NHS England
Emergency Preparedness, Resilience and Response (EPRR)

Business Continuity Management Toolkit

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Description	All NHS organisations need to have robust business continuity plans in place in order to maintain their services to the public and patients and as part of their contractual arrangements as a provider of NHS funded care. This is a best practice toolkit developed to aid NHS organistions in planning for business continuity incidents, critical incidents and major incidents.
Cross Reference	NHS England Business Continuity Management Framework (Service Resilience)
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Document Status

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Business Continuity Management Toolkit

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This material should be read in conjunction with the NHS England Emergency Preparedness Framework.   All material forming the guidance is web based and prepared to be used primarily in that format. The web-based versions of the Guidance including underpinning materials have links to complementary material from other organisations and to examples of the practice of and approach to emergency planning in the NHS in England.

The web version of the guidance is available at
http://www.england.nhs.uk/ourwork/eprr/

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

1   Foreword

This guidance updates and supersedes the NHS England Business Continuity Management Toolkit published in 2014.

This guidance was developed by a Task and Finish Group convened by NHS England comprising of representatives from a variety of healthcare service providers and commissioners across the country.

2   Introduction

All NHS organisations have a duty to put in place continuity arrangements, under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012. The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out these requirements for all organisations. This means that services should be maintained to set standards during any disruption, or recovered to these standards as soon as possible.

This work is referred to in the health service as 'emergency preparedness, resilience and response'. Business continuity management (BCM) gives organisations a framework for identifying and managing risks that could disrupt normal service.

The holistic process of business continuity management is an essential tool in establishing an organisation's resilience, this toolkit contains a portfolio of supporting materials which aim to assist NHS organisations and providers of NHS funded care in meeting their business continuity management obligations.

3   Purpose

This toolkit contains a portfolio of supporting materials which aims to assist NHS organisations and providers of NHS funded care in meeting their business continuity management obligations.

The toolkit aligns to the ISO 22301 standard upon which the NHS England Business Continuity Management Framework (Service Resilience) is based and a standard to which all NHS organisations, and providers of NHS funded care, should aspire to.

NHS England recognises that many organisations have well-structured and credible plans. There is no national mandate for these organisations to utilise this toolkit to deliver a resilient and robust business continuity programme; the toolkit is an off-the-shelf portfolio of supporting materials to be used at the discretion of each NHS organisation. The audit and assurance processes that are brought to bear through the use of the toolkit will provide good factual evidence of robust planning and preparation. This could either be as part of a given NHS organisation's internal audit and assurance function or where evidence of robust BCM processes is required at NHS England regional or local level.

Having robust business continuity plans gives NHS England confidence at all structural levels that the NHS in England is resilient as well as service and patient

focused. The establishment and maintenance of systems that support the eventualities of a loss of electricity, security lock down, fuel disruption and other incidents ensure that high quality care is being provided by a given NHS organisation or a provider of NHS funded care.

4   Using this toolkit

This toolkit has been designed to support the development of business continuity plans. In addition it is designed to support in implementation, exercising and auditing of and ensuring improvements are made to the business continuity systems of the organisation.

Split into the Plan, Do, Check, Act cycle the hope is the toolkit can be used no matter where your organisation is on the business continuity cycle to drive improvements in planning and raise the standard of business continuity preparedness across NHS organisations.

