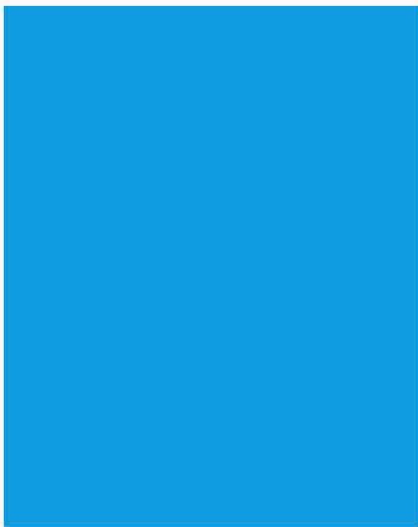


NHS Commissioning
Board Business
Continuity Management
Framework
(service resilience)



NHS Commissioning Board Business Continuity Management Framework

Date	7 January 2013
Audience	<ul style="list-style-type: none"> • NHS Commissioning Board directors of operations and delivery • NHS Commissioning Board regional directors • NHS Commissioning Board area team directors • NHS Trust and NHS Foundation Trust chief executives • Ambulance Service chief executives • Clinical commissioning groups • Accountable emergency officers.
Copy to	<ul style="list-style-type: none"> • Members of local health resilience partnerships (LHRPs) • NHS Commissioning Board emergency planning leads • Strategic Health Authority emergency planning leads.
Description	<p>Please read this document in the context of:</p> <ul style="list-style-type: none"> • NHS standard contracts • the NHS Planning Framework • the NHS Commissioning Board Emergency Planning Framework (2013).
Cross reference and links	<p>http://www.commissioningboard.nhs.uk/epr/</p> <p>Further links are listed in section 7.</p>
Action required	<p>NHS organisations and providers of NHS funded care must be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.</p> <p>All NHS organisations and providers of NHS funded care must contribute to co-ordinated plans for emergency preparation and service resilience through their local health resilience partnerships.</p>
Timing	As new health EPRR arrangements are introduced (by April 2013).
Contact details	<p>NHSCB.EPRR@nhs.net</p> <p>NHS Operations, Quarry House, Leeds LS2 7UE.</p>

Contents

1.	INTRODUCTION	4
2.	WHAT IS THIS DOCUMENT FOR?	5
3.	WHAT ARE THE BUSINESS CONTINUITY REQUIREMENTS FOR PROVIDERS OF NHS FUNDED CARE?	5
4.	INTERNATIONAL AND NATIONAL STANDARDS	6
5.	THE PATIENT CARE PATHWAY	7
	Understanding the organisations and their context	7
	Understanding the needs and expectations of interested parties	7
	Scope	8
	Communications	8
	Warnings	8
	Business impact analysis	8
	Business continuity strategy	8
	Response	9
	Business continuity plans	9
	Recovery	9
	Exercising and testing	9
6.	EQUALITY AND DIVERSITY	10
7.	REFERENCES AND INFORMATION SOURCES	10
8.	FREEDOM OF INFORMATION	11
9.	GLOSSARY	11
	APPENDIX 1 – CORE STANDARDS FOR BUSINESS CONTINUITY MANAGEMENT	12

1. Introduction

- 1.1. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.
- 1.2. Under the Health and Social Care Act 2012, the NHS Commissioning Board must be 'properly prepared for dealing with an emergency' and must monitor and control all service providers to make sure they too are prepared.
- 1.3. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR).
- 1.4. NHS organisations and providers of NHS funded care must therefore be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.
- 1.5. Business continuity management (BCM) gives organisations a framework for identifying and managing risks that could disrupt normal service.
- 1.6. An organisation's business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect.
- 1.7. Disruptions can be caused by periods of severe pressure (for example, in winter), a long-term increase in demand for services, external emergencies and disasters, and internal system failures. Planning to tackle these effects goes way beyond the initial emergency response.
- 1.8. Business continuity management is an essential tool in establishing an organisation's resilience.

2. What is this document for?

- 2.1. This document highlights the need for business continuity management in NHS organisations. It lists the relevant standards and indicates the guidance organisations need to follow.
- 2.2. It also promotes joint working arrangements between NHS organisations when planning for and responding to disruptions. This partnership approach must focus on the best needs of patients, not the performance targets of each organisation.
- 2.3. All NHS organisations must use this framework and the associated core standards in order to align themselves with ISO 22301 and fulfil all assurance processes.

