



# Policy:

## OPS 003 Business Continuity

|                                |  |
|--------------------------------|--|
| <b>Executive Director lead</b> | Deputy Chief Executive / Accountable Emergency Officer |
| <b>Policy Owner</b>            | Emergency Planning Manager                             |
| <b>Policy Author</b>           | Emergency Planning Manager                             |

|                                |                            |
|--------------------------------|----------------------------|
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| <b>Approved by</b>             | Executive Directors' Group |
| <b>Date of issue</b>           | 29 March 2019              |
| <b>Date for review</b>         | 31 March 2022              |

|   |
|---|
| <b>Summary of policy</b>                    |
| Provide a summary description of the policy |

|                        |                 |
|------------------------|-----------------|
| <b>Target audience</b> | All Trust Staff |
|------------------------|-----------------|

|                 |                          |
|-----------------|--------------------------|
| <b>Keywords</b> | Business Continuity Plan |
|-----------------|--------------------------|

|   |
|---|
| <b>Storage</b>  |
| This policy will be available through the SHSC intranet and Internet. This is a new policy. |

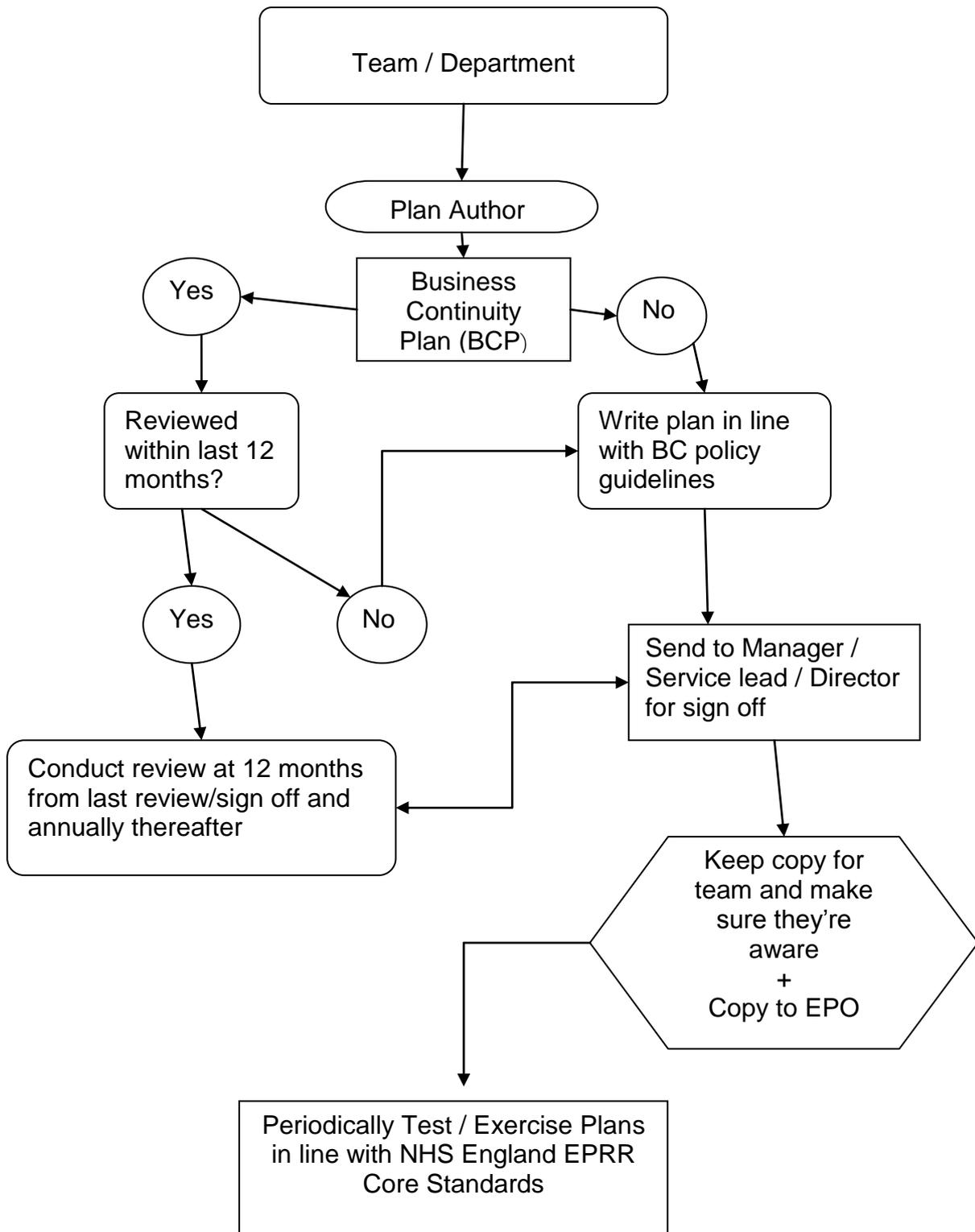
## Contents

| <b>Section</b> |   | <b>Page</b> |
|----------------|---|-------------|
|                | Version Control and Amendment Log   | 3           |
|                | Flow Chart  | 4           |
| 1              | Introduction  | 5           |
| 2              | Purpose   | 5           |
| 3              | Scope   | 5           |
| 4              | Definitions, Responsibilities and Duties  | 5           |
| 5              | Procedure and Implementation  | 8           |
| 6              | Training  | 9           |
| 7              | Development, consultation and approval  | 9           |
| 8              | Audit, monitoring and review  | 11          |
| 9              | Implementation plan   | 11          |
| 10             | Dissemination, storage and archiving (control)                                    | 12          |
| 11             | Links to other policies, standards, references, legislation and national guidance | 12          |
| 12             | Equality Impact Assessment  | 12          |
| 13             | Contact details   | 12          |
|                |   |             |
|                |   |             |

