

**NHS 111 National
Business
Continuity
Escalation Policy**



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Contact Details for further information	John Hutchison National Directorate of NHS Operations and Delivery Skipton House 80 London Road SE1 6LH 7900715066 n/a

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NHS 111 National Business Continuity Escalation Policy

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Prepared by NHS Operations Team

Contents

1	Introduction	5
1.1	Purpose	5
1.2	Summary	5
1.3	Background	5
1.4	Status	6
1.5	Change control	6
1.6	Structure.....	6
2	National Business Continuity	7
2.1	Introduction	7
2.2	What might trigger national business continuity?.....	7
2.3	What is the process for activating national business continuity?.....	7
2.4	How received business continuity calls should be treated.....	8
3	National Business Continuity : Escalation Plan.....	9
3.1	Introduction	9
3.2	Escalation Plan (2012/13)	9
	A Glossary of terms	12
	B Decision tree.....	13
4	Supplementary Guidance in relation to NHS111 National Business Continuity Escalation policy	14

1 Introduction

1.1 Purpose

This document sets out the policy and process for the deployment of national business continuity. It outlines how and when the service should be activated and how this is governed.

1.2 Summary

The NHS 111 service is commissioned locally and all providers are required to have robust arrangements in place for both Business Continuity and Disaster Recovery. These arrangements should be evaluated and tested prior to go live through rehearsals to ensure that processes are practical and embedded into business as usual.

However, in the event of a failure in an area that may not have been predictable or previously tested, it would be deemed unacceptable for patients to not have access to NHS111 for any sustained period through failure of local business continuity arrangements. Only in these exceptional cases, should the National Business Continuity arrangements be used.

National Business Continuity allows calls to the affected area to be re-routed at a national level and shared amongst other providers that are not affected.

The National Business Continuity arrangements are based on the following key principles:

- National Business Continuity does not replace business continuity and disaster recovery requirements at a local NHS 111 provider level
- National Business continuity should be activated for events which cannot be resolved by local business continuity arrangements.
- Activation of National Business Continuity is considered serious and each activation will be monitored and scrutinised to ensure appropriate use
- During a failure event, performance notices, service standards and KPIs will be reviewed according to agreed principles for those providers that receive additional calls
- Participation in National Business Continuity is expected by all 111 providers

1.3 Background

NHS 111 has demonstrated that referral to 999 relates to near circa 10% of callersⁱ. Therefore it is important that the NHS111 service is as resilient as is reasonably possible. It should be noted however that while Ambulance Services are covered under the Civil Contingencies Act, NHS 111 service providers are not.

The NHS 111 service is also the only route to primary care services during the out of hours period so it is expected that there will be robust arrangements in place to prevent service disruption.

National business continuity arrangements act as a high level assurance for national service continuity though its activation would only be required in the circumstances detailed.

This document is not intended to replace contractual arrangements held between commissioners and providers of NHS111, but to supplement them should those arrangements fail.

1.4 Status

Approved by the NHS111 Programme Board in 2012.

Re-drafted for approval by NHS England

1.5 Change control

The National Business Continuity policy and process are governed by the NHS 111 Programme Oversight Group on behalf of NHS England.

1.6 Structure

The remainder of this document is structured as follows:

- **Section 2 – Overview:** sets out the vision, aims and an overview of the NHS 111 service.
- **Section 3 – National business continuity:** provides an overview of national business continuity arrangements and technical solution in place.
- **Section 4 – Escalation plan:** sets the precise actions and triggers for the activation of National Business Continuity.
- **Annex A – Glossary of terms.**
- **Annex B – Decision tree & process support**

2 National Business Continuity

2.1 Introduction

National business continuity plans sit within the national telephony platform provided by Vodafone. Activation of national business continuity is expected to only happen in the event of an emergency situation, when all other contingency has been exhausted, or when activation of other contingency arranged will take some time.

The design of the solution is such that calls can be re-routed to other NHS 111 providers thereby reducing the number of calls that the affected provider will receive to as low as zero. Call demand can be reduced in a staged manner, for example where only 50% of contact centre infrastructure capacity is lost suddenly, then 25% of calls could be re-routed if this was lost. Calls would be re-routed to other providers of NHS 111 either in proportion to the size of the Provider (as in the case of unknown location calls) or according to another agreed proportion

2.2 What might trigger national business continuity?

Despite the possibility of contract exclusions for force majeure, it would be considered unacceptable to not provide a service to patients. National business continuity is there to maintain service in all circumstances, including local contingency failure.

