



London Ambulance Service **NHS**
NHS Trust

Business Continuity Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document:

Provides an overview of the London Ambulance Service NHS Trust's approach to Business Continuity Management and its compliance, as a Category One Responder, with the Civil Contingencies Act and its associated Regulations and guidance as well as other National Standards for Business Continuity.

Sponsor Department: Department for Emergency Preparedness, Resilience & Response

Author/Reviewer: Business Continuity & Flu Coordinator. **To be reviewed** Feb 2014

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18/02/13	2.10	IG Manager	Updated EPRRSG Terms of Reference added.
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08/11/05	1.0	BC Project Manager	New policy

Version Control Note: All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to related documents or references providing additional information		
Ref. No.	Title	Version
TP005	Risk Management Policy and Strategy	7
TP035	Risk Assessment and Reporting Procedures	3

Document Status note: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

1.0 Introduction

- 1.1 The London Ambulance Service NHS Trust (LAS) as a Category one responder under the Civil Contingencies Act 2004 (CCA) has a duty to maintain continuous levels of service in priority functions when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.
- 1.2 This business continuity policy provides the framework within which the LAS can comply with statutory requirements by introducing a business continuity management system (BCMS) that aligns with ISO 22301:2012, Societal security - Business continuity management systems - Requirements.

2.0 Scope

- 2.1 This policy covers the priority functions and key services which must be maintained in order for the LAS to continue to provide an emergency medical service to the population of London.

3.0 Objectives

The policy sets out the framework through which the LAS will;

- 3.1 Provide continuation of priority functions and key services to stakeholders during a disruptive event, making best use of personnel and other resources
- 3.2 Reduce the period of disruption to LAS and our stakeholders and return to normal operating levels efficiently and effectively
- 3.3 Improve resilience and reduce the likelihood of disruption occurring
- 3.4 Comply with legal obligations, industry regulations and standards of corporate governance including ISO 22301:2012

4.0 Responsibilities

4.1 LAS Chief Executive Officer, along with the organisation's top level management, shall demonstrate leadership in regards to the BCMS by;

- Ensuring that policies and objectives established for the BCMS are compatible with the strategic direction of the LAS
- Directing and supporting persons to contribute to the effectiveness of the BCMS
- Promoting continual improvement
- Supporting other relevant management roles to demonstrate their leadership and commitment as it applies to their areas of responsibility
- Actively engaging in appropriate training, exercising and testing

4.2 The Trust Executive Director on call will be notified of business continuity challenges in order to lead the Trust recovery.

4.3 The Director of Service Delivery (North Thames) is responsible to the executive board for Emergency Preparedness, Resilience and Response (EPRR) and is also chair of the Emergency Preparedness, Resilience and Response Steering Group (EPRRSG).

The Director has responsibility for;

- Attaining top level management support for EPRR
- Representing EPRR at a top management level
- Ensuring that resources required for BC can be made available
- Assuring the Trust Board that the Trust BCMS and other EPRR strategies are in place, effective and up to date
- Ensuring that the BCMS achieves its intended outcome(s)

4.4 The Business Continuity & Flu Coordinator within the Department for EPRR is the Trust lead for business continuity and will:

- Review and develop the policy in line with industry best practice and the requirements of LAS, as identified through Business Impact Analysis and Risk Assessment
- Monitor the performance of the BCMS and compliance with the policy through the EPRRSG.
- Provide support, guidance, training and exercising to those responsible for maintaining priority functions and key services
- Ensure other directorates and departments are able to support priority functions and key services
- Communicate the BCM arrangements effectively with stakeholders

4.5 Emergency Preparedness, Resilience and Response Steering Group (EPRRSG) has responsibility for monitoring this policy. Appendix A shows the full Terms of Reference for the Group. Below is a summary of responsibilities;

- Strategic coordination of policies relating to Emergency Preparedness, Resilience and Response
- Liaison and co-operation with other ambulance services, emergency services, hospitals, local authorities, stakeholders and other bodies as appropriate - to share strategic information and good practice
- Establishing appropriate sub groups and task and finish groups as required

