Business Continuity Policy
(OP-005)

Document Type:	Policy
Document Reference:	OP-005
Version Number:	3.0
Author (name & job title)	Lisa James, Emergency Planning Manager
Executive Director (name & job title):	Lynn Parkinson, Accountable Emergency Officer
Name of approving body:	EMT
Date of approval:	3 September 2024
Date Ratified at Trust Board	25 September 2024
Next Full Review date:	September 2027

<u>Policies should be accessed via the Trust intranet to ensure the current version is used</u>

Contents

1.   Introduction

Humber Teaching NHS Foundation Trust's Business Continuity Policy provides the framework and specific requirements for establishing and maintaining robust business continuity plans throughout the Trust and ensures it can continue to deliver an appropriate level of service in the event of any disruption

2.   Scope

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

This policy sits alongside the Trust's emergency plans situated on the Trust intranet and sits under the Emergency Preparedness, Resilience and Response Arrangements Policy.

This policy will ensure that the Trust maintains its compliance with the applicable NHSE EPRR core standards which are as follows:

CS 44	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301
CS 45	Business Continuity Management Systems (BCMS) scope and objectives
CS 46	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).
CS 47	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions
CS 48	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents
CS 50	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board
CS 51	The organisation has a process for internal audit, and outcomes are included in the report to the board
CS 52	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS
CS 53	Assurance of commissioned providers / suppliers BCPs

3.   Aims

The aim of this policy is to:
   • Provide a framework to support the Trust's commitment to ensure that all Trust departments and services have comprehensive Service Level Business Continuity Plans.
   • Define the essential services that form the core of Trust business which would have the greatest impact.
   • To identify and reduce the risks and threats to the continuation of these key services

- Outline the requirement for services to develop and maintain business continuity plans for their areas, updating these annually ensuring they meet the guidance outlined by the Emergency Planning Team.
- Define the Business Continuity Management Process

This policy complies with the requirements under the Civil Contingencies Act 2004 (CCA 2004), the EPRR Framework 2022 and the NHSE EPRR Core Standards by introducing a Business Continuity Management (BCM) process and ensures that there is minimal disruption to critical services, information assets and core business in the event of a major interruption / breakdown / incident and assists areas to reinstate normal services as quickly as possible.

4. Business Continuity Management System (BCM)

Business continuity is a key component of resilience, and all NHS funded organisations are expected to ensure that services should be maintained to set standards during any disruption or recovered to these standards as soon as possible. A Business Continuity Management system provides a process that identifies potential threats to NHS organisations and the impact to business operations those threats, if realised, might cause.

In order to maintain consistency across the NHS, organisations are expected to align their business continuity arrangements with the requirements of the ISO 22301 Business Continuity Management System standard and adopt the **Plan, Do, Check, Act (PDCA)** methodology:

5. Duties and Responsibilities

Chief Operating Officer & Accountable Emergency Officer
- Is accountable to the Trust Board to ensure a suitable and robust Business Continuity Policy is in place

- Provides a strategic lead on business continuity matters
- Ensures this policy is reviewed every three years and remains in line with the requirements of the NHSE EPRR core standards

Deputy Chief Operating Officer and Head of EPRR
- Has delegated authority to act as the Accountable Emergency Officer and will escalate matters as required

Emergency Planning Team
- Ensure that the Business Continuity Policy is reviewed every three years and is approved by the Trust Operational Delivery Group
- Liaise with staff at all levels to assist with their understanding of the requirements of the policy
- Coordinate the process for the rolling program of service business continuity plans ensuring single point of contacts are identified and updated as required
- Provide individuals with an annual business continuity plan checklist that provides guidance on how to update their plan and the expected contents
- Provide a business continuity plan template as required
- Ensure risk assessments are completed
- Assist in completion of business impact analysis where required
- Carry out final checks on updated business continuity plans and business impact analysis to ensure all elements of the checklist have been included/updated before sign off
- Maintain a business continuity plan log for audit purposes
- Ensure updated plans are uploaded to the Trust intranet by the communications team
- Ensure updated plans are available to the on-call teams
- Report services compliance with their annual updates to the Divisional Operational Delivery Groups quarterly
- Report services compliance with their annual updates to the Trust Operational Delivery Group as part of its quarterly report
- Will provide guidance on testing or exercising of the services business continuity plan including facilitation as required
- Will design, organise, facilitate and debrief one business continuity exercise per year on a rotating divisional cycle as per the below table, with lessons identified and subsequent actions being reported to the corresponding division's Operational Delivery Group for monitoring.