3. What are the business continuity requirements for providers of NHS funded care?

- 3.1. Some NHS organisations are identified under the Civil Contingencies Act (CCA) 2004 as 'category one' responders. This means they have a legal duty to develop robust business continuity management arrangements which will help them to maintain their critical functions if there is a major emergency or disruption. This could include, for example, an infectious disease outbreak, severe weather, fuel shortages, industrial action, loss of accommodation, loss of critical information, loss of communication technology (ICT) or supply chain failure.
- 3.2. Not all providers of NHS funded care are covered by the requirements of the CCA. But it is good practice for all of them to act as if they were.
- 3.3. Each NHS organisation is responsible for making sure it meets the legal requirements and core standards for business continuity set out in this document. This responsibility extends to services provided through partnerships or other forms of contractual arrangement.
- 3.4. The core standards in appendix 1 are the minimum standards which NHS organisations and sub-contractors **must** meet.
- 3.5. The accountable emergency officer in each NHS organisation is responsible for making sure these standards are met.
- 3.6. We will seek evidence that these standards are being met.

4. International and national standards

- 4.1. The main guidance for business continuity management is contained in:
 - a. **ISO 22301** Societal Security - Business Continuity Management Systems – Requirements¹
 - b. **ISO 22313** Societal Security - Business Continuity Management Systems – Guidance
 - c. **PAS 2015** - Framework for Health Services Resilience².
- 4.2. In the past, organisations in the UK developed their business continuity management systems in line with BS25999. However, this standard has been replaced by ISO 22301.
- 4.3. ISO 22313 provides good practice, guidelines and recommendations based on the requirements of ISO 22301.
- 4.4. The aim of PAS 2015 is to provide a resilience framework for NHS organisations and all providers of NHS funded care
- 4.5. Other useful guidance includes:
 - a. ISO 27000 series – a set of standards relating to security management systems³
 - b. ISO 31000 series – a set of standards relating to risk management family of standards⁴
 - c. PD 25222 – guidance on supply chain continuity⁵
 - d. PD 25888 – guidance on recovery following a disruption⁶
 - e. PD25111 – guidance on the human aspects of business continuity⁷
 - f. NHS Commissioning Board Emergency Planning Guidance 2013
 - g. NHS Sustainable Development Unit Adaptation Guidance August 2012⁸.
- 4.6 We will also publish a Business Continuity Management Toolkit in 2013 to help all NHS organisations develop their business continuity management system.

¹ http://www.iso.org/iso/catalogue_detail?csnumber=50038

² <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030201297>

³ <http://www.27000.org/index.htm>

⁴ http://www.iso.org/iso/catalogue_detail?csnumber=43170

⁵ <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030239218>

⁶ <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030194308>

⁷ <http://shop.bsigroup.com/ProductDetail/?pid=00000000030229830>

⁸ [http://www.sdu.nhs.uk/documents/publications/Adaptation_Guidance_Final.pdf#search="adaptation"](http://www.sdu.nhs.uk/documents/publications/Adaptation_Guidance_Final.pdf#search=)

5. The patient care pathway

- 5.1. The NHS is used by 62 million people in the UK. Its services cover everything from pre-birth screening to end-of-life care.
- 5.2. The NHS is a 'people-rich' organisation, employing 1.7 million staff across the UK.
- 5.3. Three million people are treated by the NHS every week. Each one of these people takes a specific care pathway through services delivered by a variety of NHS organisations and providers of NHS funded care.
- 5.4. NHS organisations and providers of NHS funded care must shift the focus of their business continuity management systems to that of a whole-system approach to the patient care pathway. Each organisation will play a part, but realistic resilience and continuity arrangements will only be achieved if we consider and understand the patient's whole journey.
- 5.5. NHS organisations and providers of NHS funded care will therefore need to recognise how their critical activities depend on each other and to align their plans with all partner organisations.
- 5.6. Some elements of ISO 22301 **must** be done in partnership with other health organisations, recognising the patient care pathway and the patient's needs throughout each stage. These are set out below.

Understanding the organisations and their context

- 5.7. NHS organisations and providers of NHS funded care should understand the functions, needs and issues of the partners who play connecting parts in the patient care pathway.

