

Meeting / Committee:	Board of Directors	Meeting Date:	31 July 2012
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information
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Title:	Business Continuity Update
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Purpose:	The purpose of this report is to provide an update on the progress of the development of business continuity plans in the Trust
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Summary:	The paper provides information on the business continuity plans for the Trust's critical services have been reviewed and are now complete and ready for exercising and testing
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Prepared By:	Elizabeth Harvey, Business Continuity Facilitator	Presented By:	Susan Watson, Director of Operational Services
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Recommendation:	The Board of Directors is asked to <ul style="list-style-type: none"> • note the progress made • approve the future actions
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic	Risk & Assurance
	x	x	x	x	x

Executive Summary

The Trust has adopted the process of Business Continuity Management, as set out in The British Standard for Business Continuity Management BS NHS 25999, to fulfil its statutory requirement under the Civil Contingencies Act 2004, of having comprehensive business continuity plans in place. At the February 28th meeting of the Board it was noted that plans were not yet in place for all critical services identified in the Trust's Business Continuity Policy (G139). The operational services team was asked to ensure that this was addressed by no later than 31 July 2012.

Business Continuity Plans for all Trust critical services have been reviewed and are now complete and ready for testing

A number of scenario-based walk through exercises are currently being developed. These will be tailored to each service to ensure they invoke a realistic business continuity response. The exercises will be carried out between August and October 2012.

A rolling exercise programme will be developed which will ensure that Business Continuity Plans remain effective and up to date. This will incorporate lessons learnt from previous exercises.

An overarching Business Continuity Incident Management Plan (BCIMP) will be developed which links with existing emergency response arrangements. This will be guided by the prioritisation of services and recovery arrangements set out in critical service BC plans.

Work has already begun on the roll out of the BCM programme to non critical services.

1 Introduction

The Civil Contingencies Act 2004 imposes a statutory requirement on the Trust, as a Category 1 Responder, to ensure that it is prepared so far as is reasonably practicable, to continue to provide its functions in the event of an emergency. It also requires that all Category 1 Responders have comprehensive business continuity plans in place.

Business Continuity Management (BCM) is a process that enables an NHS organisation:

- To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation
- To identify and reduce the risks and threats to the continuation of these key services
- To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

The British Standard for Business Continuity Management BS NHS 25999 provides a structured system for business continuity planning and has been recommended by the Department of Health as best practice for NHS preparedness. It enables an organisation to measure its BCM capability in a consistent and auditable manner.

As the Trust provides a large number of services, and the resource to support the programme was limited, a prioritised approach had to be followed. This ensured that those services which are most critical to the Trust's ability to fulfil its requirements as a Category 1 Responder, in always being able to respond to an emergency, were addressed first. The Trust's critical services, as agreed and presented in the BCM Policy (G139) are included as Appendix 1.

The implementation of a Business Continuity Management programme compliant with BS NHS 25999 commenced in the Trust in 2009 however progress has been slow. In 2011, an audit was carried out by Deloitte, on behalf of Durham & Tees Audit Consortium, as part of the Trust's Internal Audit Annual Plan. Despite acknowledging that progress had been made they could only give a limited assurance opinion. Business continuity management is currently on the corporate risk register.

The purpose of this report is to provide an update on the progress of the development of business continuity plans for the trust's critical services. It outlines the proposed exercise and testing schedule of these plans and also describes how business continuity management will be rolled out across the rest of the organisation.

2 Methodology

The business continuity facilitator has supported critical service business continuity leads in following the BCM process and developing their business continuity plans. A number of training methods have been used to reflect the various needs of each critical service. These have included:

- an initial Business Continuity Management (BCM) overview, followed by feedback sessions,

- full day sessions, working through the whole BCM and assisting BC leads in writing the plans,
- attendance at workshops, where BCM was broken into 4 stages, and staff from different areas had the opportunity to compare approaches and strategies, and develop best practice,
- review of BCM process, for those individuals who had previously undertaken training,
- individual 1 – 1 training sessions, reviewing elements as completed and feeding back gaps in requirements.

3 Progress and lessons learned

Business Continuity Plans for all critical services have been reviewed and are now complete and ready for testing. There are fifteen critical services listed in the Trust's Business Continuity Policy (see Appendix 1) however there are in fact twenty-one plans. This is because some departments have chosen a unified approach across both sites whilst others have written plans specific to JCUH and Friarage functions. All critical service business continuity plans are held electronically in a folder in the Allusers fileshare.

Although the plans are completed, have been reviewed and are ready for testing, the process has been quite long and drawn out. There are a number of factors which have contributed to this and the lessons learned will be used to inform future rollout of the Trust business continuity management programme.