Choose the most appropriate section of the toolkit for your organisation – the toolkit has been based on the PDCA cycle to ensure it is applicable for all, and it encourages use of the cycle in organisations own business continuity processes.
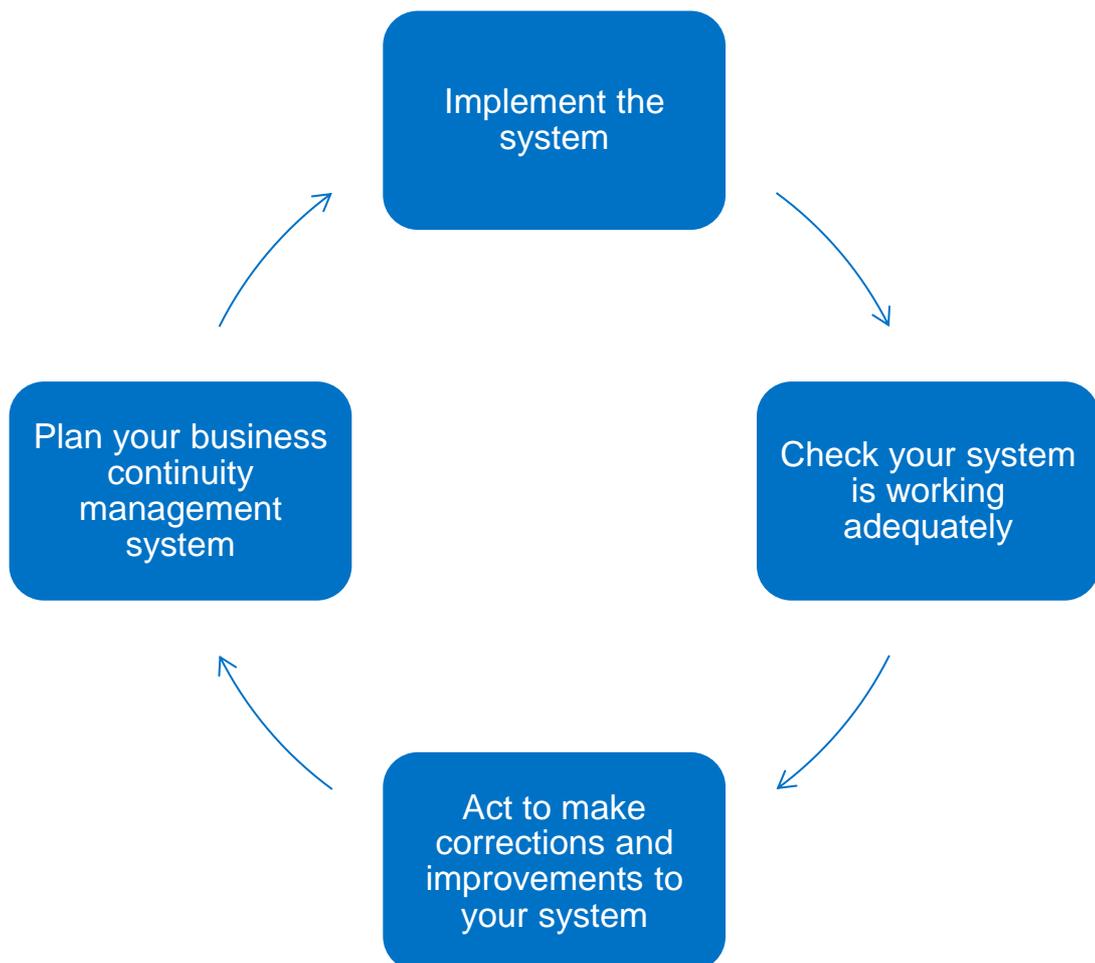
(Source: adapted from Deming)

Within each area there is guidance and supporting material to help in the development of plans and processes, through to exercising without predetermining a course of action for your organisation.

Planning
- Developing policy
- Management Strategy (System design)
- Risk Assessments and Business Impact Assessment
- Plans

Do
- Implementation
- Training

Check
- Exercising
- Auditing and Review

Act
- Debriefing
- Action and improvement plans

5   Standards and reference materials

The main guidance for business continuity management, which also applies to this toolkit, is contained in:

a. **ISO 22301** Societal Security - Business Continuity Management Systems – Requirements[1]

b. **ISO 22313** Societal Security - Business Continuity Management Systems – Guidance[2]

In the past, organisations in the UK developed their business continuity management systems in line with BS 25999 and, based upon this, the NHS business continuity standards – BS NHS 25999. The BS 25999 standard has since been replaced by the ISO 22301 and while BS NHS 25999 is therefore predicated on a now replaced standard, it will continue to operate unless an ISO NHS 22301 standard is produced.

Additionally, the ISO 22313 provides good practice, guidelines and recommendations based on the requirements of ISO 22301.

The Publicly Available Specification (PAS) 2015 provides a resilience framework for NHS organisations and all providers of NHS funded care. However, please note that it was produced in 2010 and based upon the principles contained within BS25999.

