Business Continuity Management 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: Operations

Author/Reviewer: Head of Business Continuity/Education Governance.

To be reviewed by July 2019.

Document Status: Final

Amendment History			
Date	**Version**	**Author/Contributor**	**Amendment Details**
10/08/18	6.3	IG Manager	Document Profile and Control Update
06/08/18	6.2	Head of Business Continuity	Update of role titles
30/07/18	6.1	IG Manager	Comments & corrections following circulation to PMAG
04/07/18	5.7	Head of Business Continuity	Amendments following comments
10/06/18	5.6	IG Manager	Amendments and comments
25/04/18	5.5	Head of Business Continuity	Format change in line with Trust guidelines. Addition of SIRO and IAO roles to responsibilities and planning sections. Update to reporting structure
23/01/18	5.4	Head of Business Continuity	Amendments following further review against ISO22301:2102
07/09/17	5.3	Head of Business Continuity	TP028 Plan re-written to align with ISO22301:2102
25/10/16	5.2	IG Manager	Document Profile and Control Update
25/10/16	5.1	Staff Officer Central Operation	Minor amendments to Business Continuity Steering Group membership
05/10/16	4.6	IG Manager	Document Profile and Control Update
28/07/16	4.5	NHS England & Head of Resilience and Special Operations	Some additions with terminology and minor changes nothing to change main body or meaning of the document
21/06/16	4.4	BC Coordinator	Superficial changes of terminology
18/05/16	4.3	BC Coordinator	Change some management titles since management restructure and terminology
07/05/15	4.1	IG Manager	Document Profile and Control Update and minor corrections
10/04/15	3.4	EP&R Officer	Amendment to 7.3 to reflect risks coming to SMT in the first instance
10/03/15	3.3	BC/Flu Coordinator	Review and Update including changes in responsibilities. Changes to Appendix 1 in

			sections – 2, 6, I. In addition amendment to 7.3 to reflect risks coming to SMT in the first instance. Update to section 5 definitions
03/02/14	3.2	BC/Flu Coordinator	Review and Update
06/03/13	3.1	BC/Flu Coordinator and IG Manager	Minor changes required by SMT and Document Profile and Control update.
18/02/13	2.10	IG Manager	Updated EPRRSG Terms of Reference added.
15/02/13	2.9	IG Manager	Minor changes, formatting and Document Profile and Control update.
31/01/13	2.8	BC/Flu Coordinator	Comments from IG Manager
25/01/13	2.7	BC/Flu Coordinator	Comments from EPRRSG meeting 24/01/13
09/01/13	2.6	BC/Flu Coordinator	Reviewed in line with ISO22301:2012
13/07/12	2.5	BC/Flu Coordinator	Reformatted in line with TP/001
09/03/12	2.4	BC/Flu Coordinator	Text font and style changed in line with TP/002
02/02/11	2.3	BC/Flu Coordinator	EPBCSG approved Version
02/02/11	2.2	BC/Flu Coordinator	Reviewed by EPBCSG and Updated by PW
18/11/10	2.1	BC/Flu Coordinator	Review and Update
31/8/07	2.0	Head RM & BC	Issued pending approval by RCAG
02/08/07	1.2	Head RM & BC	Revised draft of new version agreed by BCSG
08/03/07	1.1	Head RM & BC	Initial review and update of contents
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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PMAG	25/07/18	6.0
Business Continuity Strategy Group	16/07/18	5.7
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SMT	10/04/15	4.0
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The Pulse	10/08/18 (v6.3)	Internal Comms team	Comms
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RIB	14/08/18	IG Manager	IG
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Equality Analysis completed on	By
17/09/2017	Head of Business Continuity
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	LAS Business Continuity Management Framework	
	LAS Risk Management Strategy	
	LAS Business Continuity Response Plan	
	LAS Incident Response Plan	

Document Status: 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 not controlled nor substantive.

1. Introduction

1.1 London Ambulance Service (LAS) is the busiest emergency ambulance service in the UK and is the only London-wide NHS trust. It employs around 5,000 staff, who work across a wide range of roles, serving more than eight million people who live and work in the London area.

1.2 The service works closely with hospitals and other healthcare professionals, as well as with the other emergency services, and is, as a 'category one' responder, central to the emergency response to major incidents and terrorist threats in the capital.

1.3 NHS organisations, identified as 'category one' responders have a legal duty, under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012, to have robust business continuity management (BCM) arrangements in place which will help them to maintain their critical functions if there is a major emergency or disruption. These requirements are also set out in the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

1.4 Having a robust business continuity management framework allows an organisation to maintain standards during any disruption, or to recover to these standards as soon as possible. It is the organisation's responsibility to ensure it meets the legal requirements and core standards. This extends to services provided through partnerships or other forms of contractual arrangement.