4.6 Managers have responsibility for

- Identifying hazards and assessing risks likely to disrupt priority functions and key services alongside monitoring and reviewing risk mitigation
- Putting plans in place to minimise disruption to and maintain priority functions and key services

- Actively engaging in exercising, training and awareness provided by EPRR
- Providing staff and managers with the opportunity to undertake BCM training and awareness and actively engage in exercising and testing
- Providing Documented evidence of the above responsibilities for audit and review purposes
- Communicating the BCM arrangements effectively with managers and staff

4.7 Those managers in other departments and directorates not directly involved in priority functions or key services have a responsibility to;

- Maintain departmental business continuity arrangements in order for their functions to be scaled down, suspended or stopped in order to provide support to priority functions and key services where required
- Ensure managers and staff are aware of the local BCM arrangements and their role within them
- Test, exercise and review BCM arrangements on a regular basis
- Take part in appropriate BCM awareness and training provided by EPRR
- Ensure managers and staff are engaging in BCM awareness and training

4.8 All LAS staff should engage in the appropriate level of BCM awareness and training provided by EPRR, based on their involvement in priority functions, key services and other business areas. LAS staff responsibility to assist the Trust in maintaining service delivery can be divided into external responsibilities (resilience outside of work) and internal responsibilities (resilience in the workplace)

External responsibilities include;

- Making every effort to attend work as per contracted hours, such as leaving home earlier during snow
- Having alternative travel routes preplanned to mitigate disruption on your usual route to work
- Making arrangements for child care ahead of any expected disruption such as school closures during industrial action

Internal responsibilities include;

- Following Trust protocols and procedures
- Maintaining up to date contact information with management teams and local business continuity plans
- Being familiar with local and Trust BCM arrangements, such as fall back locations

5.0 Definitions

5.1 The following is a list of terms used in this document or that are commonly used in business continuity guidance and their definitions;

- **BCMS – Business Continuity Management System** – part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves Business Continuity
- **Business continuity** – maintaining service provision when that service is faced with disruption from internal or external factors
- **Business Continuity Plan** – documented procedures that guide the organisation to prepare for and respond to a disruption to priority functions, maintaining service delivery and restoring service to acceptable predefined levels.
- **Business Impact Analysis** – Process of analysing an organisations activities and the effects a disruption would have on each activity

- **Key Services** – those activities an organisation carries out which directly support its priority functions (see priority functions)
- **Priority Functions** – those functions the Trust performs which, if they were to stop, would seriously affect the organisations ability to operate.
- **Risk Appetite** – amount and type of risk the organisation is willing to pursue or retain
- **Stakeholder/ Interested Party** – person, group or organisation that can affect, be affected by or perceive themselves to be affected by, a decision or activity.

6.0 Framework

6.1 In adopting the international standard for BC, ISO 22301:2012 and ISO 22313, the Trust will utilise the PDCA (Plan-Do-Check-Act) cycle for developing, implementing and improving the effectiveness of the BCMS. The four stages in this cycle are as follows;

6.2 **Plan - Establishing the BCMS**

6.3 The Trust BCMS is established in this stage of the cycle by; setting the Scope of the BCMS and identifying which areas of the Trust the BCMS will apply to, identifying interested parties, setting BC policy and objectives and identifying responsibilities for the BCMS across the Trust.

6.4 **Do - Implement and operate**

6.5 This stage focuses on implementing the processes and procedures set out in the 'plan' stage. The key output from this stage of the cycle is the Business Impact Assessment whereby each business area of the Trust identifies the priority functions they provide and the key services supporting these functions. It also allows for the assessment of the impact a disruptive event would have on these functions and services over a given time period.