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[1] http://www.iso.org/iso/catalogue_detail?csnumber=50038
[2] http://www.iso.org/iso/home/store/catalogue_tc/catalogue_detail.htm?csnumber=50050

Although not wholly redundant, the PAS 2015 should be used as reference material document only for contextual purposes.

Other useful guidance includes:

    a. ISO 27000 series – a set of standards relating to security management systems[3]

    b. ISO 31000 series – a set of standards relating to risk management family of standards[4]

    c. PD 25222 – guidance on supply chain continuity[5]

    d. PD 25888 – guidance on recovery following a disruption[6]

    e. PD25111 – guidance on the human aspects of business continuity[7]

    f. PAS 2015 – Framework for Health Services Resilience[8].

    g. NHS England Emergency Preparedness Framework.

    h. BCI Good Practice Guidelines 2013 – A Guide to Global Good Practice in Business Continuity[9].

    i. BS 65000 – Organisational Resilience

    j. HSCIC Information Governance Toolkit

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[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=000000000030239218

[6] http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030194308

[7] http://shop.bsigroup.com/ProductDetail/?pid=000000000030229830

[8] http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297

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

6 Part 1 - Plan

6.1 Introduction

Planning your business continuity system for your own organisation is a good place to start should you be beginning from scratch. The documents and information below are designed to support the development of a system suitable for your own organisation.

6.2 System development & Policy

The first step in the process of developing a business continuity system is getting your system designed and established, ensuring it has the key elements to allow the gathering of the information needed to make choices on how to protect services and which services to protect. To support the development of this the toolkit contains a system outline; this allows the organisation to tailor the business continuity processes to the organisation.

It is important to understand what already exists within the organisation when designing your systems, and work alongside Health and Safety, Risk Management and Information Governance, amongst others, to ensure that your systems align and prevent complications as you implement and embed your system.

In particular, if you are compliant with the relevant requirements of the Health and Social Care Information Centre's (HSCIC) Information Governance Toolkit to level 2 you are already compliant with the information governance requirements of this toolkit. If you are not IG Toolkit compliant this toolkit will help you achieve it.

Clearly there isn't a one size fits all approach so this toolkit has supporting resources that help you consider your own system, the areas indicated on the outline are those required of the ISO so should be included where possible, even if only in the simplest form relevant to the size of your organisation. This document is commonly referred to as a business continuity programme or strategy as it describes how the business continuity management system (BCMS) will be implemented (Part 1 – Plan – Resource A).

Another key component of establishing your system will be the creation of a suitable policy statement, indicating the intention and commitment of the organisation in creating, maintaining and improving the business continuity system of the organisation.

Establishing the review and updating of your management system will help with the embedding of the process into the organisational culture. Also alignment to other management systems will speed up this process and allow business continuity to become main stream in the work of the organisation.

6.3 Risk assessment

The type and nature of the service provided is widely variable within NHS organisations so any risk assessment of possible events is organisationally subjective. However, there are critical dependencies between NHS organisations and

these need to be identified and considered as part of the overall business continuity throughout every health economy.

A business continuity event can be anything that has the potential to disrupt normal service delivery but essentially, all such events will cause either a loss of a resource (e.g. buildings, people, equipment, etc.), an increase in demand (e.g. road traffic collision, health scare) or possibly both simultaneously (e.g. influenza pandemic). The cause of the problem is usually immaterial. It doesn't matter whether a building is inaccessible because it has burned down or is completed flooded; it doesn't matter whether a staff shortage is due to snow or industrial action – in either case the organisation has to respond to a loss of resource.

The process of risk assessing business continuity events is subtly different to the conventional health and safety approach. Individual organisations cannot reduce the likelihood of many of the threats they face (e.g. the weather) so for many of the threats the 5 X 5 matrix, such as that used by the NHS Litigation Authority, or Community Risk Registers (measurement of likelihood against impact) has limited use. These types of event simply have to be planned for on the basis that they can happen.

Other events will be more within the organisation's control (e.g. equipment failure can be prevented by proper maintenance and replacement programmes) and in these circumstances the 5 X 5 matrix may be an appropriate tool to use. However, completion of the Business Impact Analysis template provides a platform from which identified organisational risks can be assessed. For some services, completion of the template will produce a functional business continuity plan. For other services, completion of the template will provide a "gap analysis" of issues that need to be further addressed. Organisationally as a whole or at Division/Directorate level as appropriate, remedial actions can be prioritised.