1.5 All NHS organisations must use the NHS England Business Continuity Management Framework (2013) and the associated core standards in order to align themselves with the British Standard ISO 22301:2012 and fulfil all assurance processes. (NHS England Business Continuity Management Framework, 2013)

1.6 LAS must therefore be able to maintain continuous service levels in key services when faced with disruption. The LAS Business Continuity (BC) Policy provides details of the development of the BC plan, identifying and managing risks that could disrupt normal service, and identifying any mitigating actions to promote organisational resilience

1.7 The consequences of not having an effective Business Continuity Plan (BCP) in place could have serious implications including:

    1.7.1 Failure to deliver key services to an acceptable level

    1.7.2 Possibility of loss of life or injury

    1.7.3 Loss of public confidence

    1.7.4 Exposure to potential legal action

2. Scope

2.1 This policy covers the functions and key services which must be maintained in order for the LAS to continue providing delivery of an emergency pre hospital medical service to the population of London. Priority one services and those functions required to maintain those services will be prioritised.

2.2 The Business Continuity Management Framework contains further detail regarding the business continuity management system for LAS.

3. Objectives

3.1 The objective of this policy is to ensure business continuity within LAS is managed in line with the required standards as required within the Civil Contingencies Act 2004 and the Health and Social Care Act 2012, NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR and the NHS England Business Continuity Management Framework (2013) and the associated core standards to align with the British Standard ISO 22301:2012

4. Responsibilities

4.1 Chief Executive – has overall responsibility and accountability for ensuring effective business continuity plans are in place and that the Board receives regular reports regarding business continuity including planning, assessment, training, exercises and audit.

4.2 Director of Operations – is the <u>Accountable Emergency Officer</u> and the designated executive lead for business continuity, responsible for ensuring the BCM process is being followed, and to provide information and reports for the Board.

4.3 Executive Leadership Team – responsible for ensuring all of their areas of responsibility have up to date, effective business continuity plans and that a designated lead is identified for each department.

4.4 Head of Resilience and Specialist Assets – Chair of Business Continuity Strategy Group.

4.5 Departmental Leads/Assistant Directors of Operations– responsible for ensuring identified leads are engaged in the BC process and supported in delivering local plans.

4.6 Head of Business Continuity
- 3.6.1 Designated operational lead for business continuity
- 3.6.2 Responsible for the development of Trust Business Continuity Management System and Framework
- 3.6.3 Responsible for ensuring that the organisational BCM is completed, implemented, trained, exercised and audited.
- 3.6.4 Chair of the Business Continuity Working Group.
- 3.6.5 Ensures any National initiatives or changes are reported back to the Trust, via the Business Continuity Strategy Group and action taken where necessary.

4.7 Business Continuity Coordinator
- **4.7.1** Supports Head of Business Continuity in delivering BCM across the organisation
- **4.7.2** Maintenance and update of BC plans
- **4.7.3** Attend UK ambulance service Business Continuity Working Group
- **4.7.4** Deputy chair of Business Continuity Working Group

4.8 Local Business Continuity Leads – responsible for the assessment, completion, implementation, maintenance, training and exercising of local BC plans within their own areas of responsibility, and act as local Operational Commanders in the event of a business continuity incident.

4.9 Senior Information Risk Owner – responsible for ensuring that a business continuity strategy is in place for all critical information assets and critical processes, including those provided under service contract or agreement by third parties. Ensures that the policy is linked to the Trust business continuity management process

4.10 Information Asset Owner – responsible for analysing the effect a disruption may have on their business function, liaising with the local business continuity lead and ensuring information security elements are considered and included in local business continuity plans where required.

4.11 All staff – be familiar with and follow local plans, be aware of their local action card, ensure their manager has their up to date contact details, attend training as required and participate in exercises as requested.

4.12 Business Continuity Strategy Group – (Chair –Head of Resilience and Specialist Assets)
 4.12.1 Ensures the development of, and approve, the Trust business continuity management policy, framework and business continuity plan for the Trust BCM
 4.12.2 Agrees overall corporate BCP
 4.12.3 Monitors overall BCM against national standards
 4.12.4 Considers and approves BC training and exercise programmes
 4.12.5 Ensures all risks identified in the BCM process are included on the Trust risk register where necessary
 4.12.6 Provides business continuity progress reports for the Operations Board

4.13 Business Continuity Working Group

4.13.1 Develops and agrees local business continuity plans (BCP)

4.13.2 Works with the central Business Continuity Team to develop a coordinated Trust-wide BCP

4.13.3 Identifies business continuity training requirements and assists in local training

4.13.4 Identifies and develop local and Trust-wide business continuity exercises

4.13.5 Supports local areas in the delivery of the BCM

4.14 The Operations Board

The Operations Board receives and reviews papers from the Business Continuity Strategy Group. The Chair of the Business Continuity Strategy Group will highlight any issues as necessary.