Examples where activation of national business continuity would be appropriate:

- A significant time delay in the implementation of local contingency arrangements
- Where callers have no access to NHS111 and local efforts to remedy will take over 1 hour.

2.3 What is the process for activating national business continuity?

The decision to activate business continuity should be made by an appropriate person who is fully aware of the nature of the problem and the rules around activation. Normally this would be at a senior level within a provider organisation and may involve commissioners as determined locally.

National business continuity is activated by telephone and providers will be supplied with a unique identifier.

- The activation process is issued separately to each provider by the NHS England Telephony Manager and is confidential. The document should sit within business continuity documentation (Emergency pack) for ease of access together with the NHS 111 Provider contact list.
- The identifier for each provider is unique and is used to monitor and track activation.

2.4 How received business continuity calls should be treated

Calls received by any other provider during the activation of national business continuity should not differ in terms of normal process for the receiving NHS111 provider handling out of area calls.

3 National Business Continuity : Escalation Plan

3.1 Introduction

There are many situations that may require local and national business continuity or disaster recovery processes to be put into place, events listed are not meant to be exhaustive.

This section attempts to allow contingency managers to take the necessary steps to ensure correct deployment of national contingency, it does not prescribe nor replace local escalation processes nor identify triggers for local contingency activation.

3.2 Escalation Plan (2012/13)

Levels Matrix v0.1 NHS 111 National Business Continuity					
	Level 1	Level 2	Level 3	Level 4	Level 5
Service Delivery	<u>Normal</u>	<u>Compromised Service Levels</u>	<u>Service Disruption</u>	<u>Service Outage</u>	<u>Local Service & Contingency failure</u>
Issues	<ul style="list-style-type: none"> • Demand levels normal • No incidents • Service levels 	<ul style="list-style-type: none"> • Service levels breaching NQR* standards 	<ul style="list-style-type: none"> • Short periods of disruption • No long term outage. 	<ul style="list-style-type: none"> • Loss of 50% or more contact centre infrastructure capacity through major event such as 	<ul style="list-style-type: none"> • Loss of 66% to 100%of contact centre infrastructure capacity

Levels Matrix v0.1 NHS 111 National Business Continuity

	Level 1	Level 2	Level 3	Level 4	Level 5
	meeting NQR* standards.	<ul style="list-style-type: none"> Risk of possible incidents Patient delays 	<ul style="list-style-type: none"> Service levels breaching NQR* standards 	<ul style="list-style-type: none"> fire, flood, or virus attack. Local Business continuity is active Disaster recovery may be active Service re-established/recovered Minor delays in stand up plans for disaster recovery or business continuity. 	<ul style="list-style-type: none"> Failed local Business Continuity deployment Delayed local business continuity/disaster recovery Service Undeliverable for a sustained period.
Contingency and/or Business continuity level	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Local Level Business Continuity active 	<ul style="list-style-type: none"> Local Level Business Continuity active 	<ul style="list-style-type: none"> Local Level Business Continuity active <p>Consider activation of National Business Continuity (25% Divert)</p>	<ul style="list-style-type: none"> Local and National Business Continuity activation 50% to 100% Calls diverted
Action to be taken	<ul style="list-style-type: none"> Refer to local plans and policy 	<ul style="list-style-type: none"> Refer to local plans and escalation policy 	<ul style="list-style-type: none"> Refer to local plans and escalation policy 	<ul style="list-style-type: none"> Refer to local plans and policy 	<ul style="list-style-type: none"> Activate national business continuity using unique provider