## Version Control and Amendment Log (Example)

| <b>Version No.</b> | <b>Type of Change</b>    | <b>Date</b> | <b>Description of change(s)</b>                                |
|--------------------|--------------------------|-------------|--|
| 1.0                | New draft policy created | 01/2019     | New policy commissioned by PGG on approval of a Case for Need. |
|                    |                          |             |  |
|                    |                          |             |  |
|                    |                          |             |  |
|                    |                          |             |  |

# Flowchart



## 1 Introduction

This policy sets out the specific requirements for establishing and maintaining effective business continuity plans within the Trust.

## 2 Purpose

The Civil Contingencies Act 2004 (CCA) and NHS England Emergency Preparedness, Resilience and Response Core Standards requires organisations, including NHS Foundation Trusts to have arrangements for (but not necessarily have a separate plan for) corporate and service level Business Continuity (BC) (aligned to current nationally recognised BC standards).

The CCA requires the Trust to maintain plans to ensure that it can continue to exercise its functions in the event of an emergency so far as is reasonably practicable. The CCA also states that the organisation must have regard to assessments of internal and external risks when developing and reviewing business continuity plans.

## 3 Scope

This policy applies to all Trust staff across all services and teams within the Trust.

The policy is to be read in conjunction with the Major and Critical Incident Plan and other emergency plans on the Trust website (see section 11). It falls under the remit of the Trust Emergency Preparedness, Resilience and Response (EPRR) Policy.

For the purposes of this policy a business continuity incident is an event or occurrence that disrupts, (or might disrupt) an organisation's normal service delivery below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

## 4 Definitions, Responsibilities and Duties

### 4.1 Accountable Emergency Officer

- Assumes accountability to the Board of Directors to ensure a suitable and robust Business Continuity Policy is in place.
- Provides strategic lead on business continuity matters.
- In conjunction with the Emergency Planning Officer (EPO) ensures this policy is reviewed every 3 years to ensure its continued relevance and suitability remains in line with core standards produced by NHS England.
- If required, provides a post incident debrief report to the Board of Directors.

