

# **Business Continuity Management System Procedure**

Reference No:	P_COG_01
Version	3
Ratified by:	LCHS Trust Board
Date ratified:	9 March 2021
Name of originator / author:	Specialist EPRR Officer
Name of responsible committee	Emergency Planning Group
Date approved by responsible committee	7 <sup>th</sup> January 2021
Date issued:	March 2021
Review date:	March 2023
Target audience:	All Trust staff NHSL and the wider Health and Social Care community (see distribution list)
Distributed via	LCHS website

## Emergency Preparedness, Resilience and Response (EPRR) Policy

### Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	Whole document	Amalgamation of BC Procedure and Corporate BCP	05/08/15	Ali Biegaj
2	Whole document	Update to post titles	04/08/17	Ali Biegaj
3	Whole document	Full review, reformat, updated template	December 2020	Ali Biegaj
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Copyright © 2021 Lincolnshire Community Health Services NHS Trust, All Rights Reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

**Business Continuity Policy**

**Contents**

Version Control Sheet ..... 2

Contents..... 3

Procedural Document Statement ..... 4

1. Introduction ..... 5

2. Purpose ..... 5

3. Aim and Objectives..... 5

4. Scope ..... 5

5. Definitions..... 5

6. Roles and Responsibilities..... 6

7. Incident Declaration ..... 7

8. Activation of the Procedure..... 8

9. Response ..... 8

10. Stand Down ..... 9

11. Recovery ..... 9

12. Debrief ..... 10

13. Post-incident Report ..... 10

14. References ..... 10

15. Review of document ..... 11

Appendix A Incident Response ..... 11

Appendix B Call Out Cascade..... 12

Appendix C Monitoring Requirements..... 14

Appendix D Equality Analysis..... 15

## Procedural Document Statement

<b>Background Statement</b>	<p>The purpose of this procedure is to provide guidance and support in the event of an incident that immediately disrupts Lincolnshire Community Health Services business operations. The Business Continuity Procedure may be invoked alongside the Major Incident Response Plan.</p> <p>It is the policy of LCHS NHS Trust to take all reasonable steps to ensure that the Trust can maintain or return to business as usual after a disruption, major incident or crisis and that key and critical operations continue until the situation is resolved and there is a return to business as usual.</p> <p>The aim of this procedure is to provide clear guidance to enable the recovery and resumption of business operations within acceptable timescales.</p>
<b>Responsibilities</b>	Compliance with the policy will be the responsibility of all Trust staff.
<b>Training</b>	Training will be provided to any member of the organisation who is likely to be involved in the management of a major incident. All staff will have access to Business Continuity awareness sessions through mandatory and induction training.
<b>Dissemination</b>	LCHS Website Staff intranet Resilience Direct
<b>Resource implication</b>	It is expected that this policy will be delivered within the existing resources of Lincolnshire Community Health Services NHS Trust.
<b>Consultation</b>	<p>A formal process for consultation and approval is required for both the initial production and subsequent reviews of this policy.</p> <p>Formal consultation has been undertaken with/through:</p> <ul style="list-style-type: none"><li>• Heads of Clinical Services / Corporate Service Directors via the Emergency Planning Group</li><li>• Local Health Resilience Partnership</li></ul>
<b>Monitoring</b>	Monitoring requirements at Appendix C
<b>Equality Statement</b>	<p>As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.</p>

## 1. Introduction

The impact of a disruption to services in the public sector is a risk that many have identified at a strategic level and figures largely in risk registers. The need to plan is re-enforced by the Civil Contingencies Act (2004), which imposes a statutory duty for all NHS organisations to be resilient, developing and having in place business continuity plans. ISO 22301 and PAS 2015, is used by LCHS to benchmark their preparedness.

The organisation needs to be able to continue to deliver critical aspects of its day to day functions in the event of an emergency, if the impact on the health community it serves is to be kept to a minimum.

The BCMS looks at the totality of the Trust's operations and services which must function for critical service delivery to continue. Awareness of the changes to the business environment is necessary to allow planning to be reviewed and updated as the strategic direction changes. This document details LCHS main Business Continuity procedure and overarching framework for response and recovery in the event of an incident and should be read in conjunction with the Business Continuity Policy.

## 2. Purpose

The purpose of the Business Continuity Management System is to provide a Business Continuity Management Framework for LCHS NHS Trust; to ensure the resilience of the Trust to any eventuality and its ability to address business disruptions to critical services or functions, at an agreed level and within a time frame that minimises the impact to the organisation, staffing and the wider health and social care community, also protecting the brand and reputation.

