Business Continuity Management System

Business Continuity Policy

(Formerly known as Business Continuity Policy and Procedure)

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Distributed via:	Website

Business Continuity Management Policy

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		Policy removed from BCMS – now stand alone document	10/8/2015	Ali Biegaj
2		Whole document review	21/09/2017	Ali Biegaj

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Business Continuity Management Policy

Statement

Background

The purpose of the Business Continuity Management System is to provide a Business Continuity Management Framework for Lincolnshire Community Health Services 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, protecting also the brand and reputation.

Statement

It is the policy of Lincolnshire Community Health Services NHS Trust to take all reasonable steps to ensure that LCHS can maintain or return to business as usual after a disruption, major incident or crisis and, that key and critical operations of LCHS continue until the situation is resolved and there is a return to business as usual.

Responsibilities

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services Trust staff.

Training

Directors/Service Managers will be responsible for ensuring that all appropriate staff have appropriate training in line with the policy.

Dissemination

Website
Postmaster e-mail

Resource implication

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Business Continuity Policy

Distribution List

Lincolnshire Community Health Services NHS Trust:
- LCHS Chief Executive
- Director of Nursing and Operations
- LCHS Trust Board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- Heads of Services (full cascade to LCHS staff).

Clinical Commissioning Groups
- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire, Clinical Commissioning Group
- South Lincolnshire, Clinical Commissioning Group

NHS England
- Leicestershire and Lincolnshire Area Team

Public Health England
- PHE (Lincolnshire)

Emergency Planning Leads:
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Partnership Foundation Trust (LPFT)
- East Midlands Ambulance Service (EMAS)
- Lincolnshire County Council:
  - Adult and Children Services
  - Emergency Planning Unit
  - LRF

Peer Review
Business Continuity Lead Lincolnshire County Council
LPFT/ULHT

Business Continuity Policy

Abbreviations

BCI	Business Continuity Incident
BCIMT	Business Continuity Incident Management Team
BCM	Business Continuity Management
BCMRT	Business Continuity Management Response Team
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BCRT	Business Continuity Recovery Team
BCT	Business Continuity Team
BS	British Standard
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
CRIP	Common Recognised Information Picture
ELT	Executive Management Team
EP	Emergency Preparedness
EPC	Emergency Planning Committee
EPL	Emergency Planning Lead
HR	Human Resources
IRT	Incident Response Team
IT	Information Technology
LCHS	Lincolnshire Community Health Services NHS Trust
LLA	Lincolnshire Learning Academy
LRF	Local Resilience Forum
MBCO	Maximum Business Continuity Objective
MTPoD	Maximum Tolerable Period of Disruption
NHSE AT	NHS England Area Team
PPI	Public and Patient Involvement
RTO	Recovery Time Objective
SOP	Standard Operating Procedure

Business Continuity Policy

Contents

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

1 Introduction

1.1 Lincolnshire Community Health Services NHS Trust is committed to implementing an integrated and robust Business Continuity Management System (BCMS) to ensure the continued delivery of safe and effective healthcare and management, through alignment to ISO22301 and in meeting a number of statutory duties in relation to Emergency and Business Continuity Planning as detailed within:

- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2012;
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and
- Care Quality Commission Fundamental Standards.

1.2 In addition to meeting legislative duties, LCHS is required to comply with guidance and framework documents, including but not limited to:

- NHS England Emergency Preparedness, Resilience and Response Framework 2015;
- NHS England Business Continuity Management Framework 2013:
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2015;
- NHS England (Operating Framework) Everyone Counts Planning for Patients 2014/15 – 2018/19;
- PAS 2015: Framework for health services resilience

1.3 This is achieved through the production, testing and exercising of plans for the key services of LCHS.

1.4 For LCHS, service interruption may be any disruptive challenge that threatens personnel, buildings or the operational procedures of the organisation and which requires special measures to be taken to restore normal operating functions.