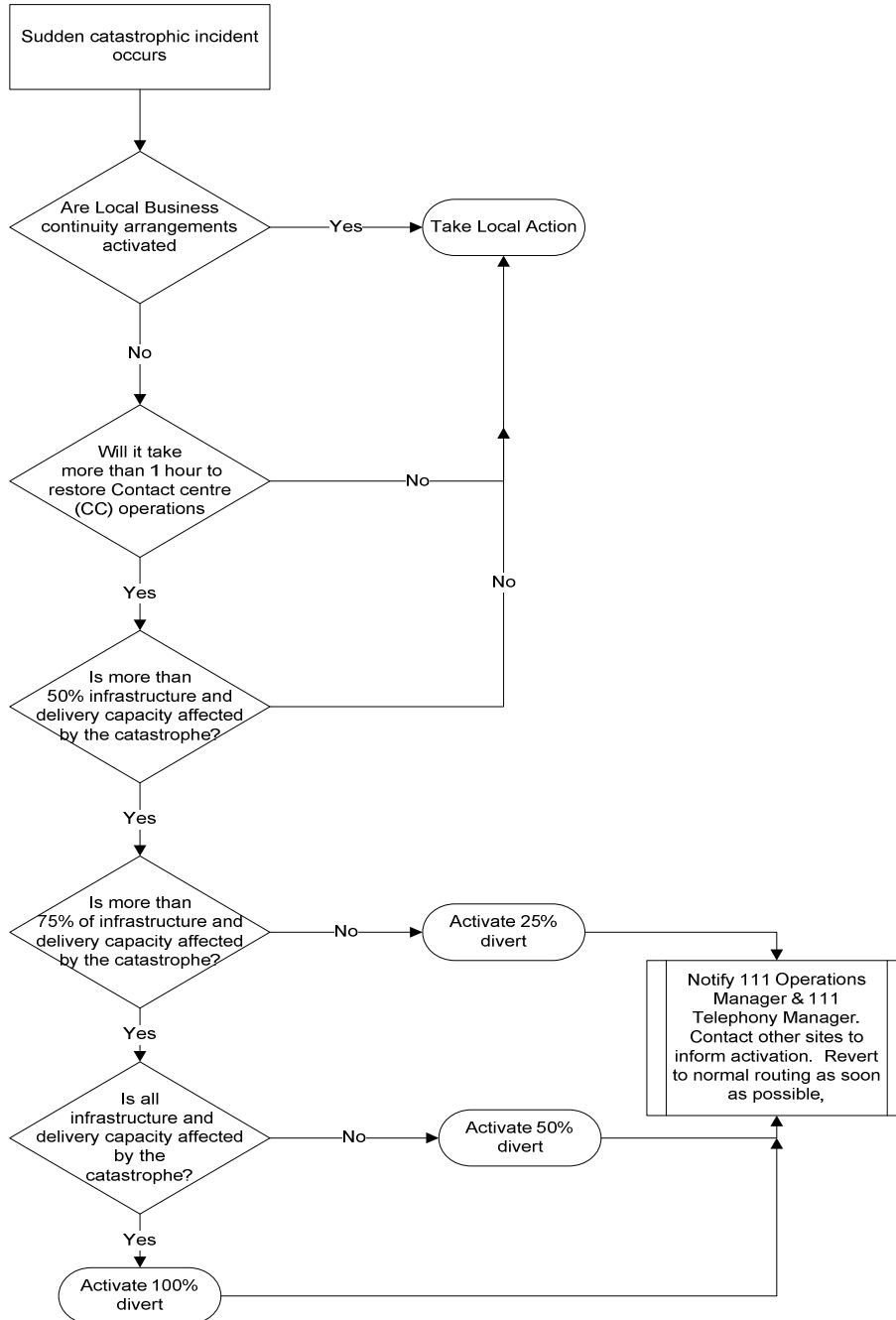
Levels Matrix v0.1 NHS 111 National Business Continuity

	Level 1	Level 2	Level 3	Level 4	Level 5
				<ul style="list-style-type: none"> • Raise internal awareness of national business continuity plans and if 25% divert required activate national business continuity using unique provider identifier (process supplied separately) • Notify commissioners of outage/potential or further disruption • Notify NHS111 Operations Manager and Telephony SME of outage and mitigation. • If National Continuity activated, when safe to do so notify NHS111 providers using the provider contact list • When recovered deactivate National Business continuity and advise areas of recovery 	<p>identifier pin number (process supplied separately)</p> <ul style="list-style-type: none"> • Notify commissioners of local failure of business continuity arrangements. • Notify NHS111 Operations Manager and Telephony SME of outage and mitigation. • Once safe to do so, notify NHS 111 providers using the Provider contact list • When recovered deactivate National Business continuity and advise areas of recovery