### 4.2 Emergency Planning Officer/Manager

- Ensures the Business Continuity Policy is reviewed every three years to align with current nationally recognised business continuity standards.
- Liaise with staff at all levels to assist with their understanding of the requirements of the policy.

- Ensure all staff are made aware of e-learning materials on business continuity management.
- Co-ordinate the process for the annual update of business continuity plans identifying a named individual responsible for each plan.
- Provide a business continuity plan template to plan authors where required.
- Assist plan authors where possible in completing business continuity plans.
- Check all plans have been agreed and signed off by a person of suitable authority other than the plan author e.g. Team Manager, Area Clinical lead, Portfolio Director, head of Service or Corporate Director.
- Collate and store business continuity plans submitted by plan authors in electronic format on shared drive for on call managers.
- Ensure business continuity plans for 24/7 services are stored on the resilience Direct secure website that is available remotely and is separate to trust provision.
- Where possible and in co-operation with the trust Communications Team, ensure that staff are made aware of any situation where business continuity plans should be reviewed or activated.
- When made aware of any incidents will perform a formal or informal debrief if required and provide suitable recommendations.
- Where plans are not produced to deadline or in adherence to quality standards the EPO will liaise with the relevant manager or Director to ensure work is undertaken to resolve the matter.
- The EPO may request the business continuity matters are raised on the appropriate trust risk register.
- The EPO will liaise with teams to agree suitable dates to ensure plans are exercised; that lessons learned are incorporated into revised plans and that a record is maintained.

#### 4.3 Directors

- Seek assurance from their Associate Directors and Managers that plans are being completed of sufficient quality to deadline and exercises are being undertaken to test business continuity arrangements.
- Follow the directions in the appropriate plan in the event of a Business Continuity Incident.
- Provide feedback as required in the event of a post incident debrief.
- In the event Associate Directors experience circumstances that:
  - a) exhaust all of their available resources
  - b) exceed the provision of business continuity plans (including assistance from pre-defined external providers) and
  - c) require the authority of a more senior member of staff than their service Director, they will then take direction from Trust Directors.

Trust Directors may choose to declare a Critical or Major Incident or use the Major and Critical Incident Plan to respond to this situation in order to make strategic decisions on service priority, source mutual aid from other areas and liaise with partners.

#### 4.4 Associate Directors

- Make suitable checks to ensure that plans are of sufficient quality and completed to deadline, signing them off as appropriate.

- Liaise with the Emergency Planning Officer and place business continuity issues on the appropriate risk register if required.
- Ensure managers and staff are aware of their business continuity plan and the requirement to participate in exercises.
- Ensure plan authors take the Business Continuity Management elearning course on the Electronic Staff Record (ESR)
- Follow the directions in the plan in the event of a Business Continuity Incident.
- Provide feedback as required in the event of a post incident debrief.

#### 4.5 Plan Authors

- Ensure plans are completed in adherence to the procedures listed in section 5.
- Act as the business continuity lead for the team(s) for which they are completing the plans.
- If new to the subject, take the Business Continuity Management e-learning course on ESR.
- Share the business continuity plan with team members before each review and request feedback to form new versions.
- Ensure the business continuity plan is discussed at team meetings before each review.
- After a business continuity incident ensure that lessons learned are incorporated into a new version of the plan within 4 weeks.
- Ensure business continuity plans in hard copy and electronic formats are stored in a suitable location that is accessible to all team staff at all times with other business continuity materials (emergency equipment, evacuation plans, paper records etc.)
- Ensure that new members of staff are made aware of the business continuity plan on their first day with the team.
- Act as first point of contact for all business continuity matters within the team including the provision of situation reports (sitreps) when plans are invoked.
- Ensure up to date contact details for suppliers and staff are accessible in the plan or clearly referenced elsewhere.
- Ensure plans are completed to deadline.
- Ensure plans are updated if teams are reorganised in a way that affects location, structure, functions or personnel.
- Assist with the development of exercises with the Emergency Planning officer as agreed with Associate Directors, Director or Corporate Director.
- Follow the directions in the plan in the event of a Business Continuity Incident.
- Provide feedback as required in the event of a post incident debrief.