All business activity is potentially subject to disruption, through incidents such as technology failure, flooding, utility failure, and terrorism. Disruption from terrorist attacks, fires and flood receive significant attention, however, almost 90% of business threatening incidents are 'quiet catastrophes', which go unreported in the media, but can have an equally devastating effect on an organisation's ability to function. The impact of service/business disruptions may be:

- Financial loss
- Loss of reputation or public confidence
- Failure to deliver a service
- Impact on stakeholders.

LCHS bases its' business continuity plans on 'worst case scenarios'. LCHS uses the Integrated Emergency Management approach of Anticipate, Assess, Prevent, Prepare, Respond and Recover.

2 Purpose

2.1 A Business Continuity Management System (BCMS) is part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves Business Continuity. The BCMS, Scope and Policy provides a structure through which:

- A comprehensive BCMS is established and maintained, to build resilience into LCHS activities, services and systems and to ensure resilience is considered as part of LCHS operations.
- Business Impact Analysis and risk assessment will be applied to key services and their supporting prioritised activities, processes and resources.
- Risk mitigation strategies will be applied to reduce the impact of disruption to key services and organisation reputation, in line with the Risk Management Strategy.
- Plans will be developed to ensure restoration of key services to a minimum acceptable standard following disruption.
- Invocation of business continuity plans can be managed
- Plans are subject to on-going exercise and revision
- The Trust Board can be assured that the BCMS remains up to date and relevant.

3 Business Continuity Objectives

- **Protecting life** - The BC procedure acknowledges existing Health and Safety and Site Evacuation procedures.
- Reducing the **impact or harm to patients** and members of the Lincolnshire community arising as a result of disruption to patients, patient treatments, patient appointments and patient services provided by LCHS.
- Maintaining **critical infrastructure and facilities.**
- **Maintaining normal business operations** as far as reasonably possible.
- **Minimising any negative impact** arising from either a financial perspective or on the reputation of the Trust or its employees as a result of a Business Continuity Incident.

4 Business Continuity Management System

4.1   LCHS will implement a robust BCMS whereby:

- Responsibility for ensuring that plans are capable of restoring a minimum acceptable standard of service delivery rests with the Accountable Emergency Officer.
- Supporting departments/services will provide professional support to improve resilience of prioritised activities and resources that support key services.
- Annual review of business continuity process will be undertaken annually by the Emergency Planning Lead, providing support and development as necessary.
- Business Continuity Plans will be exercised in line with the organisations Emergency Preparedness annual plan and the NHS England Emergency Preparedness, Resilience and Response Framework (2015). Where necessary modifications will be made to take account of the exercise results.
- Contracts with suppliers of critical goods and services will include a requirement for the supplier's business continuity processes to be approved and exercised.
- All staff will be aware of the plans that affect their service area and role following invocation of business continuity plans.

4.1.1 The Trust recognises that having in place effective Business Continuity Policy and Procedures from which the individual Business Continuity Plans can be developed is value added and demonstrates corporate commitment to minimise the effects of disruption.

4.1.2 Business Continuity Management should be viewed as a core management function, a key strand of Corporate Governance, and must be an integral part of the planning

and management process undertaken within each Clinical and Corporate Service and identified departments.

4.1.3 All plans must be kept up to date and exercised at least annually.

4.1.4 Lessons learnt from the exercising or the activation of plans must be shared with other Services/departments, as it is likely that issues arising in one Service may be relevant to another. This is to be undertaken via the Emergency Planning Committee.

4.1.5 Business Continuity must be included as a fixed agenda item in the regular senior management meetings within the Services and identified departments and the organisation's Management Committee. It is essential that processes be and implemented that identify changes that may occur in both corporate and clinical plans.

5   Definitions
For the purpose of the BCMS, the following definitions have been taken from **ISO 22301** to mean:

5.1   **Business Continuity Management System (BCMS)**. *'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'.*

5.2   **Business Impact Analysis (BIA).** *'The process of analysing activities and the effect that a business disruption may have on them'.*

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

5.4   **Maximum Tolerable Period of Disruption (MTPOD).** *'The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable'*

5.5   **Minimum Business Continuity Objective (MBCO). '***The minimum level of services and/or products that is acceptable to the organisation to achieve its business objectives during a disruption'.*

5.6   **Recovery Time Objective (RTO).** *'The period of time following an incident within which;*

- *Product or service must be resumed; or*
- *Activity must be resumed; or*
- *Resources must be recovered.*

The Recovery Time Objective must be less than the maximum Tolerable Period of Disruption'.