5. Definitions

Business Continuity	The capability of an organisation to continue to deliver services at an acceptable predefined level following a disruptive incident
Business Continuity Management	A holistic management process that identifies potential threats to an organisation and the impact of those threats on business, and provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities
Business Continuity Management Framework	An overview of business continuity arrangements for maintaining effective and continued delivery of urgent and emergency care services during an event that directly affects the Trust, its buildings, technology or staff.
Business Impact Analysis	Process of analysing activities and the effect that a business disruption might have on them
Business Continuity	Documented procedures that guide the organisation to

Plan	respond, recover, and restore to a pre-defined level of operation following a disruption
Business Continuity Incident	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. (This could be a surge in demand requiring resources to be temporarily redeployed)
Business Continuity Critical Incident (Previously Internal Major Incident)	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions. N.B. This is not a category previously used by LAS and has been introduced within the business continuity plan in line with the NHS England Framework Business Continuity Incidents and Critical Incidents will be managed through the Trust BC response plan
Major Incident	A major incident is any occurrence that presents serious threat to the health of the community disruption to the service or causes (or is likely to cause) such numbers or types of casualties, as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations. Major Incidents will be managed through the Trust Incident Response Plan
Category 1 responders	A term defined under the UK's Civil Contingencies Act (CCA) 2004 as a person or body listed in Part 1 of Schedule 1 to the CCA which is required to prepare for emergencies in line with its responsibilities under the Act,

	which includes assessing local risks, implementing emergency plans and co-operating with other local responders to enhance co-ordination and efficiency

6. Business Continuity Management Process

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

6.1.1 Plan - Establish business continuity policy, procedures and objectives

6.1.2 Do - Implement and operate the business continuity policy, controls and procedures

6.1.3 Check - Monitor and review performance against the policy, objectives and standards and provide reports for review

6.1.4 Act - Maintain and Improve business continuity management by taking corrective action, based on the results of audit, review and incident feedback

6.2 Risk Assessment

Any local or organisational risk will be identified during the business impact analysis process. All identified risks will be added to local risk registers, and reviewed and actioned as required as identified in the Business Continuity Framework.

Local risk management/mitigation strategies will be included within local business continuity plans where required.

6.3 Business Impact Analysis

The initial stage of the BCM process is the completion of a strategic business impact analysis, followed by an analysis of all areas within the

organisation. Local BC leads for all departments will complete their local BIA(s) at the beginning of the process. The BIA will be reviewed annually, or following a service change or business continuity incident. Further details are included in the Business Continuity Framework.

The BIA process will identify:

6.3.1 Potential risks and main threats to staffing levels, estate, infrastructure (including information systems and networks), providers/suppliers and service capacity and their impact

6.3.2 How long the service could continue before implementing emergency measures

6.3.3 How long emergency measures are sustainable before normal service would need to be resumed

6.3.4 Risk to the organisation if mitigation fails

6.4 Business Continuity Plans

Following completion of BIAs local BC plans will be developed to:

- address the risks identified

- Identify current measures in place to deal with disruption and emergency measures required to mitigate the risk

- Include a declaration of the extent to which these arrangements are felt to be satisfactory (red/amber/green).
- Identify measures to: reduce the likelihood of a disruption; reduce the period of disruption where possible and limit the impact of a disruption on other key services.

6.4.1 Detail in the local BC plans will be used to develop a brief local action card for use during a BC incident.

6.4.2 A Trust-wide BC plan will be developed from local plans which will ensure there is consistency of response and resource identification

is not duplicated i.e. there is no competition in the identification of alternative space available.

6.4.3   The completed BC plan will be available for all staff on the Pulse in the EPRR, business continuity section. This will include all local plans and individual action cards and can be used as a reference for GOLD during a BC incident.

6.4.4   Local areas will hold their own individual BC plan only, this will be given to all new staff members in that area for reference. This will include all local action cards. Individuals will be given their own action card for personal reference to use during a BC incident.

6.4.5   Plans will be reviewed and updated as required locally by BC leads on an annual basis if there are any service changes or following a BC incident. Central plans will be reviewed and updated on a 6 monthly basis by the Head of Business Continuity/Business Continuity Coordinator.

6.4.6   All changes must be communicated to the BC Coordinator who is responsible for amending and updating the public document on the Pulse.