## 3. Aim and Objectives

### 3.1 Aim

The aim of this document is to provide a framework for the Trust's Business Continuity arrangements to ensure that services provided by, and the business of, the Trust continue at an accepted level in the event of a serious disruption.

### 3.2 Objectives

- Minimise disruption and speed recovery following adverse events
- Personal safety of all patients, staff & visitors
- Implement an initial emergency response
- Protect the safety of assets including Trust financial systems, premises etc.
- Limit the loss of public confidence and adverse publicity
- Maintain effective communication to minimise loss of public confidence and adverse publicity
- To facilitate an efficient return to normal service provision

## 4. Scope

This procedure covers the recovery of all LCHS services when a corporate response is required; it does not cover partner agencies or third-party suppliers (LCHS requires evidence of robust Business Continuity arrangements to be provided for all subcontracted services).

## 5. Definitions

**Business Continuity (BC)** – the capability of the organisation to continue to continue delivery of services at acceptable predefined levels following disruptive incidents

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

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

**Business Impact Assessment (BIA)** - the process of analysing ALL business functions and the effect that a business disruption might have upon them.

**Business Continuity Plan (BCP)** – a plan which has been developed and maintained for use during a disruptive incident to enable an organization to continue to deliver its critical activities at acceptable predefined levels.

**Critical Activities** – activities which must be performed to deliver key services that enable an organisation to meet its most important and time sensitive objectives i.e. provision of frontline healthcare

**Maximum Tolerable Period of Disruption (MTPoD)** – the duration of time after which an organisation’s viability will be irrevocably threatened if service delivery cannot be resumed.

**Recovery** – the process of rebuilding, restoration and rehabilitation following an emergency.

**Recovery Time Objective (RTO)** – the target time set for resumption of service or activity delivery following an incident or a period of disruptive challenge.

## **6. Roles and Responsibilities**

### **6.1 Chief Executive**

The Chief Executive has overall responsibility for ensuring that the organisation complies with the statutory duties under the Civil Contingencies Act 2004 and complies with other associated Business Continuity legislation.

### **6.2 On-call Director**

On being alerted to an incident the On-Call Director should assess the information communicated to them and seek additional information if required. Following confirmation, the On-Call Director should consult **Appendix A** and decide which of the escalation pathways to adopt.

### **6.3 Trust Leadership Team**

- Provide strategic direction and overview to ensure an effective response is being undertaken
- Establish and maintain clear communication channels / provide briefings to media and public
- Manage potential harm to the reputation of the Trust.
- Authorise expenditure
- Liaise as necessary with CCG’s, NHS England Regional Team and the multi-agency Strategic Co-ordinating Group (if convened) as appropriate
- Keep partners / key stakeholders informed
- Receive and consider situation reports
- Consider requesting assistance from other local authorities/agencies/parties
- Define the strategic recovery objectives

### **6.4 Specialist Emergency Preparedness, Resilience & Response (EPRR) Officer**

- Corroborate nature and extent of Business Continuity Incident

- Validate accuracy levels and sources of information
- Assess the potential impacts of the incident or threat on services – particularly Priority 1, and ensure measures are in place to deal with these, e.g. Service BCP's fit for purpose
- Provide information and advice as required to support Clinical / Corporate Service plan owners, BC Incident Management Team (BCIMT) in deciding appropriate response level.
- Co-ordinate the structured debriefing and will prepare the post incident report.

### 6.5 **Service Managers**

- Assess the impact for their service
- Maintain communication with the BC Incident Management Team

### 6.6 **Business Continuity Incident Management Team**

Depending on the nature and extent of the incident/emergency, a Business Continuity Incident Management & Recovery Team may be convened to co-ordinate the Trust response and recovery. Membership may include:

Gold Commander	Human Resources/Workforce
Silver Commander	Digital Health
Medical Director	Estates
Clinical Managers	EPRR Officer
Corporate Managers	Loggists
Communications Team	Support staff

*Other people/roles may be co-opted as required, for specialist areas e.g Pharmacy, Infection Prevention and Control*

### 6.7 **Business Continuity Incident Recovery Team**

An Incident Recovery Team may be convened to:

- Co-ordinate recovery activities across the Clinical or Corporate Services.
- Establish the organisations' recovery objectives in the event of a business interruption or the threat of an interruption to the delivery of one or more of the critical services
- Co-ordinate recovery activities with appropriate stakeholders, including suppliers and manage the budget and allocate resources for recovery, resolving any recovery conflicts if required.
- Provide support to the Service Business Recovery teams and the team will also monitor and direct all staff welfare, communications and support service activities relating to recovery.
- Receive and act upon situation reports.