Risks should be linked to those being highlighted on the organisational risk register, however they may be recorded on this as a single risk or multiple individual risks in order to develop strategies to manage these. This may include links to the corporate business objectives and other specific strategic aims of the organisation.

The following page contains an example of one organisations approach to identifying the different risks its services face.

An example of this approach to risk:

Hazard	Risk to Service
Data stolen/lost	Data loss
Destruction of paper files	
Failure of back up or failsafe	
HHD Failure	
Temporary loss of connection	
Damage to internal telephone network	ICT Failure
Damage to the data network	
Destruction of active directory	
Localised hardware failure	
Loss of major application	
Loss of minor application	
Loss of mobile/telephone phone networks	
Loss of switchboard	
Server failure	
Contamination	Loss of operating premises
Disruption to direct medical gas	
Disruption to water supplies	
Electric Supply Disruption	
Failure of fixed equipment	
Fire	
Flooding	
Introduction of cordon	
Loss of heating/cooling	
Structural defect/failure	
Clustered notice giving	Staffing Shortage
Epidemic illness	
Industrial Action	
Pandemic illness	
School closures	
Sudden onset demand	
Transport disruption	
Contamination/product quality	Supplier Failure
Contract Breach	
Failure to fund/supply	
Industrial action by drivers	
Industrial action in supplier	
Stock management failure	
Supplier goes into administration	
Supply chain collapse	
Under production by supplier	

Source: Barking, Havering and Redbridge University Hospitals NHS Trust

6.4 Business Impact Analysis

Conventional approaches to business continuity usually start from a position that requires organisations to have the capability and readiness to cope effectively with whatever major incidents and disasters occur. This does not mean that the principles of business continuity management (BCM) are only applicable to major incidents. Indeed BCM principles should be fully integrated and applied to all and every conceivable type of potential service disruption, regardless of size or complexity. Essentially, anything that prevents or delays the delivery of a service represents a business continuity event and therefore, effective BCM should be seen as the central framework supporting Emergency Preparedness, Resilience and Response (EPRR).

Effective BCM starts with identifying all functions within and services delivered by the organisation. A business impact analysis (BIA) is the primary tool for gathering this information and then assigning each with a level of criticality (Part 1 – Plan – Resource B).

The purpose of the BIA document is to assist those who are developing a business continuity plan for their organisation and includes a number of key areas they should consider. This template is produced in the spirit of ISO 22301 & 22313. The NHS England 'Core Standards for EPRR' outlines some priorities but in their fullest application, the principles of BCM should be applied more widely within organisational systems management. The obligations to consider key areas are also reflected in the Information Governance Toolkit.

It is recognised that there is not a single template that can fit the NHS, hence this template is generic and can be adapted as the organisation requires. The proforma may be simplified according to organisational needs. For example, the Business Continuity Risks section may be more applicable to Business Continuity Planning rather than as part of BIA. Furthermore and dependant on organisational structure, it may be easier to consider risk assessment by Division/Directorate rather than the entire organisation. Finally there is no single, most appropriate approach to undertaking a BIA.

Any business continuity event will have cost implications. These may include short term contingency costs, repair/replacement costs, litigation costs, loss of revenue etc. An estimate of the costs associated with any type of business continuity incident is therefore helpful because it puts a cost against possible contingency options which is useful in making planning decisions – both for selecting the option to plan for and also to determine the order in which business continuity plans are prioritised.

Business continuity leads should use the information derived from the BIA and Risk Assessment to prioritised activities to inform the development of the business continuity plans.

6.5 Suppliers and Contractors

The ISO 22301 states 'an organisation shall conduct evaluations of their supplier BC capabilities' and therefore to aid improvements within your own organisational Business Continuity Plan it is suggested that your BCMS contains guidance upon how assurance of supply chain business continuity provision will be obtained. This

may require close liaison with commissioning/procurement departments with regard to contractual agreement with providers regarding business continuity.