A Glossary of terms

Term	Explanation
Business Continuity	<p>Business continuity arrangements are the arrangements made to temporarily maintain service where service delivery may be compromised, normally associated with activities performed to ensure that critical business functions are always available to customers, suppliers and other entities that must have access to those functions.</p> <p>Normal business continuity activities may include more routine and daily chores such as system backups and help desk support, but will also include the routine planning for service delivery in the event of possible service level erosion.</p>
Disaster Recovery	Often confused with business continuity. Disaster recovery should be regarded as the specific activity relating to the IT or technology that supports essential business functions
Emergency Pack	A term used to describe all escalation and business continuity documentation which typically includes an emergency mobile phone, contact number lists and email points.
Force Majeure	A chance occurrence or unavoidable accident
Local Business Continuity	Local business continuity is not something implemented at the time of a disaster; local business continuity refers to those activities performed daily to maintain service, consistency, and recoverability.
National Business Continuity	Contingency activated following a c loss of service for any NHS111 provider. Calls are rerouted to other provider during activation.
Re-route calls	Calls moved from one provider to a range of providers

B Decision tree



4 Supplementary Guidance in relation to NHS111 National Business Continuity Escalation policy

Introduction

This supplementary guidance is designed to inform commissioners and providers of the NHS111 regarding:

1. When the policy should be invoked
2. The roles and responsibilities of different parties
3. What to do regarding contractual penalties
4. What to do regarding contract income

This guidance should be considered in relation to local contractual arrangements and is intended to highlight some of the questions commissions and providers may have in relation to the implementation of the policy.

Process

The primary purpose of the National Business Continuity Escalation Policy (NBCEP) is to provide a process which can maintain continuity of the provision of the NHS111 service in the event that a provider has a significant failure which consequentially means patients cannot access the service.

As is discussed in the policy document (para 2.2), the NBCEP can be invoked if the following occurs:

- *A significant time delay in the implementation of local contingency arrangements*
- *Where callers have no access to NHS111 and local efforts to remedy will take over 1 hour.*

If either of the above situations arise commissioners and providers will need to make a judgement of how long to wait before the policy is invoked. This will depend upon:

- The time the incident occurs;
- The demand upon the service at the time;

- The reason the incident has occurred (i.e. technical failure or operational failure);

Dialogue is required between Provider and Commissioner to jointly decide whether the NBCEP needs to be invoked. If the incident arises out of hours the Provider may need to take this decision alone, however, it is important that the decision is made in a timely way so as to ensure that any break in continuity of the NHS111 service is minimised and any subsequent impact on patient safety is mitigated.

If a commissioner is uncertain about the use of the NBCEP they should seek advice from their Area and Regional teams and if necessary arrange a teleconference as detailed in the *NHS 111 Service Failure Escalation and Contingency Deployment Process.*

Contractual penalties for providers who receive additional activity as the result of the use of the NBCE

Many commissioners will have contractual penalties in place in the event that their provider fails to meet minimum performance standards. If the decision is taken to divert a proportion of, or all, calls away from the failing provider to other providers, commissioners need to consider if it would be appropriate to apply penalties if the additional activity causes a reduction in performance.

Contractual arrangements with regard to provider income

Some providers of the NHS111 service have contracts which mean their income is determined by the amount of activity the service receives and processes (cost and Volume). This may mean there is a disincentive for providers to invoke the NBCEP if this results in a significant loss of income. Commissioners should be aware of the details of their contract arrangements so that they are clear what obligations they have and what rights they may have to invoke the NBCEP in for instance a force majeure or emergency situation. If patient safety is compromised which it potentially could be by a significant delay in accessing the service, this should always be considered an emergency.

Those areas which receive additional activity as the result of the invocation of the NBCEP, and who are on a cost and volume type contract, will incur additional cost. However, this additional cost is likely to be minimal if the service failure is limited to a single provider and should be borne by the local commissioners.

The commissioner of a failing provider may incur a saving as the result of the diverted activity. If this is the case NHS England may seek to use these savings to recompense other areas who have incurred additional costs as the result of the use of the NBCEP.