6   Scope

The Scope provides the key services and locations required to deliver the MBCO.

The key services are detailed within LCHS escalation and surge plan, with services being defined as level 1, 2 or 3 services. The key locations are determined within the service BCP's and also includes the Corporate Headquarters (Beech House).

6.1 **In Scope:** Alignment to ISO22301 will cover healthcare provision and management provided by LCHS, including all key supporting dependencies.

- Corporate services
- Integrated Clinical Services North
- Integrated Clinical Services East
- Integrated Clinical Services South
- Integrated Urgent Care Services and management

6.2 **Out of Scope:** Alignment to ISO22301 will not cover contracts with suppliers and services commissioned by LCHS, but not directly managed by the Trust.

7   BCM Process

7.1 It is important to ensure that BCM is embedded within the organisation and this is achieved through the BCM Process

Fig 2.

7.2 The relevant stages of are:

7.2.1 **Anticipate -** Horizon scan to identify new risks and threats

7.2.2 **Assess (**Analysis**)** – Assess hazards and threats, against the likelihood of occurrence and the impact they would have, which may jeopardise operations, key business processes, the Trusts financial situation and reputation. Identify all key business processes and activities including Inter-dependencies and other influences that might impact on them. These will be assessed and prioritised to enable the focusing of resources to ensure that the most critical are restored promptly in the event of disruption.

7.2.3 **Prevent** (Design) – Apply a range of actions (technical, practical, procedural and organisational) to limit either the likelihood of an incident occurring or its impact if it occurs and maintain operations at an appropriate level.

7.2.4 **Prepare** - Having established priorities, identify and choose options for continuing the critical processes and activities after an incident, to an agreed minimum level. Maintain planning arrangements and effective management structures.

7.2.5 **Respond** (Implementation) – The immediate consequences of the emergency will be managed, Business Continuity Plans will provide an effective, predefined and documented framework and process to respond to disruptive incidents affecting critical processes and activities.

7.2.6 **Recover** - Manage the longer term consequences of an emergency and get back to 'normal' as quickly as possible.

7.2.7 **Promote** (Embed) – Business Continuity Management, should be an integral part of the organisation's strategic and day to day management activity by the introduction of awareness and training. This will be a continuous process.

7.2.8 **Communicate** – no matter how well designed and thought out a BCM plan is, it must be communicated to all staff and

7.2.9 **Rehearsed** (Training and Exercising) - to ensure its effectiveness. Maintenance and auditing are essential to ensure the compliance with the standards adopted by LCHS. LCHS will continually review its arrangements and test the plans on an annual basis.

7.3   Risk Management

7.3.1 The process of risk management and BCM overlap during the analysis and identification of the mitigating strategy stages. The BCM process utilises risk information from the Trust Risk Management Framework and Risk Registers. These provide the overview of the high impact and high probability risks to the Trust's business and drive the planning process to produce BCM actions that ensure the continuity of critical business functions.

7.3.2 This also incorporates a Risk Notification Procedure (**Appendix 3 of the LCHS Business Continuity Procedure**) which provides a process through which any events occurring in the organisation can be assessed and reviewed, to ensure appropriate strategies are in place.

8   Governance

BCM is a corporate responsibility for the Trust and therefore, should have visibility at Trust Board level. Within LCHS the Chief Nurse/Director of Operations is nominated as the Executive Officer who is accountable for ensuring implementation of BCM (see Appendix 1 for roles and responsibilities).

9   Internal resilience

9.1   An essential element of developing successful BCM is the proactive support of Senior Management. By demonstrating commitment and playing an active role in the BCM process they can ensure its successful implementation.