Year	Division	BCP Tested
2024	Forensic	Medium Secure
2025	Children's & LD	TBC
2026	Community &Primary Care	TBC
2027	Corporate	TBC
2028	Mental Health	TBC

Directors/General Managers/Heads of service
- Will seek assurance from plan authors/single point of contacts that their service areas complete their business continuity plans in line with the annual business continuity plan program and sign them off appropriately
- Ensure that service areas follow the business continuity plan if implemented
- Ensure that services business continuity plans are tested annually
- Ensure that their service areas plans are robust and fit for purpose

- Ensure that staff know how to access and enact business continuity plans
- Will ensure that business continuity plans are updated following implementation and revised accordingly
- Are responsible for signing off the business continuity plans

Contracting and Procurement Team
- Ensure supplier's business continuity plans are submitted as part of the invitation to tender process and that suppliers describe their business continuity processes as part of tender evaluation criteria.
- Ensure that suppliers submit copies of their business continuity plans, policies and procedures as part of the contract award process for review by the EPRR team.
- Ensure that contract documentation awarded to suppliers includes the requirement for suppliers to ensure business continuity and emergency preparedness, resilience and response (EPRR) plans are in place and that these are tested.

Plan Authors
- Act as the business continuity lead for the team(s) for which they are completing the plans
- Review the business continuity plan on an annual basis in line with the update requirements ensuring they apply the guidance provided by the Emergency Planning Team
- Share the business continuity plan with team members and at team meetings for feedback before each review
- Ensure that exercises are undertaken to test business continuity plans and business continuity arrangements annually and learning outcomes are recorded on the final page of the plan
- After a business continuity incident, plan authors must ensure that lessons are identified and updates/amendments made to the plan as appropriate with a record maintained in the table on the final page of the plan
- Ensure the plan is updated if teams are re-organised in a way that affects location, structure functions or personnel
- Maintain continuity by ensuring that responsibility for the plan(s) is handed over to another team member if they leave the team
- Ensure they are completed to deadline and returned to either the single point of contacts or the Emergency Planning Team.
- Ensure all team members know the whereabouts of the business continuity plan

Single Point of Contacts
- Will act as coordinator for the collation of business continuity plans from their service areas
- Will ensure that business continuity plans and business impact analysis have been updated annually in line with the guidance provided by the Emergency Planning Team see Appendix 1 - Business Continuity Plan Checklist
- Will ensure that the annual testing of plans is carried out and recorded appropriately.
- Will provide updates at team meetings of services compliance with the business continuity program
- Will ensure plans are signed off and approved by an appropriate senior person as outlined below.
- Will work with the Emergency Planning Team to meet the deadline for completion of their divisional plans

All Trust Staff
- Know the location of their teams business continuity plan and have knowledge of its contents
- Cooperate with the plan author in updating the plan
- Agree to take part in any exercises as required to test the plan
- Follow directions in the plan in the event of a business continuity incident
- Feedback to the plan author/business continuity lead as required in the event of a post incident debrief
- Undertake the organisation's mandatory combined EPRR and Business Continuity Awareness eLearning training at least every three years.

6. Procedures relating to the policy

Humber Teaching NHS Foundation Trust should have business continuity plans for every service within its organisation and these should be updated on an annual basis by the plan author, tested and be signed off by an appropriate senior person such as a Director, General Manager or Head of Service. They should be completed in full and each plan should contain the following key elements:

Document control table
To include version number, the date of change, status and description of the changes

Contents page
Requires to be kept updated to include any additional pages that have been added to ensure staff can use the document easily

Introduction and purpose of the plan
Outlines the reason for the plan and its required contents

Intelligence
Background on the service, its location including address, structure, duties and its prioritised activities

Command
Identification of who would invoke the plan, comms strategy, escalation and recovery

Identity and Threats
Six core threats of Loss of Staff, Loss of premises, Loss of ICT, Loss of vehicles/road fuel shortage, loss of supplies and adverse weather which include risk assessments, tactical options and any action cards referred to in Appendix E.

Risk Assessment
Four core areas of risk to Patients, Staff, Trust Reputation and Service Delivery, rated from High, Medium and Low impact. Any High impacts should be considered for inclusion in the services own risk register as per the Trusts Risk Management Policy. Consideration of impacts in line with the Trusts Climate Change and Adaption Action Plan.

Business Impact Analysis (BIA)
Is included at Appendix A of the Trust business continuity plan template. It requires the identification of service's critical activities, the resources required to carry out these critical activities and prioritisation of restoration. The BIA also includes how long the service can manage without this resource, the target time for the service to get back to normal and the impact of disruption without this resource. The template for BIA can be found at Appendix 2.

Assets and equipment held
Lists of assets such as IT equipment, telephones etc. including a list of critical IT systems.

Key contacts
Contact numbers and/or emails of relevant key individuals i.e. team members, Emergency Planning team, switchboard etc.

Action cards
Contain written information with list of instructions to be carried out in the event of a business continuity incident.

Testing schedule and evidence of continuous improvement
Each service must evidence that they have tested their plan at least once annually (as per audit requirements). They are required to record on the final page of the plan, what type of testing has been undertaken, the date and lead officer for the testing, what lessons were identified along with any actions to carry forward and what amendments were made to the plan as a result of that testing.

Finalising plan reviews
Once plans have been checked by the Single Point of Contacts and approved they must be returned to the Emergency Planning Team. On completion of final checks, they will be saved in the appropriate folders for the on-call teams and sent to the Communications Team for uploading onto the Trust Intranet pages.

An annual audit of Business Continuity and Resilience is carried out by external audit ensuring that the services plans meet the requirements of the policy.

7. Business Continuity Plan Activation

Please refer to Appendix 3.

8. Equality Impact Assessment

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA (Appendix 5).

9. Dissemination and Implementation

This policy will be disseminated by the method described in the Document Control Sheet (Appendix 1)

10. Monitoring Compliance

Business continuity plans are completed annually on a rolling program of works determined by the Emergency Planning Team. Compliance of completion with the program is monitored via a live record of all business continuity plans and is reported to the monthly Divisional Operational Delivery Groups and the Trusts Operational Delivery Group on a quarterly basis.

An annual audit of the Trusts Business Continuity and Resilience Planning is undertaken by Internal Audit and this policy will become part of that assurance cycle.

11. References

NHS Emergency Preparedness, Resilience and Response Framework, Version 3, July 2022

Business Continuity Management Framework

Risk Management Policy (N-064)

ISO 22301 Principles

Appendix 1 - Business Continuity Plan Checklist for Divisions

Plan Title	Front page has correct date and version number	Document Control Table – date approved	Page footers: version number should match front page	Contents Page: numbering matches sections of plan	Make sure all key threats are covered: Loss of Staff Loss of Premises Loss of IT Loss of vehicles Loss of Supplies Adverse Weather	Ensure Business Impact Analysis has been completed and updated within the past 12 months	Ensure inclusion of phone redirect advice from IT	Ensure up to date contacts (includes Richard Champion as EP Assistant)	Inclusion of IT critical systems list	Testing schedule is completed and is the latest version

Appendix 2 - Business Impact Analysis Template

		Table A. Critical Activities				
Ref.	**Identify Your Department's Critical Activities** *(your 'core' business processes)*	**Resources you use to provide this function** – *what does your team depend on to deliver this function?*	**Resources Priority (High, Medium,Low)** *How critical to the overall operation is this service?*	**If Resource is interrupted how quickly must it be resumed? [days/hours/minutes]** *(the target time for this activity to resume at a reduced but 'acceptable' level)*	**Resource Recovery Time [days/hours/minutes]** *(the target time for this activity to be back to 'normal' levels)*	**Impact Of Disruption** *(what issues does disruption to this activity have on your department, other departments, and the organisation?)*

Ref.	**Identify Your Department's Key Recovery Activities** *(the key recovery activities that take place and their associated timescales)*	**Resources & Availability** *(the resources and/or equipment required to support recovery and their availability)*
-		
_		
_		
_		

Appendix 3 - Business Continuity Plan Activation

```
                              ┌─────────────────┐
                              │    INCIDENT     │
                              └────────┬────────┘
                                       │
                                       ▼
                              ╱───────────────╲
                             ╱  Can the incident╲
                            ╱  be managed within  ╲────────────► No
                            ╲  current resources? ╱
                             ╲                   ╱
                              ╲───────┬─────────╱
```

Yes

┌──────────────────────────────────┐
│ Discuss with Senior Management   │
│ Team member(s)   │
└──────────────────────────────────┘

┌────────────────────┐
│ No further action │
└────────────────────┘

No ◄─── ╱─────────────╲
        ╱ Active Business╲
        ╲ Continuity Plan?╱
         ╲───────┬───────╱

Yes

DEBRIEF
Organise debrief. Produce lessons learned report and list of actions if applicable

┌──────────────────────────────────────┐
│ **DECLARE AND ASSESS INCIDENT**   │
│ Refer to action cards where relevant. │
└──────────────────────────────────────┘

┌──────────────────────────────────────┐
│ **GET SUPPORT**   │
│ Request standing up of Command and   │
│ Control arrangements if required   │
└──────────────────────────────────────┘

No

╱─────────────╲
╱ Consider   ╲
╲ stand-down? ╱
 ╲─────────────╱

Yes

┌──────────────────────────────────────┐
│ **COMMUNICATE & UPDATE**   │
│ Develop communication strategy –   │
│ notify affected staff/partners/   │
│ stakeholders   │
└──────────────────────────────────────┘

┌──────────────────────────────────────┐
│ **COORDINATE**   │
│ Monitor progress and amend business   │
│ continuity plan as required   │
└──────────────────────────────────────┘

Appendix 4 - Document Control Sheet –Business Continuity Policy:

This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.

Document Type	Policy		
Document Purpose	This policy aims to outline the roles and responsibilities of individuals in the process of Business Continuity Management and provide a framework for the development and maintenance of Business Continuity Plans		
Consultation:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -		Divisional Operational Delivery Groups	
		Trust Operational Delivery Group	
Approving Body:	EMT	Date of Approval:	3 September 2024
Date of Board Ratification:	25 September 2024		
Training Impact Analysis:	None [✓]	Minor [ ]	Significant [ ]
Financial Impact Analysis:	None [✓]	Minor [ ]	Significant [ ]
Capacity Impact Analysis:	None [✓]	Minor [ ]	Significant [ ]
Equality and Health Inequalities Impact Assessment (E H I I A) undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:

Document Change History:

Version Number	Type of Change (full/interim review, minor or significant change(s))	Date	Details of Change and approving group or Executive Director *(if very minor changes as per the document control policy)*
1.0	New Policy	March 2023	New Policy. Written and approved through EMT (24th April 2023) and ratified at Trust Board (31 May 2023).
2.0	Review for core standards	September 2023	Reviewed with major amendments due to core standard requirements. Approved at EMT 18 September with Trust Board ratification.
3.0	Full Review	July 2024	Reviewed throughout. • Inclusion of all staff responsibility to undertake mandatory EPRR/BC eLearning training at least every 3 years • Inclusion of EPRR responsibility to facilitate at least one BC Exercise per year on a rota basis • Addition of BCP Checklist, BIA Template and BCP Activation Flow Chart as appendices Approved at EMT (3 September 2024) and ratified at Board (25 September 2024).

Appendix 5 - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services
1. Document or Process or Service Name: Business Continuity Policy (OP-005)
2. EIA Reviewer (name, job title, base and contact details): Rebecca Johns-Bielby, Senior Emergency Planning Officer
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service		
To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group Age Disability Sex Marriage/Civil Partnership Pregnancy/Maternity Race Religion/Belief Sexual Orientation Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? **Equality Impact Score** Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	This policy is consistent in its approach regardless of age.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	This policy is consistent in its approach regardless of disability.
Sex	Men/Male, Women/Female	Low	This policy is consistent in its approach regardless of gender.
Married/Civil Partnership		Low	This policy is consistent in its approach regardless of marital status.
Pregnancy/ Maternity		Low	This policy is consistent in its approach regardless of maternity status.
Race	Colour, Nationality, Ethnic/national origins	Low	This policy is consistent in its approach regardless of race.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy is consistent in its approach regardless of religion or belief.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	This policy is consistent in its approach regardless of sexual orientation.
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy is consistent in its approach regardless of the gender an individual wishes to be identified as.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
This policy sets out how the Trust will comply with Business Continuity Management and would not have a negative effect on any of the above equality target groups.	

EIA Reviewer	Rebecca Johns-Bielby, Senior Emergency Planning Officer		
Date completed;	16.07.24	Signature	R. Johns-Bielby