**ALL REPORTS, DECISIONS AND ACTIONS MUST BE RECORDED.**

## 7. **Incident Declaration**

A BC incident will be declared by the On-Call Director when any of the following conditions are arising:

- If the incident has the potential to affect people external to the organisation **or** if the incident is internal but has significant and/or widespread impacts on the organisation then the Trusts Major Incident Plan should be activated.
- Any interruption which causes disruption to LCHS business as usual – any incident arising which threatens personnel, patients, or patient services, premises from which services are delivered / office buildings or the operational procedures of LCHS.
- Access to, or the ability to operate normal services from a Trust site is either fully or partially interrupted due to an incident occurring.

- The Trust's IT systems are interrupted causing substantial or significant system failure and therefore disruption to either a team or wider group of users.

The On-Call Director, acting as Gold (Strategic) Commander should delegate to the Operational On-Call Manager (Silver / Tactical Commander) to establish and set up a control room as appropriate.

If the incident can be managed at a local service or Clinical/Corporate Service level, the appropriate Heads of Clinical Services / Corporate Service Director will refer to their own Business Continuity Plans (this will be managed by the On-Call Director and Manager during the Out of Hours period). The call-out cascade is at Appendix B.

**ALL REPORTS, DECISIONS AND ACTIONS MUST BE RECORDED.**

## **8. Activation of the Procedure**

The member of staff discovering an incident is responsible for the initial reporting of the incident to the Service Manager in the first instance. In the event of this manager being unavailable the person deputising for them or the On-Call Manager should be alerted.

### **8.1 Normal Working Hours**

In the event of an incident which may present a risk to the delivery of services, the Service Manager should invoke the Service BCP and escalate to Head of Clinical Service/Service Director. If appropriate the Accountable Emergency Officer will declare a Major Incident or Standby to enable an effective response and the involvement of partners if required.

### **8.2 Out of Hours**

In the event of an incident which may present a risk to the delivery of services, the Service Manager should invoke the Service BCP and escalate to the On-call Manager for onward escalation to the On-call Director. If appropriate the On-call Director will declare a Major Incident or Standby to enable an effective response and the involvement of partners if required.

## **9. Response**

- 9.1 If the Major Incident Plan has already been or is simultaneously activated, it is assumed that an Incident Response Team will be convened. In this situation, it is the responsibility of the Chief Executive/Executive Leadership Team to ensure there is sufficient capacity to cover the response to the emergency situation and management of Business Continuity to ensure the delivery of the Trusts priority services.

The focus on BCM priorities may change through the life cycle of an incident response, to meet differing demands. The need to provide cover for the response may not be just a short term requirement, but may be required over a longer period of time.

Recovery should be considered from the beginning of the incident and not left until the response phase is over. For example as people plan to cease services to create capacity to deal with an emergency, it makes sense they should also plan how and when to start them up again

### **9.2 Service Response**

When an incident has occurred that will affect the organisations provision of services, the Business Continuity Incident Management Team will be convened and make decisions on how the organisation will continue to provide services; a Service / Department may be requested to activate its Business Continuity Plan.

Once this request has been received the appropriate Business Continuity Plan should be obtained. BCPs can be located in service/department folders within the Trust j drive.

### **9.3 Priority 1 Functions**

There are a number of services that have a criticality rating as priority one services (target recovery time of one day or less) in the event of an emergency or serious business disruption; this is because the service, or an aspect of it is either an essential service or it is essential in managing the disruption or in assisting services to recover. The Priority 1 services may change dependent on a number of factors (i.e. service provided, time/date/ seasonal period, type of threat).

The BC Incident Management Team, in consultation with appropriate Service Directors and Head of Clinical Service and the Trust Escalation/ Surge plan will determine whether services will be:

- **Enhanced** – to respond to the Business Continuity Incident
- **Reduced** – in order to enable the transfer of resources to support a higher priority service.
- **Suspended** – to enable the re-allocation of resources

Corporate Service Directors and Heads of Clinical Service should be consulted to inform them of the need to transfer/reallocate resources.