#### 4.6 All Staff

- Know the location of the team business continuity plan and have some knowledge of its contents
- Co-operate with the plan author in updating the plan.
- Agree to take part in any exercises as required by the Emergency Planning officer, Team Manager or Associate Director.
- Inform the plan author and/or manager of any changes to the plan e.g. change in address, personnel, team procedures etc.
- Follow the directions in the plan in the event of a Business Continuity Incident.
- Provide feedback as required in the event of a post incident debrief.

## 5 Procedure and Implementation

All business continuity plans will be updated on an annual basis by the Plan Author. All plans must be signed off by their Manager, Associate Director or Director for the team concerned provided that individual is not the plan author. Any member of staff that signs off a business continuity plan must have already undertaken some Business Continuity training or have completed the Business Continuity Management e-learning course on ESR.

Should a team undergo re-organisation or change its staff, function or procedures in a way that would significantly affect the accuracy of the business continuity plan, the Plan Author will ensure the plan is amended, signed off and submitted to the Emergency Planning Officer within 1 calendar month of any changes made. All business continuity plans will include the name of the team/department on the cover along with full address details with postcodes of the premises and hours of service.

### 5.1 Business Continuity Plan Contact Details

Each plan should contain:

- In table format, full telephone contact details for the team manager(s) in order that a member of the team may be contacted in an incident. Should the team provide a 24/7 service, contact details are to include numbers for 'on call' staff. These should be listed in the order for contact. Personal contact details, if required, should be held securely on a separate document to the business continuity plan.
- A staff list containing details of all team members. This is to assist management in periods where staff shortages occur. Staff information need only contain contact telephone numbers (including work mobile) and a home location e.g. name of town or village. A full address is not necessary. Should this be required in an incident these are to be sought through usual channels and must not be included in the business continuity plan.
- Full contact details of all suppliers/contractors/service providers should be included with telephone, email and mobile numbers if possible. This includes providers of building services and telecoms providers if not provided by the Trust.
- Full address details with postcodes of all work premises from where the team operates.

### 5.2 Risk Register – Impacts and Contingencies

The Business Continuity Plan will include the following risks:

- Severe weather – Low Temperatures and heavy snow
- Severe weather – Storms and gales
- Severe weather – localised flooding
- Pandemic Influenza
- Infectious Disease Outbreak in the Community
- Heatwave
- Actual or threatened disruption to road fuel supply
- Technical failure of electricity networks
- Cyber-attack causing IT outage (affecting access to clinical data and network)
- Telecoms outage (landline and/or mobile)
- Mains water supply outage
- Disruption to transport network
- Loss of premises

- Industrial action
- Surge/increase in service users
- Loss of supplier/contractor

The likelihood of each risk will be confirmed by the Emergency Planning Officer and is included in the business continuity plan template.

Risk likelihoods are calculated by referring to the South Yorkshire and Humber Local Risk Registers. These are protectively marked documents that may be accessed via the Emergency Planning Officer.

Plan Authors must assess the impact of each risk on their team functions for a period of up to one day, up to one week and over one week. The impact of disruption may be none, minor, moderate, major or catastrophic. Details of how to calculate impact is included in the plan template on the Intranet.

Contingencies to address the impact of each risk may be included on the risk assessment table or refer to action cards in the appendix. It is the responsibility of the Plan Author to ensure that contingencies are relevant to the team and its functions.