9.1.1 Co-ordination of BCM will be supported by and monitored through the Trust's Emergency Planning Committee (EPC).

9.1.2 The Emergency Planning Lead (EPL) supported by the EPC will ensure:

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

- The BCM framework is implemented, reviewed and tested across all Services and Departments and embedded throughout the Trust in accordance with the BCM Framework.
- Each Service /Department represented on the EPC will examine their function and undertake a Business Impact Assessment in order to identify:
  - Those key activities performed by their services which in the event of disruption or failure of their ability to perform them will impact on the identified BCM Objectives
  - Assets and resources associated with each key activity, and the development of their own BCM strategies and plans to reduce the likelihood of the disruption of a critical activity and mitigate the effects of a disruption should one occur using the BCP Template.
- Following BIA each Service /Department will formulate a BCP.
- Monitoring and testing of BC is undertaken across the Trust.
- The promotion and awareness-raising of business continuity across the Trust is managed.
- Each Services /Department exercises their BCP at least annually.
- Changes to Trust operational policies and processes necessary for the BCM framework to be effective.

9.2 BCM Infrastructure

9.2.1 Before undertaking the various stages of the BCM process, Heads of Clinical Services and Corporate Services will need to establish a supporting infrastructure.

9.2.2 Consideration must be given to the necessity of maintaining business as usual, whilst dealing with a disruption requiring business continuity management and the potential for a major incident response should the disruption escalate or a separate event occur.

9.2.3 Therefore the BCM infrastructure should mirror existing arrangements, as far as possible, without assigning individuals more than one role. This should be integrated into the existing risk management and planning framework.

9.3 Clinical/Corporate Service Roles and Responsibilities

9.3.1 Business Continuity Lead

Heads of Services are the designated Business Continuity Leads within each Clinical/Corporate service and have overall responsibility for their Business Continuity Plans.
The Business Continuity Lead has responsibility for the on-going administration and maintenance of the BCM arrangements, including auditing and amending the plan and liaising with the Emergency Planning Lead to ensure plans are exercised on a yearly basis.

9.3.2 Business Continuity Co-ordinator

The responsibility for BC Management may be devolved to members of the management team who will act as Business Continuity Co-ordinators, and a Business Continuity Management Team (BCMT) designated in the event of a disruption. The Business Continuity Co-ordinator is the point of contact with the Emergency Planning Lead.

In the event of the plan being invoked the BCM Co-ordinator will co-ordinate the responses and provide general support and instruction to those involved in the response and provide a link to the Head of Service or nominated deputy.

9.3.3 Business Continuity Team

The BCMT should reflect all the processes and activities undertaken by the Service or department. The BCM Team Leader should have appropriate seniority and authority to be accountable for BCM implementation.

9.3.4 The cycle of work will be supported where appropriate by the Emergency Planning Lead. All templates for completing each stage of the Business Continuity process and maintenance of the Business Continuity Plan are found in the appendices of the Business Continuity Procedure and on the intranet.

10 Analysis

10.1 Identifying Critical Business Processes

10.1.1 The key to understanding the organisation is to identify the key business processes. This must be completed annually or on any occasion there is a significant change to business processes.

10.1.2 The objective of this stage is to identify and rank in priority order the critical processes and activities.

10.1.3 Using the LCHS Operational Plan and Strategic objectives, Clinical and Corporate services should identify and align their own core operational objectives. Those critical processes and activities which are crucial to achieving the objectives should be identified and given the highest priority.

11 Business Continuity Plans

11.1 LCHS has a hierarchy of plans with different command and control levels and owners

Plan	C&C Level	Control Document	Purpose	Owner
Tier 3	Strategic	LCHS Business Continuity Policy	Provides overarching structured approach to BCM	Trust Leadership Team
Tier 2	Tactical	Business Continuity Procedure	Pre-determined procedures to respond to disruptions	Emergency Planning Committee/ Emergency Planning lead
Tier 1	Operational	Service Specific Business Continuity Plans	Local recovery arrangements	Service Manager

11.1.1 A BCP template has been developed for use throughout LCHS. The completed plan should be flexible enough to enable responses to a wide variety of potential generic disruptions and should always be based on the worst-case scenario, i.e. a major disruption will happen at the worst time on the worst day possible.

11.1.2 The development of the plan does not signify the end of the BCM process. The process is dynamic. Nor does the plan provide BCM competence or capability, but rather it provides the approach to an effective capability to respond/recover.