The BC Incident Management Team will consider the requirement for additional premises and resources required for Priority 1 functions which if affected, must be recovered first.

## **10. Stand Down**

The Accountable Emergency Officer or On-call Director, in consultation with Service managers, will declare stand down as appropriate when:

- The incident has been controlled
- The immediate needs of affected service users have been met
- Plans have been put in place to return to normal service / functions
- A communication system has been put in place to deal with any long-term effects
- Staff and / or service user concerns have been addressed.

This marks the end of the incident response phase and, where appropriate, handover to recovery. Stand-down is to be communicated to all staff, relevant key stakeholders, partner organisations and service users.

## **11. Recovery**

Services will need to effectively recover their operational capability in the shortest possible time with minimum disruption to patients and staff. The fully implemented recovery phase may not be completed for some considerable time. The Trust will need to consider the following priorities:

- managing the return to normal service delivery
- priority of Services including the impact on targets
- communication with service users affected by the incident including the re booking of cancelled appointments
- staffing levels in the immediate future
- identifying patients who require further surgical intervention
- support of staff welfare including appropriate counselling

- re-stocking of supplies and equipment
- auditing and reporting of the incident

**(\*\*please see the Recovery Plan contained within the Emergency Preparedness Portfolio\*\*)**

## 12. Debrief

It is essential following a Business Continuity Incident for a formal structured debrief to be held to evaluate the response, develop action plans to revise plans that are in place, ensure appropriate actions are taken to prevent further incidents and identify and cascade any lessons. The EPRR Officer will normally co-ordinate attendances at an internal debrief.

Debriefing may be held in large or small groups. There should be an opportunity to provide written comments. Whatever form the debrief takes, it should take place as soon as possible after the incident and will contribute towards the post-incident report.

## 13. Post-incident Report

The EPRR Officer should produce a post-incident report for the AEO to present to Trust Board.

## 14. References

- Civil Contingencies Act (2004)
- The NHS Act 2006
- The Health and Social Care Act 2012
- ISO 22301 (International Standard for Business Continuity)
- PAS 2015 (Department of Health Framework for Health Services Resilience)
- NHS Standard Contract
- NHS England EPRR Framework
- NHS England Core Standards for EPRR
- NHS England Business Continuity Management Framework

The following documents should be consulted in partnership with this Policy.

- LCHS Emergency Preparedness Portfolio:
  - Strategic Overview
  - Section 1 – Major Incident and Emergency Plan Response
  - Section 2 – Command and Control
  - Section 3 – Incident Control Centre
  - Section 4 – Escalation and Surge
  - Section 5 – Chemical, Biological, Radiological, Nuclear and Explosives (CBRNe)
  - Section 6 – Severe Weather
  - Section 7 – Communications
  - Section 8 – Outbreak Plan (including Pandemic Influenza and Norovirus)
  - Section 9 – Mass Casualty
  - Section 10 – Lockdown
  - Section 11 – Lockdown
  - Section 12 – Recovery
  - Section 13 – Managing Strike Action