- 6.6 Together the information supplied by business areas creates a list of priority functions which the Trust provides and which must continue during a disruptive event, as well as the key services required to continue to support priority functions.
- 6.7 Plans will be made, published and tested for priority functions and key services in order that BC objectives and targets are met.
- 6.8 Operating procedures for invoking all or parts of the BCMS in response to a disruptive event or as a result of identifying a new risk, will be established in accordance with the Trust BC Policy.
- 6.9 BC exercises will be conducted to test plans. These will take the form of desk top walk through, multi participant tabletop exercise, and where appropriate live exercise.
- 6.10 Training and awareness will be provided to staff identified through training needs analysis and will include as a minimum awareness for all LAS staff. Training and awareness will take the form of elearning, electronic media, news articles, posters and full training sessions.
- 6.11 **Check - Monitor and review**
- 6.12 The BCMS, its components, policies, procedures and plans will be regularly reviewed by those persons with designated responsibilities for sections of the BCMS as identified in this policy (section 4).
- 6.13 The BCMS will be reviewed by the BC& Flu Coordinator on an at least annual basis, after part or all of the BCMS is operated. The BCMS may also be reviewed by external auditors or peer reviewers from the National Ambulance Resilience Unit (NARU) BC Group.
- 6.14 By monitoring and reviewing all elements of the BCMS individually and as a whole, the Trust can be assured the BCMS is fit for purpose, effective and efficient whilst complying with core standards, legislation and corporate governance.
- 6.15 The Group responsible for the monitoring of the overall BCMS is the Emergency Preparedness, Resilience and Response Steering Group.

The monitoring schedule and results of monitoring reviews, audit and testing will be presented to this group via the BC & Flu coordinator.

6.16 **Act - Maintain and improve**

6.17 This stage allows the Trust to act upon results of monitoring and reviewing the BCMS to address any gaps or non conformities with guidance, legislation, standards and corporate governance.

6.18 This stage completes the PDCA cycle by allowing for, promoting and encouraging continual improvement. This in turn will increase the resilience of the Trust to be able to mitigate and protect against, respond to and recover from disruptive events affecting the Trust's ability to maintain priority functions and key services.

7.0 Risks

7.1 The Trust strategy for identifying, evaluating and mitigating risk is set out in TP005 and supported by TP035.

7.2 Risks that may prevent or reduce the ability of the Trust to maintain its priority functions may be identified through local risk registers and escalated to the appropriate group for review, monitoring and mitigation, utilising the Trust form LA 167.

7.3 Risks may be recommended for addition to the Trust Risk Register through the Risk Compliance and Assurance Group (RCAG).

7.4 The EPRRSG is responsible for the development of mitigation strategies for these risks, communicating these strategies and ensuring they are implemented effectively. The progress made in this regard will be presented to and monitored by the RCAG.

7.5 Membership of the RCAG includes the Head of Resilience and Special Operations Unit and the Business Continuity & Flu Coordinator.

8.0 Audit

- 8.1 Business Continuity Management arrangements within the Trust are subject to audit at any time. BCM arrangements will be assessed against national standards and best practice guidelines including:
- Civil Contingencies Act 2004: Emergency Preparedness
 - ISO 22301:2012; Societal Security – Business Continuity Management Systems - Requirements
 - PAS 2015:2010; Framework for Health Services Resilience
 - NHS Commissioning Board Business Continuity Management Framework (service resilience)
- 8.2 Audits will be carried out by external auditors and/ or by peers from the National Ambulance Resilience Unit (NARU) BC Group.
- 8.3 Audit reports and recommendations will be reviewed by the EPRRSG and action plans produced where appropriate that will include sharing learning amongst interested parties and stakeholders such as other Ambulance Trusts via the NARU BC Group.

8.0 Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	This Document applies to all staff
Dissemination	The Policy will be made available on 'The Pulse' and the LAS Website. Staff will be informed of any update to the Policy by way of a staff bulletin or notice in the RIB.
Communications	Staff will be made aware of this policy via the Routine Information Bulletin (RIB) which will have a brief description of the policy and its content.
Training	A training & exercising programme will be developed to raise awareness of all aspects of Business Continuity Management within the LAS. As a minimum it will involve all senior managers and those responsible for the development and implementation of local BC plans. Awareness of BCM has already been included in the Corporate Induction Programme. It is intended to extend training

to include table top, live and multi-agency exercises.