11.1.3 Business Continuity Champions are responsible for version control of the completed BCP and providing a copy to the Emergency Planning Committee for approval and following annual review or after every amendment. The template can be obtained from the Emergency Planning Lead or the Emergency Planning/Business Continuity section of the staff website.

12   BCP Sign Off Process

12.1   The BCP will be signed off by the Head of Service, with new plans being reviewed and approved at the Emergency Planning Committee. The Emergency Planning Committee will provide a bi-monthly report providing copies of all BCP's to the Quality and Risk Committee which, following review, will in turn report to the Trust Board, where the plans will be ratified. Plans will then be published on the LCHS intranet site. They will be actively promoted within the team, through team meetings etc.; evidence that this has taken place may be requested at EPC.

13.   BCP Implementation

13.1.   Business Continuity Plans should be cascaded to all staff within Services and service areas as appropriate. Service and Business Continuity Management Leads will be expected to hold the original copies of the Business Impact Analysis and Business Continuity Plans; these will also be available on the LCHS intranet and hard copies retained within the Services. Heads of Services are responsible for a full staff cascade of the policy.

14.   Business Continuity Incident (for further details, see the LCHS Business Continuity Procedure)

14.1   The detection of an event that could result in a critical disruption of service provision is the responsibility of whoever first discovers or receives information about an emergency situation.

14.2   Upon discovery the service manager should be informed and the appropriate Clinical/Corporate Service, Business Continuity Co-ordinator. If out of hours, the On Call Manager should be informed.

14.3   A tiered approach to escalation is in place and the apparent scale of the incident will determine the notification procedure required. The Business Continuity Co-ordinator together with the service manager will conduct an initial assessment and notify the Business Continuity Lead (Head of Service). If appropriate the Clinical/Corporate Service will activate their response or a decision will be made to escalate if there are organisational implications.

In the event of an incident that immediately disrupts business operations the Business Continuity Response is led strategically by the On-Call Director with the On-Call Manager responsible for co-ordinating the LCHS Tactical response. Further

response will involve appropriate Service/Department Teams undertaking the role of Business Continuity Response/Recovery Teams.

15. Training

15.1 Business Continuity Management training is a statutory requirement placed on the NHS under the Civil Contingencies Act (2004) and the Emergency Preparedness Framework (NHS England, 2015).

15.1.1 Those individuals undertaking roles and responsibilities within business continuity or an incident must undertake appropriate training for their function. Training requirements are defined within the Emergency Preparedness training matrix.

15.1.2 Training will be undertaken in line with the annual plan for training and exercising. Each Service is responsible for ensuring that staff are given information and training to assist them in the implementation of their Business Continuity Management plan. This training will vary according to the content of the plans. Training records will be used as documented evidence of the completion of relevant and suitable training.

15.1.3 The emergency and Business Continuity Management response arrangements within LCHS plans are useless if the staff that are expected to implement them at the time of an emergency or disruption are unaware of them. To this end, all staff must be made aware of the plan. If there are any significant changes to the plan that affect the way in which staff respond, these must be communicated to them.

15.1.4 Heads of Services are required to identify two co-ordinators, to act as key leads and support Business Continuity Management. They will be trained in Business Continuity Management and support their Service staff/teams in Business Continuity Management.

15.1.5 Each Head of Services is responsible for ensuring that their staff receive training appropriate to individual Business Continuity Management Plans.

15.1.6 The Emergency Planning Lead will ensure the Trust Board receives training appropriate to Business Continuity Management.

16 Embedding Business Continuity

16.1 The Trust Executive Group, together with Heads of Services and all senior managers, should seek to develop a BCM culture across the organisation by:

- Giving proactive support to the BCM process
- Encouraging training and awareness in BCM
- Ensuring ownership of BCM
- Demonstrating a commitment to the annual programme of audit, maintenance and review of the BCM plans.
- Communicating the importance of BCM to all staff and their roles and responsibilities.

17 Validation

17.1 Testing and Exercising

17.1.1 Exercising allows the evaluation of a plan, identifying any gaps or weaknesses. It provides an opportunity for key personnel to rehearse and gain familiarity with the

Business Continuity processes. A plan cannot be considered reliable until it has been exercised and has proved to be workable.