Understanding the needs and expectations of interested parties

- 5.8. 'Interested parties' will include patients, the wider community, other NHS organisations, the emergency services, local authorities and suppliers.
- 5.9. NHS organisations and providers of NHS funded care must identify all those who have an interest in their services and establish their needs and expectations.
- 5.10. They must then build these needs and expectations into their response and recovery arrangements.

Scope

- 5.11. NHS organisations and providers of NHS funded care must establish the scope of their business continuity management system, taking into account any internal and external dependencies, for example staffing, ICT, food, fuel and other supplies.
- 5.12. They should share the scope of their system with partner organisations and interested parties so that it is clear which services are and are not included.

Communications

- 5.13. NHS organisations and providers of NHS funded care should establish and maintain procedures for regular communications with partner organisations and other interested parties. This is particularly important during the planning stage for known disruptions such as winter weather.
- 5.14. Formal reporting and situation updates may also be required in the lead up to and during a disruption to create a local, regional and national overview of effects across the NHS. These arrangements should be tested to make sure each organisation can maintain the flow of information.
- 5.15. Plans should be developed and shared between organisations through Local Health Resilience Partnerships and Local Resilience Forums.

Warnings

- 5.16. NHS organisations and providers of NHS funded care should establish and maintain robust internal and external communication procedures for before, during and after a disruption. These procedures should include a system for alerting partner organisations and interested parties of any current or potential disruption to services.

Business impact analysis

- 5.17. NHS organisations and providers of NHS funded care should identify dependencies and supporting resources that help them deliver their critical activities effectively. This analysis should be a broad review using established organisational risk, capability and capacity processes. It should also include suppliers, partner organisations and other relevant interested parties. Any critical activities highlighted should form part of the organisational risk matrix.

Business continuity strategy

- 5.18. NHS organisations and providers of NHS funded care should identify what they require of partners and suppliers in order to implement their business continuity management strategy effectively.

Response

- 5.19. NHS organisations and providers of NHS funded care should develop their response plans in collaboration with partners and other directly-linked NHS organisations. In this way they can make sure the actions in their response arrangements do not have a negative effect on other organisations.

Business continuity plans

- 5.20. Business continuity plans should contain details of all internal and external dependencies and interactions, as well as details on how and under what circumstances key interested parties will be communicated with.

Recovery

- 5.21. NHS organisations and providers of NHS funded care should make sure the actions in their recovery arrangements do not have a negative effect on partner organisations.
- 5.22. They should develop recovery plans, including prioritised recovery timeframes, in collaboration with other directly-linked NHS organisations.

Exercising and testing

- 5.23. NHS organisations should aim to exercise and test their business continuity arrangements alongside partner NHS organisations. They should then share lessons learned and post-exercise reports with all interested parties.

6. Equality and diversity

- 6.1. Investing in a diverse NHS workforce enables us to deliver a better service and improve patient care in the NHS. Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense.
- 6.2. When putting arrangements in place to reflect this suite of documents, organisations should be mindful of their obligations under the Equality Act 2010. The Equality Duty ensures that public bodies consider the needs of all individuals in shaping policy, delivering services, and in relation to their own employees. It encourages public bodies to understand how different people will be affected by their activities on different people so that policies and services are appropriate and accessible to all and meet different people's needs.

7. References and information sources

This document should be read in the context of the following sources of information.

- 7.1. The Civil Contingencies Act 2004⁹
- 7.2. The Cabinet Office website¹⁰
- 7.3. The Health and Social Care Act 2012¹¹
- 7.4. NHS Commissioning Board EPRR documents and supporting materials¹², including:
 - a. NHS CB Emergency Planning Framework (2013);
 - b. NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013); and
 - c. NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
- 7.5. National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice¹³.
- 7.6. ISO 22301 Societal Security - Business Continuity Management Systems – Requirements¹⁴
- 7.7. BSI PAS 2015 - Framework for Health Services Resilience¹⁵

⁹ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

¹⁰ <http://www.cabinetoffice.gov.uk/ukresilience>

¹¹ <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

¹² www.commissioningboard.nhs.uk/epr/

¹³ <http://www.skillsforjustice-nosfinder.com/epc/aboutnos.php>

¹⁴ http://www.iso.org/iso/catalogue_detail?csnumber=50038

¹⁵ <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030201297>

8. Freedom of information

This document is available to the public.