BCM is not yet perceived to support the achievement of the Trust's targets, and as such is not often given high priority. The successful establishment of BCM within the Trust's culture is dependent on its integration with the organisation's strategic and day to day management and alignment with corporate objectives. It is essential that business continuity planning is not perceived as a tick box exercise but that it is about developing organisation-wide resilience. The commitment of Directors, Chiefs of Service and Divisional Managers is critical to ensuring that the importance of BCM is recognised within the organisation.

Business continuity plans are often drawn up by one individual. In many departments, due to retirements and restructuring, the process has been passed on to different individuals. Further training needed to be provided and the process started again. A regular training and exercise programme delivered throughout the year should ensure that awareness is raised and that staff are involved in practicing the plans. This will also ensure that business continuity plans are working documents which are regularly reviewed and kept up to date.

It is impossible to plan for every disruptive event. Industry best practice suggests that business continuity plans should be as generic and flexible as possible, to ensure that they can be easily tailored to suit the actual situation being faced. The plans have been developed to deal with the loss of each of the resources shown below:

- Damage or denial of access to premises
- Loss or damage to IT
- Non-availability of key staff
- Loss or damage to other key resources
- Loss of key contractors / supply resources

Staff are more used to reacting to and dealing with more specific scenarios and found this generic approach quite difficult. They would have found it easier to consider the loss of a defined number of staff or the loss of access to a specific ward. More focussed scenarios will be used in testing to prove the adaptability of current plans.

It was found in some areas that there is an over reliance on a few key staff, with “experience of disasters”, who would be expected to be available to manage the emergency. Currently this knowledge is not shared or owned by others. Business continuity plans need to be understood practiced and communicated to all members of the team. The Business Continuity Facilitator will attend a series of divisional and directorate meetings to go through specific plans with staff, to raise awareness as well as refine the existing plans.

4 Exercising and Testing

Untested plans are only strategies. Exercising and testing provides the opportunity to validate plans and identify any gaps and weaknesses that have not been identified in the planning process. It also provides an opportunity to rehearse staff in a non-threatening environment to develop their competencies and increase their confidence in carrying out their roles in the event of a disruption to their service.

All plans have undergone a desktop review. Any key gaps or omissions have been fed back to individual BC leads to ensure that sufficient detail is included to enable meaningful testing to be carried out.

A number of scenario-based walk through exercises are currently under development. These will be tailored to each service to ensure they invoke a realistic business continuity response. The exercises will be carried out between August and October 2012.

5 Future actions

Rolling exercise programme

One-off testing of plans allows for amendments and improvements to be made, and provides evidence of being fit for purpose. However unless plans are regularly tested, they lose their currency.

A rolling exercise programme will be developed which will ensure that BC plans remain effective and up to date. This will build on lessons learnt from previous exercises. It will have the added benefit of reinforcing BCM within services.

Corporate Business Continuity Plan

An overarching Business Continuity Incident Management Plan (BCIMP) will be developed which links with existing emergency response arrangements. This will be guided by the prioritisation of services and recovery arrangements set out in critical service business continuity plans.

Roll out to remaining Trust services

Work has already begun on the roll out of the BCM programme to non critical services. The following services are currently developing their plans:

Surgery
Neurosciences
IT
Medical Records
Physiotherapy
Pathology
Neonatal
Specialty Medicine
Gynaecology
Academic Centre
Cardiac Theatres

As the roll out progresses, additional training will be provided to staff new to business continuity planning through workshops or individual training.

6 Recommendations

The Board are asked to:

- a note the progress in completing business continuity plans for critical services, and
- b approve the future actions.

E. Harvey
16.07.12

APPENDIX 1

South Tees Hospitals NHS Foundation Trust List of Critical Services

As part of pandemic influenza planning in 2009, the following were agreed by the Chief Executive, Chiefs of Service and Divisional Managers as critical services:

- Acute Medicine - Accident & Emergency
- Acute Medicine - Acute Admissions Unit
- Acute Medicine - Critical Care ITU JCUH
- Acute Medicine - Critical Care ITU FHN
- Acute Medicine - HDU
- Anaesthesia & Theatres - Main Theatres FHN
- Anaesthesia & Theatres - Main Theatres JCUH
- Cardiothoracic Services - Coronary Care Unit
- Clinical Support Services - Pharmacy
- Pathology - Blood Transfusion
- Radiology
- Specialty Medicine - Nephrology
- Trauma – Trauma Services
- Women & Children - Obstetrics
- Women & Children - Paediatrics

In its annual review of critical services, the Emergency Preparedness Committee agreed that Radiology and Trauma Services should be added to the above list.

This list should not be considered exhaustive. It forms the basis for the initial implementation of the Trust's BCM programme. As the programme is rolled out across the organisation, further critical services may be identified during the Business Impact Analysis process and will be added to the list following the agreement of the Emergency Preparedness Committee.