An example of one Trust's approach is:

To meet this requirement our BCMS states that we will evaluate our critical supply chain to assure our Board that they are resilient. To make it measureable we will conduct 12 audits per year (internal and external) which is approved and measured by the Trust Resilience Forum (TRF). This is now an auditable activity which NHS England, Audit North, CQC etc. can measure and as a result can issue 'non-conformances' if we don't achieve. Although the non-conformance is against our BCMS it also fits in with the relevant ISO22301 clause because the BCMS is written to comply with the standard

How do we do this?
Our BCMS states we will audit supply chain resilience:
1. *Business Continuity Manager writes and TRF agree an annual audit plan*
2. *TRF monitors performance*
3. *If we fall behind we have to justify and agree corrective action*
4. *The non-conformances are recorded on an action plan and this is monitored by the TRF*
5. *In the case of a supplier highlighting non-conformances and they do not seem to want to close them out then this is escalated to the TRF and to LHRP. We can prove this via our action plan so are working to our BCMS*

Source: County Durham and Darlington NHS Foundation Trust

6.6 Plans

Business continuity plans may be developed at various levels of the organisation, there is likely to be an overarching response plan, supported in larger organisations by directorate or service level plans. A checklist for developing these has been provided (Part 1 – Plan – Resources C and D) to ensure they incorporate the required elements however there is no one size fits all template for these.

6.7 Multi organisational sites

NHS organisations frequently share estate to maximise cost savings and patient experience. This needs to be taken into account, especially with regards to the importance of services in the building and contact details of those that may work to resolve issues. To assist site owners and occupiers NHS England has worked with some partners, including NHS Property Services and provider organisations to develop a template to allow these details to be captured.

6.8 Part 1 Resources

Resource A – Business Continuity Management System Strategy Outline
Resource B – Business Impact Analysis
Resource C – Business Continuity Plan Checklist

Resource D – Site Business Continuity Plan Template

7 Part 2 – Do

7.1 Introduction

Once your BCMS is designed it is necessary to implement it successfully. This requires others in the organisation to understand their role and how to complete the documentation that is required for the system to be effective. Ensuring people are competent to do this through training is a key aspect in gaining success. It will also be important to understand how to promote business continuity benefits to individuals in the organisation.

7.2 Training

In order to assist you in implementing your BCMS this toolkit has a workshop outline which can be used to train individuals in their roles within the business continuity management system. You may need to tailor content to your own system, or increase the amount of content in specific sections to suit your own requirements. Ensure when training staff you have completed examples of items such as the Business Impact Analysis templates you are using to guide them.

7.3 Workshop

You need to have working knowledge of business continuity management to deliver this workshop so that you can field questions from the audience.

This is the first part of the process to enable the delegates to understand the risks their services are exposed to and develop their own business impact analysis of your organisation, service, or department. The delegate workbook will assist them in documenting these so that they can then progress onto developing their business continuity incident response plan.

This document is to be used in conjunction with the NHS England Business Continuity Workshop PowerPoint, and the delegate book (Part 2 – Do – Resources A, and B). The slides and workbook can be adapted to suit the organisation and length of time you wish the training to last.

As a facilitator of business continuity workshops and exercises, your role is to help the group through a process, by asking questions that encourage new ways of thinking about and analysing business continuity situations (Part 2 – Do – Resource C).

The following headings are to be utilised as a guide for facilitating the delivery of a business continuity workshop:

The workshop is split into a number of sections these include:
- Overview of Business Continuity Management & its Cycle
- Legal aspects and NHS England Core Standards
- Business Impact Analysis
- Business Continuity Strategy Outcomes
- Business Continuity Incident Response Plans

- Exercising, Maintaining & Reviewing

The objectives of the business continuity workshop are:
- To develop an understanding of business continuity
- To understand how to use the entire toolkit
- To understand how to develop a business continuity plan

There are a number of key documents that support the entire business continuity management process.

These include:
- NHS England Business Continuity Management Framework (Service Resilience)
- NHS England EPRR Core Standards
- PAS 2015
- ISO 22301 (2012)
- ISO 22313 (2012)
- NHS Standard Contract
- The HSCIC's Information Governance Toolkit

7.4 Part 2 Resources

Resource A – Workshop Slides
Resource B – Workshop Delegate Book
Resource C – Facilitator Notes

7.5 Further training resources

Public Health England have produced an e-learning package which is suitable for all staff to achieve a basic understanding of business continuity, you may wish to use this in supporting your organisation's training of individual staff in the basics of business continuity response. Supplementing this with specific information relevant to your own organisation, this can be found at: https//lms.kallidus.com

8 Part 3 - Check

8.1 Introduction

For those with established Business Continuity Management Systems, 'Check' will be a good place to begin to use this toolkit from. Four exercises have been produced based on the key impacts to services to assist in reviewing plans and staff capabilities (Part 3 – Check – Resources A, B, C and D).