17.1.2 Training and exercising will be undertaken in line with the NHS England Emergency Preparedness Framework (2015) which defines the processes and timescales for exercising. The Exercise Programme should be a progression of exercise types, each one building on the lessons of the previous exercise.

17.1.3 A full test of the BCP should be undertaken annually (unless an incident occurs). The form of testing may be undertaken by discussion based exercises, table top exercises, telephone cascade, unannounced tests within service areas and live incidents. The component parts of the plan should be exercised more frequently. The Business Continuity Co-ordinator is responsible for organising component tests. Lessons learnt should be identified using the template incorporated within the Business Continuity - Risk Notification Procedure, Business Continuity Management Incident Record (Appendix 3 of P_CoG_01 Business Continuity Procedure). ***Any changes to the plan should be recorded in the version control document (at the front of each plan).***

17.1.4 A post exercise report will be written to summarise the test/exercise and to highlight areas of best practice and for improvement, with lessons identified and action plans completed.

18   Maintenance and Review

18.1   LCHS exists in a dynamic environment. It is subject to changes in people, processes, supplies, risk and environment. To remain current, BCM arrangements must be reviewed and updated, as well as being subject to audit and inspection. Three processes will ensure that plans remain up to date:

1. Maintenance process implemented to ensure detection of changes in key areas and compliance to ISO 22301 and PAS 2015
2. Static Review annually.
3. Dynamic Reviews – following exercises or incidents.

18.1.1 The full review process will need to cover:

- Review of audits, exercises and incidents (lessons learnt, may also be identified from incidents external to the Trust).
- Improving, reviewing and maintenance of BC tools
- Correcting internal and external changes to the BCM process, stakeholders and contacts.
- Feedback from education, promotion and awareness raising sessions

18.1.2 The following decisions and actions may be required from the review:

- Changing the BCM scope and objectives within the framework
- Modifying the BCM strategy
- Resource, funding and budget needs may need consideration
- Replacing, creating or modifying BCM Tools used.

18.1.3 This should also be supported by the Executive Officer as part of the Trust Leadership Team, communicating organisational plans and decisions that may have

a business continuity impact, supported by information from each individual Head of Clinical/Corporate Service.

18.1.4 Heads of Services and Service Directors are responsible for the maintenance of BCP's (this may be devolved) and should ensure that:

- BCM is a standing item on the agenda for their Senior Management Team meetings
- BCM is included in the Service or Department formal induction process.
- BCM should be aligned to the Risk Management (including new business) arrangements.
- The Clinical/Corporate Service BCM Team should review BCM arrangements at least annually.
- The Business Continuity Co-ordinators regularly review the BCPs and revise as necessary.
- The components of BCPs are tested regularly and the full plans annually.
- Service BCM is subject to local audit by the Business Continuity Co-ordinator or Emergency Planning (Business Continuity Lead).

18.1.5 Business Continuity Plans will be held within the Service area, with a nominated individual to ensure that personnel details are updated at frequent intervals.

18.1.6 All records created during the implementation of a Business Continuity Plan must be kept to ensure, if required, an appropriate response at a later review.

18.1.7 Records are required to be kept for a certain period either because of statutory requirements or because they may be needed for administrative purposes during this time. In line with the Records Management NHS Code of Practice (2nd Edition), Business Continuity Plans should be retained for a period of 10 years.

19   Amendments and Updates

19.1   This policy and the procedure will be available within Corporate Polices on the staff website and also linked within the Emergency Planning Business Continuity section. Any revisions will be recorded in the document control section of the policy and the new version made available. A hard copy will be held within control centres **only** and by the Emergency Planning Lead and updated accordingly.

20   Monitoring and Audit

20.1   LCHS will undertake self-inspection audit at planned intervals to determine that BCM:
- Conforms to the requirements of ISO 22301 and PAS 2015
- Has been properly implemented and is maintained
- Is effective in meeting the organisations BCM Policy and objectives.

