor, assure and review BCM plans.

11.1 Monitoring

Activation of the BCM plan will be monitored and reported to the Governing Body in the annual EPPR report.

11.2 Assurance

The Accountable officer for EPRR will be responsible for identifying and advising on the impact of new guidance around BCM and emergency preparedness.

Training updates will take place in team meetings on a 6/12 basis.

11.3 Review

This plan and all procedures will be reviewed in light of any new guidance published by the Department of Health/NHS England, following plan activation and/or systematically every 3 years.

Appendix 1

Attendance for Duty – Inclement Weather

Staff Policy

Introduction

Inclement weather of a severity which affects normal working is a very rare occurrence - it therefore merits special arrangements which differ to the normal requirement for staff to be at work.

For the purpose of this policy, inclement weather is that which presents hazardous road conditions or an environment in which it is potentially unsafe to travel.

This policy is formulated in the context that CCG employed staff often work flexibly for the benefit of patient care and/or the organisation.

The concept of reciprocal goodwill is, therefore, the basis of this policy.

Fundamental Principles

The decisions to be made in the event of severe inclement weather will be a balance between:-

- ensuring patient care is not compromised
- ensuring the safety of staff at work is not compromised

The decision regarding whether or not it is safe to travel to one's normal place of work can only be made at the time, taking into account the particular circumstances which apply and having due regard to the prevailing traffic and weather conditions.

This policy therefore requires people to exercise responsible decision-making, bearing in mind the needs of the people we serve and the expectations of the CCG in such situations.

Expectations of Staff

- Staff will report for duty unless it is unsafe for them to do so or they are prevented from doing so by the prevailing road conditions.
- Staff will work together wherever possible to ensure continuity of priority work
- It is expected that people will exercise their judgement and, without endangering themselves in any way, will offer to assist at their nearest NHS centre if this is appropriate.
- Staff who are unable to report for duty at all will be expected agree working from home with their line manager.

The CCG recognises, however, that some staff may not wish/be able to work from home and will wish to take annual leave/lieu time/unpaid leave or ask to make up the lost time once normal working resumes.

- Staff who report for duty will be expected to exercise responsible decision making in relation to finishing early. Staff who leave early or arrive late because of the weather will be considered to have worked their full hours.
- Staff will ensure that their arrangements during inclement weather are communicated to their line manager.
- Any incidents which occur during inclement weather should be reported through the normal route

Appendix 2
Teleconference Call Details

Account Name	Clare Smith
UK number	0800 032 8069
Chairperson passcode	26101045 then #
Participant passcode	70936175 then #

Account Name	Debbie Lewis-Bird
UK number	0800 032 8069
Chairperson passcode	69159747 then #
Participant passcode	26455663 then #

Account Name	Vivienne Simpson
UK number	0800 032 8069
Chairperson passcode	45844711 then #
Participant passcode	62957674 then #

Appendix 3

Incident Response Team Notes – in the event of activation of the Business Continuity Policy/Plan or Emergency/Major Incident Declared.

Reason for Activating Plan:	
Date	
Time	
Brief Summary of Situation	
Functions/Departments affected	
Other organisations affected/Alerted (include date and time)	
ACTIONS REQUIRED	BY WHOM
Immediate	
Within 8 Working Hours	

<p>Within 1 Working Day</p>	
<p>Within 3 Working Days</p>	
<p>Within 1 Week</p>	
<p>Situation to be reviewed every/hours/.....days</p>	
<p>Name and role of person completing (include date and time)</p>	
<p>Name and role of person responsible for monitoring/up-dating (include date and time)</p>	