6.4.7   Following any change all previous paper copies must be destroyed and replaced with the up to date plan/card – document control on all pages of the document is essential to ensure this procedure is carried out – the current version number will be clearly identified on the Pulse.

6.4.8   A paper copy of the plan will be held in two locations by the EPRR department. It is the responsibility of the BC Coordinator to ensure that the paper copies are the current documents.

6.5 Training

6.5.1   Local business continuity leads will undertake specific training for the role, delivered by the Head of Business Continuity and Business Continuity Coordinator. Following training the local business continuity leads will undertake an e-learning knowledge assessment.

6.5.2 Business continuity training will be provided to all staff, initially by the Business Continuity Team, supported by local BC leads. There will be ongoing evaluation of training provided and feedback used to improve the training

6.5.3 Regular ongoing training will be provided as part of the Trust mandatory training programme. Staff can apply to attend as they feel necessary, or on an annual basis.

6.5.4 All new staff will receive BC training as part of Trust induction and will be given the relevant action card at local induction.

6.5.5 Training records will be kept centrally and in addition service leads should keep local records of staff training.

6.6 Exercising

6.6.1 A BC exercise programme will be developed in conjunction with the Emergency Planning Resilience and Response (EPRR) Team. Trust-wide BC exercises will be undertaken yearly, and live exercises every 3 years, in line with National guidance. Local exercises will be conducted at least annually or more frequently as individual areas feel necessary.

6.6.2 A debrief will be conducted after each exercise to identify any learning or amendments required to the BCP.

6.6.3 A formal report will be completed by the BC team which will be fed back to the participants, BC working Group, BC Strategy Group, and a summary included in the annual BC Board report.

6.6.4 Lessons will be used to ensure continual improvement of BC plans and processes

6.6.5 There will be ongoing evaluation of exercises completed and feedback used to improve or amend future exercises.

6.7 External suppliers and contractors

6.7.1 All external suppliers and contractors must provide individual BC plans to the approved standard. As part of the BCM process the status of BC plans for current contractors/suppliers will be assessed and recommendations provided if required.

6.7.2 All contractors and suppliers will be invited and encouraged to attend Trust-wide BC exercises.

6.8 Audit and Governance

6.8.1 Local documents are developed by BC leads with the support of the Head of Business Continuity/Business Continuity Coordinator and reviewed and agreed with the responsible manager before review at the Business Continuity Strategy Group.

6.8.2 A detailed compliance review and sign off process is included in the Business Continuity Framework.

6.8.3 Plans are reviewed and updated at least annually, coordinated by the Head of Business Continuity through the Business Continuity Working Group.

6.8.4 Plans will be audited initially on completion by the Head of Business Continuity/ Business Continuity Coordinator, and then annually using the business continuity audit against ISO 22301 suggested by the UK Ambulance Service Business Continuity Group.

6.8.5 External Audits are conducted annually through the NHS England EPRR Core Standards and Assurance, and NARU Annual Assurance process. Additional external audits will be conducted as requested.

6.8.6 The BC Policy will be reviewed by the Head of Business Continuity annually

6.8.7 Annual review to be conducted by internal auditors as part of the Information Governance Audit

6.8.8 Governance structure is appended in section 8.2

6.9 Review of Business Continuity Management System

6.9.1 A formal review of all aspects of BCM will be conducted by the Head of Business Continuity and the Business Continuity Coordinator to ensure that all plans, processes and governance arrangements are current and accurate. This will be reviewed at the Business Continuity Strategy Group and reported in the annual report to the Board.

IMPLEMENTATION PLAN

This Policy sets the strategic intention so Tactical and Operational plans may be written for all departments and operational delivery services

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.
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 program will be developed to raise awareness of all aspects of Business Continuity Management within the LAS. The exercises will be entered onto the EPRR training and exercise database. As a minimum it will involve all senior managers and those responsible for the development and implementation of local BC plans. Awareness of BCM will be included in the Corporate Induction Program. 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
Completion and update of business impact analysis	Annually - Business continuity compliance review process	Head of Business Continuity/Business Continuity Coordinator	Business Continuity Strategy Group and Operations Board	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 BCSG. Learning will also form part of
Completion and update of business continuity plans				

Business continuity training completed/ undertaken				training and exercising arrangements.
Business continuity training completed/ undertaken				

Governance Structure

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        │  Executive Leadership Team      │
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        │  Operations Board               │
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│  Audit Committee      │
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        │  Business Continuity            │
        │  Strategy Group                 │
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│  Local Team Meetings  │
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        │  Business Continuity            │
        │  Working Group                  │
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