9. Glossary

BCM	Business continuity management
BCMS	Business continuity management system
BS	British Standard
BSI	British Standard Institution
EPRR	Emergency preparation, resilience and response
CCA	Civil Contingencies Act (2004)
ISO	International Standards Organisation
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NHS CB	NHS Commissioning Board
PAS	Publicly Available Specification
PD	Published document

APPENDIX 1 – CORE STANDARDS FOR BUSINESS CONTINUITY MANAGEMENT

These standards will be updated from time to time. The following extract is correct at the time of publication. To view the latest list of core standards, please see the NHS Commissioning Board Core Standards for Emergency Preparation, Resilience and Response Framework at www.commissioningboard.nhs.uk/eprp/

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Cat 1 responders				Cat 2	Not categorised			
		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisations	Community providers	Mental health
1	All NHS organisations and providers of NHS funded care must nominate an accountable emergency officer who will be responsible for EPRR and business continuity management.	X	X	X	X	X	X	X	X	X
3	3. All NHS organisations and providers of NHS funded care must have plans setting out how they contribute to co-ordinated planning for emergency preparedness and resilience (for example surge, winter & service continuity) across the area through LHRPs and relevant sub-groups. These plans must include details of:	X	X	X	-	X	X	X	X	X
3 . 1	director-level representation at the LHRP; and	X	X	X	-	X	-	X	X	X
4	All NHS organisations and providers of NHS funded care must contribute to an annual NHS CB report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents. Reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys. They must be made through the organisations' formal reporting structures.	X	X	X	X	X	X	X	X	X
4 . 1	Organisations must have an annual work programme to reduce risks and learn the lessons identified relating to EPRR (including details of training and exercises). This work programme should link back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	X	X	X	X	X	X	X	X	X
4 . 2	Organisations must maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	X	X	X	X	X	X	X	X	X
5	All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies. Incident response plans must:	X	X	X	X	Note ¹	Note ₁	Note ₁	Note ₁	Note ₁
5 . 5	include plans to maintain the resilience of the organisation as a whole, so that the Estates Department and Facilities Department are not planning in isolation.	X	X	-	X	-	-	-	X	X
5 . 28	Describe the alerting arrangements for external and self-declared incidents (including trigger points, decision trees and escalation/de-escalation procedures)	X	X	X	X	X	X	X	X	X

Note: 1. All NHS Organisations and providers of NHS funded care must maintain suitable incident response plans. However, the details in these plans will depend on the organisation's size and role. Providers of NHS funded care include:

- independent hospitals under contract to deliver NHS care;
- urgent care centres;
- nursing homes;
- residential and elderly mentally-impaired (EMI) homes; and
- patient care transport providers.

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
5 . 31	Include 24-hour arrangements for alerting managers and other key staff, and explain how contact lists will be kept up to date.	X	X	X	X	X	X	X	X	X
5 . 40	Explain the process for completing, authorising and submitting NHS CB standard threat-specific situation reports and how other relevant information will be shared with other organisations.	X	X	X	X	X	X	X	X	X
5 . 42	Explain how to communicate with partners, the public and internal staff based on a formal communications strategy. This must take into account the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public'. Social networking tools may be of use here.	X	X	X	X	X	X	X	X	X
5 . 48	Explain the process of recovery and returning to normal processes.	X	X	X	X	X	X	X	X	X
5 . 51	Explain who will be responsible for managing escalation and surges.	X	X	X	X	X	X	X	X	X
5 . 52	Describe local escalation arrangements and trigger points in line with regional escalation plans and working alongside acute, ambulance and community providers.	X	X	X	X	X	X	X	X	X
6	All NHS organisations must provide a suitable environment for managing a significant incident or emergency (an ICC). This should include a suitable space for making decisions and collecting and sharing information quickly and efficiently.	X	X	X	X	Note ²	Note ₂	Note ₂	Note ₂	Note ₂
7	All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301. Organisations must:	X	X	X	X	X	X	X	X	X
7 . 1	make sure that there are suitable financial resources for their BCMS and that those delivering the BCMS understand and are competent in their roles;	X	X	X	X	X	X	X	X	X
7 . 2	set out how finances and unexpected spending will be covered, and how unique cost centres and budget codes can be made available to track costs;	X	X	X	X	X	X	X	X	X
7 . 3	develop business continuity strategies for continuing and recovering critical activities within agreed timescales, including the resources required such as people, premises, ICT, information, utilities, equipment, suppliers and stakeholders; and	X	X	X	X	X	X	X	X	X
7 . 4	develop, use and maintain business continuity plans to manage disruptions and significant incidents based on recovery time objectives and timescales identified in the business impact analysis	X	X	X	X	X	X	X	X	X
	Business continuity plans must include governance and management arrangements linked to relevant risks and in line with international standards.	X	X	X	X	X	X	X	X	X
7 . 5	Each organisation's BCMS should be based on its legal responsibilities, internal and external issues that could affect service delivery and the needs and expectations of interested parties.	X	X	X	X	X	X	X	X	X
7 . 6	Organisations should establish a business continuity policy which is agreed by top management, built into business processes and shared with internal and external interested parties.	X	X	X	X	X	X	X	X	X
7 . 7	Organisations must make clear how their plan will be published, for example on a website.	X	X	X	X	X	X	X	X	X
7 . 8	The BCMS policy and business continuity plan must be approved by the relevant board and signed off by the Chief Executive.	X	X	X	X	X	X	X	X	X
7 . 9	There must be an audit trail to record changes and updates such as changes to policy and staffing.	X	X	X	X	X	X	X	X	X
7 . 10	The planning process must take into account nationally available toolkits that are seen as good practice.	X	X	X	X	X	X	X	X	X