20.2   The Trust Board will receive reports in the Emergency Preparedness Annual Report as required in the Emergency Preparedness Framework (NHS England, 2013). Assurance on Business Continuity Management will be presented to the Trust Board in line with Care Quality Commission.

21   Programme Management

21.1   Business Continuity Management is undertaken through a number of approaches:
- Alignment to ISO 22301 and PAS 2015

- Service Business Impact Analysis
- Service BC Plans
- BCM Policy and Procedure
- Training Needs Analysis
- Annual Training and Exercise Schedule
- Business Continuity Risk Notification Procedure (incorporating BCM Incident Governance Report)
- Incident Management
- Business Continuity Audit Programme

22   Funding

22.1   When calculating the impact of a given disruption and prioritising the allocation of resources, it is vital that all costs are considered, not just the direct cash costs. These costs may include:

- Lost opportunity
- Lost productivity
- Lost revenue
- The cost of repairing damage to the reputation of LCHS
- Cost of mitigating the problem
- Lost work-in-progress
- Legal costs
- Late fees, penalties, service level agreement payments, compensation, government fines
- Clean-up costs
- Extra costs from having to purchase replacements quickly rather than inviting competitive tenders

Roles & Responsibilities

Trust Board	• Endorse BCM strategy • Ensure BCM is appropriately resources & embedded into the culture of the organisation
Chief Executive	• Has overall responsibility for BCM across the organisation & for meeting the requirements of legislation & guidance. • Promote the overall commitment of LCHS to BCM
Director of Nursing & Operations (Director with responsibility for Business Continuity Management)	• Has overall responsibility for BCM across the organisation & for meeting the requirements of legislation & guidance
Emergency Planning Lead	• Work in conjunction with Service & Departmental Managers to ensure business continuity planning is identified within objectives & BC plans & developed & tested with the BCM framework • Co-ordination & support of BCP including development, training & exercise • Reporting to the management Committee & Trust Board
Heads of Clinical/ Corporate Services (supported where appropriate by Emergency Planning Lead)	• Oversee the production / maintenance & validation of the plan. • Oversee the implementation of & review findings from BCM exercises • Ensure audit of compliance is undertaken • Provision of Assurance
Team / Service Leads	• Oversee the production / maintenance & validation of the plan. • Oversee the implementation of & review findings from BCM exercises
All staff	• Be aware of own role in BC incident / event. • Be proactive in determining / assessing risks in own work area. • Have knowledge & understanding of all BC risks & alleviating processes.

Equality Analysis

Name of Policy/Procedure/Function* Business Continuity Policy
Equality Analysis Carried out by: Alison Biegaj
Date: 06/10/2017
Equality & Human rights Lead: Rachael Higgins

Director of Nursing and Operations: Lisa Green

A	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Provide a business continuity planning framework and approach that will ensure resilience is considered as part of LCHS operations Provide guidance and procedure to all LCHS staff that must be followed in planning for and during the time of disruption, major incident, emergency or crisis situation. Minimize the organizational and reputational risks to LCHS during business interruptions and ensure that the organization continues to operate at an acceptable level during a time of crisis. To build resilience into LCHS activities, services and systems so that they are available at an appropriate level in as short a time as possible following a disruption to business.		
B	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	The policy defines LCHS response in the event of a Business Continuity Incident, which would impact on staff, patients, carers or the wider community dependent on the incident.		
C	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Alison Biegaj		
Date:		06/10/2017		

NHSLA 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 (multidisciplinary) 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 Risk Notification Process / BCM Incident Record and Datix	Emergency Planning Committee	Quarterly	Emergency Planning Committee	Emergency Planning Committee	Emergency Planning Committee
Commissioning Performance Monitoring Standards	Report to NHS England (Leicestershire and Lincolnshire Area Team)	Emergency Planning Lead	Yearly	Emergency Planning Lead	Emergency Planning Lead/ Emergency Planning Committee	Emergency Planning Lead/ Committee
National Standards	National Capabilities Survey	Emergency Planning Lead / Committee	Yearly	Emergency Planning Lead / Committee	Emergency Planning Lead/ Committee	Emergency Planning Lead/ Committee