It is also important to ensure compliance within your own system and understand where there are gaps or inconsistencies in applying the system which can be understood through audits, both internal and external.

8.2 Exercising

Exercises can expose vulnerabilities in an organisation's structure, initiate processes needed to strengthen both internal and external communication and can help improve management decision making during an incident. They are also used to assess and identify gaps in competencies and further training that is required for your staff.

In the event of a disruptive incident it is essential that the organisation has the ability to provide an effective response. In order to achieve this outcome the organisation will need to have trained people with the right set of skills and the ability to communicate with stakeholders (internal and external) in a timely and consistent manner. The information (intelligence) needs to be managed effectively to ensure that decisions are made with the most up-to-date information available. Equally, the decision-making process needs to be defined, agreed and understood, this is critical when collaborating with operational partners. Exercises can be designed to incorporate some or all of these elements, ensuring that the training conducted has been understood and can be implemented.

An organisation should exercise and test its business continuity procedures to ensure that they are consistent with its business continuity objectives. The organisation should conduct exercises and tests that:
   a) are consistent with the scope and objectives of the business continuity management system (BCMS),
   b) are based on appropriate scenarios that are well planned with clearly defined aims and objectives,
   c) taken together over time validate the whole of its business continuity arrangements, involving relevant interested parties,
   d) minimize the risk of disruption of operations,
   e) produce formalized post-exercise reports that contain outcomes, recommendations and actions to implement improvements,
   f) are reviewed within the context of promoting continual improvement, and;
   g) are conducted at planned intervals and when there are significant changes within the organization or to the environment in which it operates.

An exercise program would:
- identify the impacts on operational disruption
- exercise the effects or impact of disruption
- change and update the plan as outlined in the report's action plan
- demonstrate the effectiveness of your incident plan to deal with the disruption
- help develop an incident plan if no planning exists
- promotes an organisational wide approach to business continuity

The benefits should also help promote business continuity management participant buy in.

When you are planning to deliver an exercise consider:
- Which plan(s) is being tested?
- Who is participating in the exercise?
- What are the weak points of the plan?
- What risks are highlighted for the plan(s) in question?
- When was the last time this plan was tested?
- When was the last time these people were tested?
- How exposed do you want the delegates to feel?
- How are you going to capture learning?
- How will you ensure the delegates are open to learning and taking responsibility for actions identified during the testing?
- What facilities do you have in the room?
- How long can you reasonably book the delegates for?
- How many times do you need to rehearse this plan per year?

8.3 Internal Audit

The organisation shall conduct internal audits (Part 3 – Check – Resource D) at planned intervals to provide information on whether the BCMS conforms to:
- The organisation's BCMS;
- The requirements of ISO22301:2012, and
- Is effectively implemented and maintained.

An internal audit programme should be based on the full scope of the BCMS however each audit may be divided into smaller parts. The audit programme must ensure that the full scope of the BCMS is audited in the audit programme within the auditing period designated by the organisation (good practice suggests a three year audit cycle).

The results may be provided in the form of a report which provides input to the management review.

Internal audits may be performed by personnel within the organisation or by external persons selected by the organisation (i.e. organisation internal auditors, partner organisation peer review). The persons conducting the audit should be competent and in a position to do so impartially and objectively.

8.4   Part 3 Resources

Resource A – Exercise – Staffing loss
Resource B – Exercise – Service and suppliers disruption
Resource C – Exercise – Premises loss
Resource D – Exercise – Information and Information systems disruption
Resource E – Audit Checklist

9   Part 4 - Act

9.1 Introduction

Finally it is important to ensure that you act to correct problems within your own business continuity management systems, address training gaps and those issues identified in exercises. The review of your system also allows the potential to make changes based on updated guidance and changes to the organisation. It is important that management are aware of these through a management review.