Note: 2. Each NHS organisation is responsible for providing a suitable environment for managing a significant incident or emergency (an ICC). However, the exact specification of the ICC will depend on the organisation's size and role.

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
	Business continuity plans must take into account the organisation's critical activities, the analysis of the effects of disruption and the actual risks of disruption.	X	X	X	X	X	X	X	X	X
7 . 11	Organisations must identify and manage internal and external risks and opportunities relating to the continuity of their operations.	X	X	X	X	X	X	X	X	X
7 . 12	Plans must be maintained based on risk-assessed worst-case scenarios.	X	X	X	X	X	X	X	X	X
7 . 13	Risk assessments should take into account community risk registers and at very least include worst-case scenarios for: <ul style="list-style-type: none"> • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment; • fuel shortages; • surges in activity; • IT and communications; • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites). 	X	X	X	X	X	X	X	X	X
7 . 14	Organisations must develop, use and maintain a formal and documented process for business impact analysis and risk assessment.	X	X	X	X	X	X	X	X	X
7 . 15	They must identify all critical activities using a business impact analysis. This should set out the effect business disruption may have on the organisation and how this will be overcome, including the maximum period of tolerable disruption.	X	X	X	X	X	X	X	X	X
7 . 16	Organisations must highlight which of their critical activities have been put on the corporate risk register and how these risks are being addressed.	X	X	X	X	X	X	X	X	X
	Business continuity plans should set out how the plans will be called into use, escalated and operated.	X	X	X	X	X	X	X	X	X
7 . 17	Organisations must develop, use, maintain and test procedures for receiving and cascading warnings and other communications before, during and after a disruption or significant incident. If appropriate, business continuity plans should be published on external websites and through other information-sharing media.	X	X	X	X	X	X	X	X	X
7 . 18	Plans should set out: the alerting arrangements for external and self-declared incidents, including trigger points and escalation procedures;	X	X	X	X	X	X	X	X	X
7 . 19	the procedures for escalating emergencies to CCGs and the NHS CB area, regional and national teams;	X	X	X	X	X	X	X	X	X
7 . 20	24-hour arrangements for alerting managers and other key staff, including how up-to-date contact lists will be maintained;	X	X	X	X	X	X	X	X	X
7 . 21	the responsibilities of key staff and departments;	X	X	X	X	X	X	X	X	X
7 . 22	the responsibilities of the Chief Executive or Executive Director;	X	X	X	X	X	X	X	X	X
7 . 23	how mutual aid arrangements will be called into use and maintained;	X	X	X	X	X	-	X	X	X
7 . 24	where the incident or emergency will be managed from (the ICC);	X	X	X	X	X	-	X	X	X
7 . 25	how the independent healthcare sector may help if required; and	X	X	X	X	X	X	X	X	X
7 . 26	the insurance arrangement that are in place and how they may apply.	X	X	X	X	X	X	X	X	X