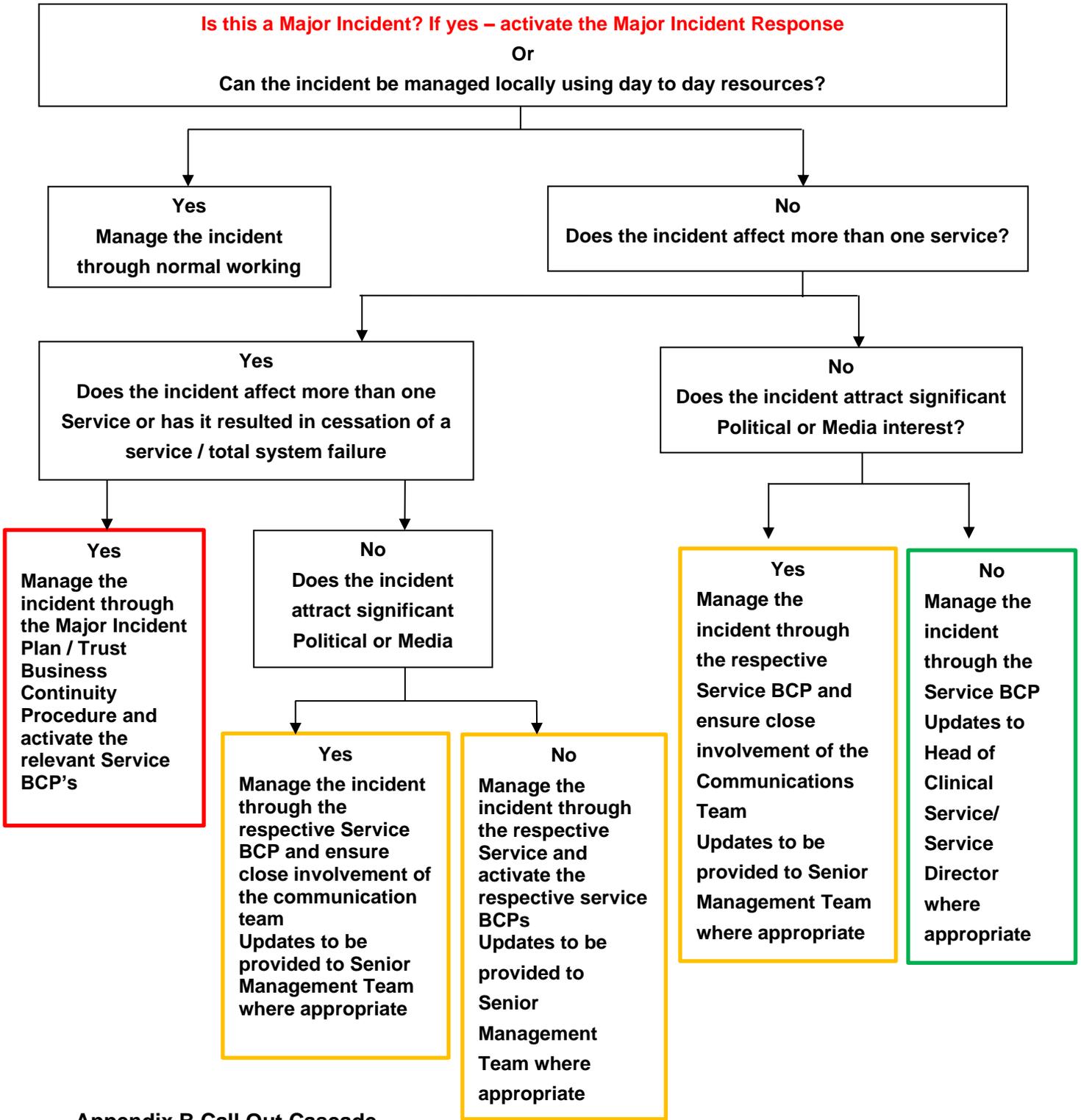
- Section 14 - Telecommunications
- LCCHS Business Continuity Procedure
- LCCHS Emergency Preparedness, Resilience and Response Policy
- LCCHS Risk Registers
- Local Resilience Forum (LRF) Community Risk Register
- LCCHS Emergency Planning Group Terms of Reference

**15. Review of document**

This document will be reviewed annually by the Emergency Planning Group (EPG) and approved by the Trust Board.