All changes to the business continuity management system need to be managed and a suitable process for this developed to ensure lessons are captured, and acted upon – or not if unsuitable – and the progress against these monitored.

9.2 Learning from incidents and events

Subsequent to the invocation of the Business Continuity Plan there will be a need for the Incident Director to ensure there is an effective debrief (Part 4 – Act – Resource A) to appraise all aspects of the incident response to capture best practice and continual improvement. Debriefs will need to be conducted in an open and honest and constructive manner and can be one of the following, to support you in this a debriefing template is in the resources section:

- **Hot debrief -** Immediately after the incident those staff involved will be given the opportunity to input feedback
- **Cold debrief -** Within 14 days of the incident those involved in the response will produce a brief account of their involvement in the incident from their incident logs. This should be used to create an incident report (see case studies for examples)
- **Multi- Agency Debrief -** Depending on the nature of the incident, it may be necessary to work in conjunction with partner organisations.

The ISO 22301 identifies and acts on Business Continuity Management System non-conformances through corrective action. The standard refers to Management Review to review many things. One of these is non-conformance which agrees / approves an output (corrective action) which is fed back into the BCMS process and can change your strategy, policy, procedure and objectives. Therefore it is important that debriefing outcomes are formally considered by the organisations relevant management review group, for example an Trust Resilience Forum, and an appropriate action plan agreed to amend the BCMS process and ultimately the organisational BIAs and Business Continuity Plan.

An action plan outline is available in the resources for Part 4 (Part 4 – Act – Resource B). The outputs from debriefs are fed into the BCMS process which demonstrates continuous improvement. Additional benefit can be obtained by linking the identified issues into the organisation's Risk Register and managing that risk in line with usual risk management processes and incident reporting systems.

Debriefing outcomes and lessons identified should be considered for sharing with wider partners.   In light of this, the sharing of lessons learned from exercises or incidents should be considered via the Local Resilience Forum and the Local Health

Resilience Partnership. Details of both of these forums can be obtained through contact with your local NHS England office's Head of EPRR. There may also be other Emergency Planning/ Business Continuity Officer forums to share information.

The sharing of learning between organisations will enable enhanced business continuity preparedness and ability of organisations to achieve full compliance with the Core Standards. Again this learning could be facilitated via the Local Health Resilience Partnership processes or indeed through established groups such as Practice Manager Meetings within primary care settings.

9.3 Management Review

Top management should review the organisations BCMS at planned intervals (determined by the organisation) to ensure its continuing suitability, adequacy and effectiveness including the effective operation of its continuity procedures and capabilities.

Management review (Part 4 – Act – Resource C) should include appraisal of:
- The status of actions from previous reviews;
- The performance of the management system including any identified trends from audit processes and incidents;
- Changes to the organisation and its context which might impact the management system;
- Opportunities for continual improvement.

The management review should cover the scope of the BCMS although it is not necessary to review all elements at once and the review process may take place over a period of time.

A formal review of the BCMS should be structured and appropriately documented and scheduled on a suitable basis. Those involved in implementing the BCMS should be involved in the management review.

In addition the following factors may trigger a review:
- a) Sector / industry trends.
- b) Regulatory requirements
- c) Incident experience (whether or not the business continuity procedures were activated)

Management review should result in:
- Improvement to the efficiency and performance of the BCMS
- Variations to the scope
- Updates to the business continuity plans

The organisation should retain documented information (may form a recommendation and action plan report) as evidence of results of the management reviews and should:
- Communicate the results of management review to relevant interested parties;
- Take appropriate action relating to those results.

9.4 Part 4 Resources

Resource A – Debrief Template
Resource B – Action Plan Outline
Resource C – Management Review Evidence Checklist

10 Case Studies

To help illustrate the benefits of business continuity planning and how the planning isi implemented during a response, case studies have been put together from various incident debrief reports from organisations to provide examples of approaches to incident reports and also allow identification of learning across organisations. NHS England thanks those organisations who provided case studies to share their learning with others (Part 5 – Case Studies).