### 5.3 Exercise and Review

This section of the plan records details of exercises. The Plan Author must record any exercises undertaken. These may be exercises organised within the team or by the Emergency Planning Officer. Exercises can be planned such as a table top whereby several plans are tested together or unplanned, such as presenting an issue to a team on an unannounced visit to examine team knowledge, understanding and suitability. It is recommended that those teams delivering critical services undertake at least one exercise every 3 years. Assurance is given by recording exercises undertaken and detailing them in the annual NHS England EPRR core standard assurance return.

### 5.4 Record of Amendments

The Plan Author should ensure that all amendments to the plan are recorded in full.

## 6 Training

All Plan Authors should undertake training in Business Continuity or complete the Business Continuity Management e-learning course on ESR before beginning to write a plan. This training is essential to the role.

There are no other specific training needs in relation to this policy however, the following staff will need to be familiar with its contents:

- Accountable Emergency Officer (Deputy Chief Executive)
- Emergency Planning Officer
- Directors
- Associate Directors

Further information is available via guidance on the Trust Intranet.

## 7 Development, consultation and approval

This policy has been developed by the Emergency Planning Officer in consultation with NHS Partners to both, inform of the need to have workable and consistent business continuity plans across all areas of Trust business that can be invoked in the event of an incident and; to inform of the standards expected in order that the Trust meets the NHS England core standards for Emergency Preparedness, Resilience and

Response relating to business continuity.

Consultation has taken place with all services and interdependencies including Communications, Finance, IMST, Facilities and On Call managers between 16 and 30 January 2019. A few small changes were made in respect of clarification of testing and cross- referencing.

## 8 Audit, monitoring and review

### Monitoring Compliance Template

| Minimum Requirement  | Process for Monitoring  | Responsible Individual/group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/committee for action plan development | Responsible Individual/group/committee for action plan monitoring and implementation |
|--|---|--|-------------------------|---|--|--|
| All Teams / Departments to have a Business Continuity Plan | Audit review tool managed by Emergency Planning Manager<br><br>NHS England annual EPRR core standard submission | Audit Committee                        | Annual                  | Audit Committee                                 | Emergency Planning Manager   | Audit Committee  |

This policy will be reviewed in three years from the date of issue as shown on page 1.

## 9 Implementation plan

| Action / Task  | Responsible Person         | Deadline | Progress update |
|--|----------------------------|----------|-----------------|
| Upload new policy onto intranet and Internet   | Emergency Planning Manager |          |                 |
| Inform all Management and Directors of new policy and their responsibilities through agenda item on management committees<br>Inform all staff through Communications | Emergency Planning Manager |          |                 |

## 10 Dissemination, storage and archiving (Control)

| Version | Date on website (intranet and internet) | Date of "all SHSC staff" email | Any other promotion/ dissemination (include dates) |
|---------|---|--------------------------------|--|
| 1.0     | To be approved                          |                                |  |
|         |   |                                |  |

## 11 Links to other policies, standards (associated documents)

Emergency Preparedness, Resilience and Response Policy  
Major and Critical Incident Plan  
Pandemic Flu Plan  
Adverse Weather Plan  
Heatwave Plan  
CBRNe Plan  
Evacuation Plan  
Communications Policy

NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2016 – NHS England  
NHS England Emergency Preparedness, Resilience and Response Framework 2013 – NHS England National Emergency Preparedness, Resilience and Response Unit

Civil Contingencies Act 2004  
NHS Act 2006

## 12 Equality Impact Assessment

The management of SHSC are committed to providing equality of opportunity, not only in its employment practices but also in the services for this policy for which it is responsible. The Equality Impact Assessment of the plan is neutral.

SHSC value and respect the diversity of their respective employees and the communities they service. In applying this policy they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups.

## 13 Contact details

| <b>Title</b>               | <b>Name</b>    | <b>Phone</b>  | <b>Email</b>   |
|----------------------------|----------------|---------------|--|
| Emergency Planning Manager | Terry Geraghty | 0114 226 3147 | <a href="mailto:Terry.geraghty@shsc.nhs.uk">Terry.geraghty@shsc.nhs.uk</a> |