Monitoring:

Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
The Trust BCMS will be monitored	The Trust BC policy and plans will be reviewed at least annually, or after any disruptive event. Local BC plans to be reviewed at least annually or after a disruptive event. Audit to be carried out at least every 2 years.	BC & Flu coordinator carries out annual review of BC policy and Trust Plan. Local BC Leads carry out review of local BC plans with oversight from BC & Flu coordinator. BC & Flu coordinator reports into EPRRSG quarterly. NARU BC Group will usually carry out an audit of BCMS however this could be another external provider or the BC & Flu coordinator	EPRRSG reports into RCAG which will monitor outcomes of recommendation.	Any changes as a result of learning identified will be documented in a new version of the BC Policy or BC plans for approval by EPRRSG. Learning will also form part of training and exercising arrangements.

Emergency Preparedness, Resilience and Response Steering Group

Terms of Reference

1. The London Ambulance Service (LAS) National Health Service (NHS) Trust Emergency Preparedness, Resilience and Response Steering Group (EPRRSG) has been formed to determine the Service policy relating to 'Emergency Preparedness'. The group will comprise of departmental heads who will ensure that the policies relating to Emergency Preparedness can be co-ordinated strategically.
2. The Group will be chaired by the Director of Service Delivery North Thames or the nominated vice chair Head of Resilience and Special Operations.
3. The Group will be administered by the Department for EPRR.
4. The Group will comprise representatives from; Operations 1x ADO, Control Services 1x ADO, Head of Health, Safety and Risk, Deputy Medical Director, ADO Fleet & Logistics; Assistant Director of Employee Services; Head of Communications; Head of Governance, GLA LAS representative, EMT member of IM&T, Head of Training, Head of PTS, Head of CBRN & HART, Business Continuity Coordinator and EMT member from Finance.
5. When approved by the chair, members of the group may invite other representatives to attend as and when required such as the; Emergency Planning Advisors, Ambulance Operations Managers and Duty Stations Officer representatives.
6. The quorum for the group will be Director of Service Delivery North Thames or delegate, Head of Resilience and Special Operations or delegate, and seven others. Specified post-holder members of the Group may delegate their authority through a representative.
7. The Group will meet quarterly.
8. The Group will:
 - a. Consider and Approve for adoption by the Chief Executive the contents of the Major Incident Plan & the Catastrophic Plan plus necessary appendices;
 - b. Consider the LAS Strategy for Emergency Preparedness, Resilience and Response in terms of the Major Incident Planning, Contingency Planning, Business Continuity, Operational and Event Planning;

- c. Monitor the overall EPRR of the Trust against the CQC Standards c.24 & other standards that may from time to time be set;
- d. Monitor the EPRR arrangements of the Trust against the requirements for National Assurance and Audit purposes in line with national frameworks and guidance documents;
- e. Consider, approve and monitor the level of Emergency Preparedness, Business Continuity Training and Exercise that should be adopted throughout the Service. This training will be in line with current DOH guidance relevant at the time;
- f. Consider and review policies and procedures relating to EPRR;
- g. Monitor review groups that will consider technological and equipment needs and advances (e.g. – new ESVs – updates to the CSV’s as required – establish new ‘stores provisions’ to deal with specific threats (e.g. burns/blasts)) and to monitor the adequacy and suitability of equipment and systems;
- h. Have an overview of, together with Health, Safety & Risk Dept, risk assessments, control measures and safe systems of work;
- i. Report to the RCAG for inclusion on the trusts risk register EPRR risks;
- j. Receive reports from delegates upon their return;
- k. Review recommendations from Head of Resilience on DOH guidance;
- l. Liaise and co-operate with other ambulance services, emergency services, hospitals, local authorities, stakeholders and other bodies as appropriate - to share strategic information and good practice; and
- m. Establish appropriate sub groups and tasks and finish groups as required.

The Group will report through to EMT who will receive the Minutes of the Group.

These terms of reference will be reviewed annually at the first meeting to be held in a new financial year, and formally approved by a full meeting of the group as outlined above.