Case Study A: Homerton University Hospital NHS Foundation Trust
        Telecoms Disruption
Case Study B: Kent Community Health NHS Foundation Trust
        Premises Disruption (flood)
Case Study C: Kingston Hospital NHS Foundation Trust
        Premises Disruption (flood)
Case Study D: Rotherham, Doncaster and South Humber NHS Foundation Trust
        Telecoms Disruption
Case Study E: University College London Hospitals NHS Foundation Trust
        Utility Disruption
Case Study F: Wirral University Teaching Hospital NHS Foundation Trust
        Utility Disruption

Further case studies can be found online, all organisations are encouraged to share learning from incidents in order to reduce their impact elsewhere in the NHS and improve service resilience.

11 Equality and diversity

When implementing this toolkit at a local level, organisations should also take into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

12 References

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

- The Civil Contingencies Act 2004[10]
- The Cabinet Office website[11]
- The Health and Social Care Act 2012[12]
- NHS England EPRR documents and supporting materials[13], including:
    - NHS England Emergency Preparedness Framework;
    - NHS England Command and Control Framework for the NHS during significant incidents and emergencies; and
    - NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
    - NHS England Business Continuity Management Framework (service resilience)
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice[14].
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements[15]
- ISO 22313 Societal Security - Business Continuity Management Systems – Guidance
- BCI Good Practice Guidelines 2013 – A Guide to Global Good Practice in Business Continuity[16].
- HSCIC Information Governance Toolkit[17]

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[10] http://www.legislation.gov.uk/ukpga/2004/36/contents

[11] http://www.cabinetoffice.gov.uk/ukresilience

[12] http://www.legislation.gov.uk/ukpga/2012/7/enacted

[13] www.commissioningboard.nhs.uk/eprr/

[14] www.skillsforjustice-nosfinder.com

[15] http://www.iso.org/iso/catalogue_detail?csnumber=50038

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

[17] https://www.igt.hscic.gov.uk/

13 Task and Finish Group

13.1 Membership

Adam Biggs, Health Emergency Planner, Walsall CCG
Andy Summerbell, Head of EPRR, NHS England (Cumbria and the North East)
Anthony Jackson, Business Management and Continuity Manager, NHS England (Central)
Hazel Gleed, Senior Officer EPRR, NHS England (Central)
James Hebdon, NHS Specialist Advisor - London Resilience Team, NHS England (London)
Janet Allen, Head of Emergency Preparedness, Resilience and Response, Kent Community Health NHS Foundation Trust
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Katy Tame, Emergency Planning and Business Continuity Manager, Central and North West London NHS Foundation Trust
Kerstin Roberts, Head of Resilience and Safety, 5 Boroughs Partnership NHS Foundation Trust
Liz Marsh, Trust Business Continuity Manager, University College London Hospital NHS Foundation Trust
Mandy Brokenshow, Emergency Planning Liaison Officer, Basildon and Thurrock University Hospitals NHS Foundation Trust
Mike Long, Head of Service Resilience (National), NHS Property Services
Nicky McLean, Emergency Preparedness & Resilience Manager, North East London NHS Foundation Trust
Russell James, Trust Resilience Manager, Stockport NHS Foundation Trust
Simon Steele, Emergency Preparedness, Resilience and Response (EPRR) Coordinator, NHS England (South West)

13.2 On-going support

The BC Toolkit Task and Finish Group is available to act as peer support for organisations in development of their systems, and the group is considering other ways to establish support and potential auditing structures for the future.

14 Glossary

Below is a table of abbreviations used throughout this toolkit and the supporting resources.

Abbreviation	Meaning
AAR	After Action Review
AEO	Accountable Emergency Officer
BC	Business Continuity
BCI	Business Continuity Institute
BCM	Business Continuity Management
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BIA	Business Impact Analysis
CCG	Clinical Commissioning Group
CSU	Commissioning Support Unit
EPRR	Emergency Preparedness, Resilience and Response
HSCIC	Health and Social Care Information Centre
IMP	Incident Management Plan
IT	Information Technology
ISO	International Organisation for Standardisation
MBCO	Minimum Business Continuity Objective
MPTD/ MTPoD	Maximum Period of Tolerable Disruption
NHS	National Health Service
PDCA	Plan, Do, Check, Act
RA	Risk Assessment
RAG	Red, Amber, Green
RM	Risk Management
RPO	Recovery Point Objective
RTO	Recovery Time Objective
SOR	Senior Officer Responsible
TRF	Trust Resilience Forum