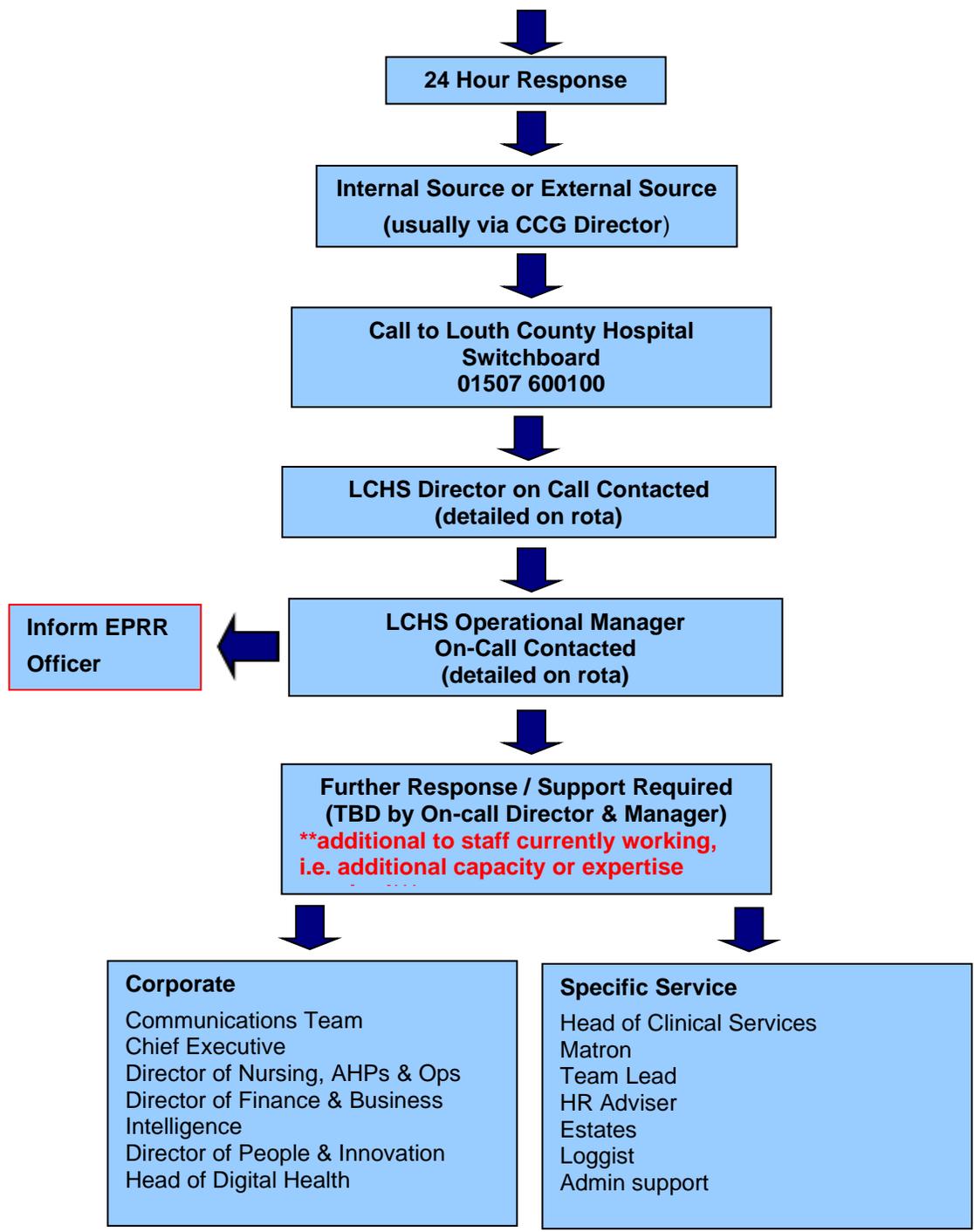
**Appendix A Incident Response**





**Appendix B Call Out Cascade**

**Major Incident / Business Continuity  
Call Out Cascade**



**\*\*\*If the Business Continuity Incident occurs during / or due to a Major Incident the Director on call is assumed Gold Commander and concerned solely with managing the Trust's Major Incident response; responsibility for the Business Continuity Incident must be passed to another Director or this task**

## Appendix C Monitoring Requirements

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring /audit	Responsible individuals / group/ committee (multi -disciplinary) for review of results	Responsible individuals / group/ committee for development of action plan	Responsible individuals / group/ committee for monitoring of action plan
Number and Types of Incidents/ Service Disruption	Incidents formally reported via the Emergency Planning Group	Emergency Planning Group	Quarterly <i>(more frequently if required)</i>	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
Annual EPRR Report	Annual Report to Q&R / Trust Board	EPRRO / AEO	Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
NHS Core Standards for EPRR	Yearly Report to CCG / NHS E&I	EPRRO / AEO	Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group

## Appendix D Equality Analysis

**NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required**

### Equality Impact Analysis Screening Form

Title of activity	Business Continuity Policy		
Date form completed	December 2020	Name of lead for this activity	Tracy Pilcher

Analysis undertaken by:		
Name(s)	Job role	Department
Ali Biegaj	Specialist EPRR Officer	

What is the aim or objective of this activity?	To outline how LCHS will meet its statutory and mandatory duties as set out in the Civil Contingencies Act, 2004, the Emergency Preparedness Framework (NHS England, 2015), the Health and Social Act (2012), The NHS Planning Guidance – Everyone Counts Planning for Patients 2014 - 19 and the NHS Standard Contract.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	The policy defines LCHS responsibilities for Emergency Preparedness, which would impact on staff, patients, carers or the wider community dependent on the incident.

#### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Impacts</b> <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

**Level of impact**

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

**Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: