

# Business Continuity Policy

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*This policy can only be considered valid when viewed via the ICB website or staff intranet website. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.*

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## **1 Introduction**

- 1.1 The NHS needs to be able to plan for, respond to and recover from a wide range of incidents, emergencies or disruptive challenges that could impact on health or patient care.
- 1.2 The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 as amended) requires NHS England, NHS organisations and providers of NHS funded care to demonstrate that they can deal with such incidents while maintaining services to patients. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).
- 1.3 Each Integrated Care Board (ICB) is a Category Responder 1 under the CCA 2004 and have a duty to put in place business continuity management arrangements.
- 1.4 Business Continuity Management (BCM) is a process that seeks to ensure that there is minimal disruption to critical services, information assets and core business in the event of a major interruption / breakdown / incident and assists departments to reinstate normal services as quickly as possible. Business continuity (BC) is a key component of resilience, and all NHS funded organisations have been asked to align their business continuity arrangements with the requirements of ISO 22301:12 – Business Continuity Management System.

## **2 Purpose**

- 2.1 This Business Continuity Policy outlines how Lancashire and South Cumbria ICB will implement an effective business continuity management system. The policy sets out the general principles and corporate framework for the creation and revision of a Business Continuity Management System (BCMS) relevant to the business activities of Lancashire and South Cumbria ICB. The policy encourages the adoption of a proactive approach to BCM and sets out the terms and conditions with which staff should comply. The policy defines the activities for establishing and maintaining an on-going BCM capability.

## **3 Aims and Objectives**

- 3.1 The aim of this policy is to establish a business continuity management system that enables Lancashire and South Cumbria ICB to be a resilient organisation, capable of maintaining its functions in the event of a disruption.

## 3.2 Objectives

- Provide a framework for the development of a robust and consistent BCMS.
- Identify and mitigate business continuity risks to which the ICB may be exposed.
- Protect the wellbeing of its employees and critical assets.
- Identify key business processes and list them in order of recovery.
- Ensure that the ICB can continue to meet the needs of its stakeholders in the event of a disruption.
- Identify and implement suitable strategies to mitigate potential loss of premises, data and voice services, people and skills and supply chain.
- Ensure that the necessary training and awareness is available to ensure all ICB staff are aware of their roles and responsibilities.
- Provide necessary assurance to NHS England that EPRR standards relating to business continuity can be met.
- Promote and maintain the reputational integrity of the ICB.
- Align its BCMS activities to ISO 22301 business continuity requirements and supporting guidance.
- As a Category One Responder under the Civil Contingencies Act 2004 and through compliance with NHS England EPRR Core Competencies, preparing to respond to emergencies is an element of business-as-usual activities for staff at all levels.

## 4 Roles and Responsibilities

### 4.1 The Chief Executive Officer

- 4.1.1 Ensures that the Board receives regular reports, at least annually, regarding emergency preparedness, including reports on exercises, training and testing undertaken by the organisation.
- 4.1.2 Will designate an Executive Director of the Board to be responsible for emergency preparedness on behalf of the organisation – the Accountable Emergency Officer.
- 4.1.3 Will ensure an appropriate level of priority is given to emergency management and business continuity in all strategic planning.

### 4.2 Accountable Emergency Officer (AEO)

- 4.2.1 The Accountable Emergency Officer has overall responsibility for ensuring effective business continuity management within the ICB. The Accountable Emergency Officer will be consulted when analysing the Business Impact Analysis (BIA) results to determine priorities for protection and recovery. The

Accountable Emergency Officer will take lead on promoting a culture of business continuity within the ICB.

#### 4.3 Head of Emergency Preparedness Resilience & Response (EPRR)

4.3.1 Responsible for overseeing the implementation of the ICB business continuity management system, and for providing assurance of this system part of the EPRR core standards process. They will provide all necessary support and resources to the EPRR and Business Continuity Manager and will ensure that the EPRR and Business Continuity Manager is delivering on the agreed work programme. The Head of EPRR will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the ICB.

#### 4.4 EPRR and Business Continuity Manager(s)

4.4.1 The EPRR and Business Continuity Manager(s) is responsible for the implementation of the ICB's business continuity management system. The Business Continuity Manager will provide advice and support to directors, managers and other appropriate stakeholders throughout the phases of the business continuity lifecycle. The EPRR and Business Continuity Manager will ensure that a culture of business continuity awareness is embedded within the ICB. The EPRR and Business Continuity Manager will act on behalf of the Head of EPRR to devise, implement, exercise, and review the business continuity management system, and provide assurance that the business continuity management system is implemented within the ICB.

#### 4.5 Executive Directors/Directors of the ICB

4.5.1 Will take leadership of their business continuity arrangements and are responsible for ensuring that their departments comply with this policy. They will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the ICB.

#### 4.6 Functional Leads

4.6.1 Will take ownership of their departmental business continuity arrangements and are responsible for ensuring that they support process of regular review, training and exercising. Functional Leads will engage with the EPRR and Business Continuity Manager to improve organisational resilience. They will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the ICB.

## 4.7 All Employees

- 4.7.1 All employees of Lancashire and South Cumbria ICB are responsible for ensuring that they are aware of the business continuity arrangements and procedures relating to the activities they are regularly involved with. They will support and engage with the business continuity management process and actively promote a culture of business continuity with the ICB.

## 5 Governance

- 5.1 This policy applies to all ICB staff and embedded staff and should be observed by all staff from other organisations providing services on a contractual basis.
- 5.2 The Chief Executive has overall responsibility for the ICB's business continuity activities.
- 5.3 The Accountable Emergency Officer will have delegated responsibility for ensuring that the ICB has robust arrangements in place for business continuity management and service recovery.
- 5.4 The Head of EPRR has responsibility for the day to day delivery and maintenance of the BCMS. The ICB executive will provide oversight and scrutiny and provide assurance to the ICB Board.
- 5.5 All Senior Managers are responsible for the execution of this policy within their teams.
- 5.6 The business continuity policy will be reviewed annually and be signed off by the ICB board.
- 5.7 The business impact analysis will be reviewed at least annually or whenever significant changes to key internal processes, location or technology occur or whenever significant changes to the external operating environment occur, system or regulatory change occurs or in the event of the deployment of the business continuity plan.
- 5.8 The business continuity strategy will be reviewed annually and be signed off by the ICB board.
- 5.9 The business continuity plan will be reviewed annually or sooner in the event of a major change to the ICB's objectives or a deployment of the plan.
- 5.10 The policy will be circulated to the relevant people holding responsibility for BCM/BCP through email, cascade and publication on the ICB intranet.

## 6 Process

### 6.1 Functional Business Continuity Arrangements

- 6.1.1 The ICB will ensure that business continuity arrangements are in place for all functions. The ICB EPRR team will provide full guidance and support as required to maintain and updates these arrangements. The ICB business continuity plan template must be completed by all functions of the ICB. The template will lead the functional lead through the process, including identification of critical business activities, a business impact analysis, resource requirements, strategies for restoration of critical business activities, roles and responsibilities and escalation processes.
- 6.1.2 Functional Business Impact Analysis must consider key risks, including for staff shortage, loss of utilities, denial of access, loss of facilities, and IT systems /telecom outage. Functional Leads should also consider other risks unique to their services and activities when developing their business continuity arrangements.
- 6.1.3 Functional business continuity arrangements must cover all activities identified as critical to the ICB. The arrangements should however cover all activities undertaken by the function.
- 6.1.4 Completed Business Impact Analysis should be forwarded to the EPRR and Business Continuity Manager for review and assessment.
- 6.1.5 Once reviewed and any necessary changes suggested, the plans should be signed off and made available in hard copies to all staff at all work locations.
- 6.1.6 Final plans must be sent to the EPRR and Business Continuity Manager(s) for publication on the ICB Intranet site.

### 6.2 Information Management and Technology Disaster Recovery

- 6.2.1 The ICB's Information Management and Technology (IM&T) provider will develop an IT disaster recovery plan, which will compliment departmental business continuity arrangements. The IM&T disaster recovery plan will detail computer and communication systems that have been identified as critical. Each of these systems will be given a recovery time objective.
- 6.2.2 The results of the Business Impact Analysis will be used to support future versions of the IM&T disaster recovery plan, by indicating which services the ICB agrees are critical and how quickly these services need to be recovered. IM&T are only responsible for their own business continuity arrangements, and for recovering systems in the event of a disruption or failure.



## 6.3 Logging and Document Management

- 6.3.1 All incidents resulting in an adverse impact to the ICB's services must be appropriately documented.
- 6.3.2 Managers responsible for maintaining or recovering a service during a disruptive event must ensure that their decisions are recorded.
- 6.3.3 All documents produced by the ICB related to business continuity management, and those in relation to a disruptive event, must be marked 'OFFICIAL – SENSITIVE' and as such be stored, handled, and processed appropriately.
- 6.3.4 All documents relating to a business continuity incident / disruptive event must be submitted to the Business Continuity Manager / Emergency Planning department for audit and storage.
- 6.3.5 These documents will be retained indefinitely.
- 6.3.6 Documents relating to business continuity management, and in particular those relating to a disruptive event, must not be released to any third party without consultation with the ICB's Accountable Emergency Officer and/or Information Governance Manager.

## 6.4 Risk Management

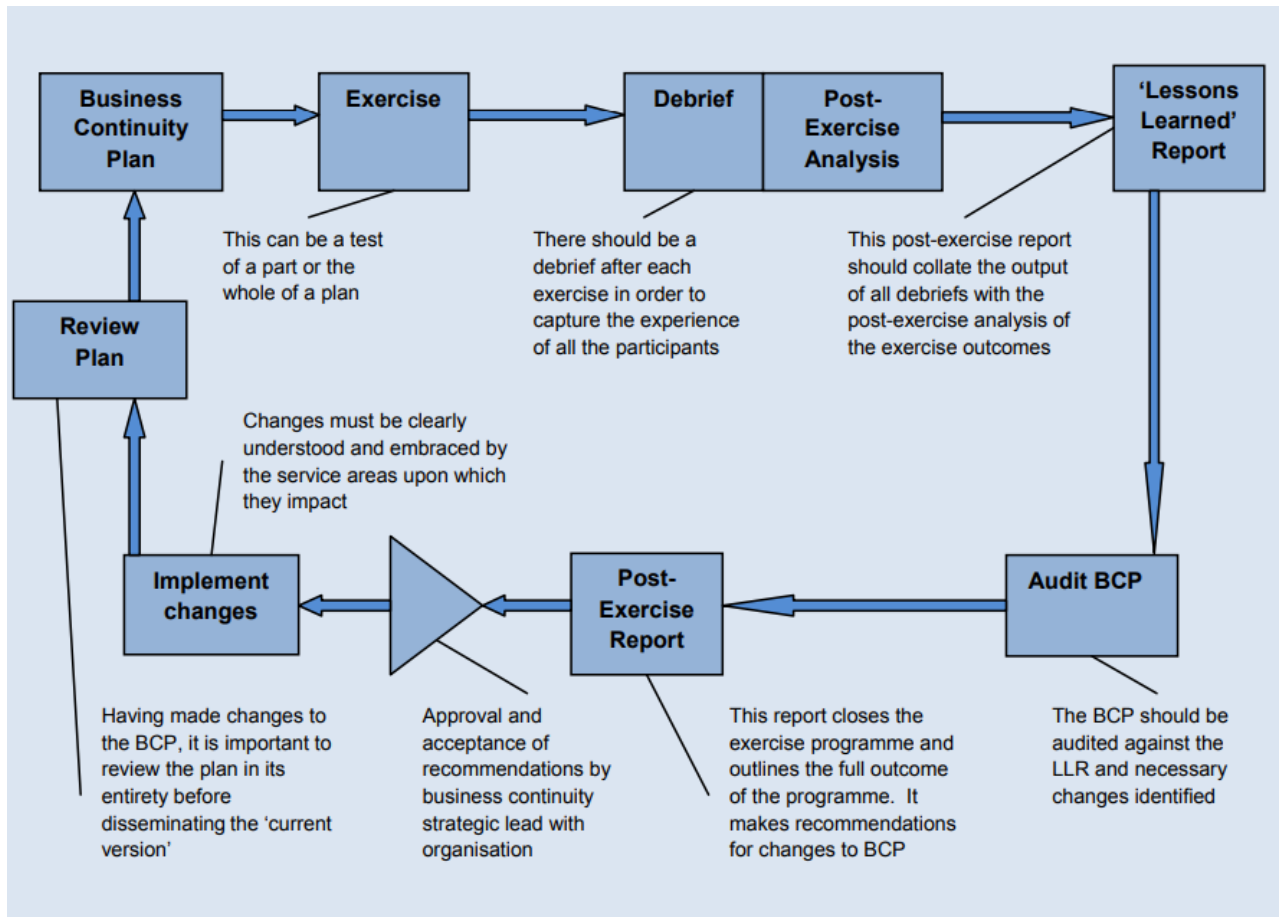
- 6.4.1 The ICB will pursue a Recovery Time Objective (RTO) for all processes identified within the BIAs.
- 6.4.2 Data extracted from the BIA will be used to identify risks to be addressed by the strategy. The risk that the strategies adopted by ICB will not deliver sufficient resilience will be identified in the strategy documentation and will be included on the ICB Corporate Risk Register.

## 7 Training and Exercising

- 7.1 The ICB has a duty under the Civil Contingencies Act 2004 (CCA) to have appropriately trained staff and tests those arrangements regularly.
- 7.2 It is important that staff fully understand the need for Business Continuity Management, as well as their role in response to any invocation.
- 7.3 To fulfil this obligation the ICB will
  - Develop and deliver an initial training programme which meets the needs of the Business Continuity requirements for the ICB.
  - Develop and maintain an ICB Business Continuity Plan.

- Will make all Business Continuity Management Policies and Plans available on the intranet for all staff to view.
- Will ensure that the lessons learned from exercises are implemented throughout the organisation.

The cycle can be seen below:



## 8 Compliance

8.1 The following records must be retained and maintained to comply with this policy.

Record	Duration/Validity	Location	Responsibility
BCM Policy	Annual review	Soft copies to be retained on ICB network	AEO.
BCM Strategy	Annual review		
Business Impact Analysis	Annual review or when business unit changes dictate or a major incident occurs	Hard copies to be distributed across	Supported by the ICB EPRR team.
Physical Risk Assessment			

Business Continuity Plan		the business functions.	
Incident Response Plan		Version control should be maintained.	
Exercise Reports	Annual review		
Training Materials	Annual review		
Third Party Support Contracts	To be reviewed in line with BC plans and/or on contract renewal	Retained by Contracting.	Contracting

## 9 Associated Guidance

9.1 The ICB's business continuity plans will be based on the following standards:

- NHS England Core Standards for EPRR.
- NHS EPRR Framework
- ISO 22301- Business Continuity Management Systems - Requirements.
- ISO / PAS 22399: 2007 - Guideline for Incident Preparedness and Operational Continuity Management.
- Business Continuity Institute (BCI) Good Practice Guidelines 2018
- NHS Business Continuity Framework

## Appendix 1 – Business Impact Analysis

Service Name		
1	Name of Author:	
2	Job Title of Author:	
3	Author telephone and e-mail:	
4	Date:	
5	Business Continuity Lead:	

### ACTIVITIES: Maximum Tolerable Period of Disruption

<b>ESSENTIAL Activities Class 0</b>  <b>MPTD: None Permissible</b>	<b>HIGH PRIORITY Activities Class A</b>  <b>MPTD: 24hrs</b>	<b>MEDIUM PRIORITY Activities Class B</b>  <b>MPTD: 48hrs</b>	<b>LOW PRIORITY Activities Class C</b>  <b>MPTD: 72hrs+</b>
Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hours or more <u>but are required</u> in order to return to normal operation conditions and alleviate further disruption to normal conditions.
<i>List activities</i>	<i>List activities</i>	<i>List activities</i>	<i>List activities</i>

### Location of Services

Name and description of building/service and location:	
Alternative location if usual work location is lost:	
Estate Provider(s) and Contact Details	

### Staffing Resource(s)

Essential Positions & Clinical and nonclinical skills required to maintain activities:	
Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:	
What additional staffing is required to manage patients with special	

requirements, disabilities, with protected characteristics:	
Location of staffing contact details:	

#### Internal Suppliers

List internal services which your activities rely upon		
Service	Service Classification (corporate/clinical/Support)	Contact Details

#### External Suppliers

List external suppliers which your activities rely upon (include utility suppliers)		
Supplier	Contact Numbers (in hours & Out of Hours)	Other relevant information

#### IT Requirements

Business Critical Software Applications	
IT Failure	

#### Communications Requirements

Business Critical Communication Systems/Hardware	
Loss of Communications	

#### Equipment Requirements

List equipment that you regard as activity critical.			
Equipment	Provider	Contact	Alternative Provider (if Appropriate)

Recovery Time Objectives (RTO)

Activity	Recovery Priority (1 being highest priority 4 being lowest)	Classification of Service	Maximum time Period to recovery (in hours)

Finance

Full Replacement Costs of Business-Critical Infrastructure – buildings and utilities	
Replacement Costs of Business- Critical Equipment (consider availability and time to deliver)	
Additional Staff costs (consider availability of skill set requirements)	
Punitive charges – fines/penalties/compensation	