

To: The Board

For meeting on: 27 September 2018

Agenda item: 8

Report by: Jeremy Marlow, Executive Director of Operational Productivity

Report on: Annual Board statement by the Accountable Emergency Officer

Introduction

1. NHS Improvement has two main areas of responsibility in relation to business disruption:
 - i) Ensuring internal business continuity arrangements are in place, so that critical functions are identified and recovered rapidly in the event of any disruption to NHS Improvement's staff or systems.
 - ii) Providing support to the wider NHS in responding to and recovering from major incidents – under the direction of NHS England's statutory Emergency Preparedness Resilience and Response (EPRR) system.
2. This paper updates the Board on NHS Improvement's arrangements in both these areas of responsibility. It has been reviewed and approved by the Executive Committee.
3. In doing so, this paper reflects the organisational responsibilities currently in place and will continue to do so until there is any formal change in joint working between NHS Improvement and NHS England. An update on how the organisations are collaborating in this area is also included in this paper.
4. It also fulfils NHS Improvement's commitment to meet the NHS England EPRR Framework expectation that an annual update is provided to the Board from a designated Accountable Emergency Officer. The Executive Committee approved my appointment to this role in January 2018.
5. NHS Improvement appointed a Head of Business Continuity and Major Incident Response in January 2018, who has dotted line reporting to NHS England's National Head of EPRR.

Internal Business Continuity arrangements

6. In the event of disruption to NHS Improvement's staff or critical functions, the organisation must have strong plans in place for the rapid recovery of business critical functions, and to return to full operations as quickly as possible.

7. A high level Business Continuity Concept of Operations was put in place in February 2017, and a first order of critical activities was identified in October 2017. IT and internal estates functions had existing recovery plans in place should disruption occur.
8. The Business Continuity Framework was approved by the Executive Committee in April 2018. This is updated quarterly to ensure it is up to date with the current position on critical functions and ongoing work to develop the Business Continuity Management System (BCMS).
9. Each Directorate has now produced a Business Impact Assessment to set out the critical functions and immediate recovery actions for their area. These have all received Executive Director sign off (except for the Regulation Directorate which is expected to be signed off in September 2018). The revised list of critical activities, prioritised according to the recovery times required to restore the function if affected by a disruption, is being incorporated into the next iteration of the Business Continuity Framework which is due in November 2018.
10. Plans are now being developed for each NHS Improvement office location to ensure that the response to local incidents can be managed effectively. The plan for Wellington House is the first priority in this process, due to the number of functions and staff based in the building. It is expected that this plan will be completed in October 2018. All other offices will then be prioritised using the same principles.
11. An exercise scenario to explore the response to the loss of access to Wellington House for up to 10 weeks as the result of a fire was held in August 2018. This also incorporated training for Business Continuity leads on their role and responsibilities.
12. The Business Continuity team continues to meet monthly with representation from all directorates and regions. The group has formalised its governance arrangements with the establishment of Terms of Reference, minutes of meetings and quarterly reporting to the Executive Committee.
13. A review of Business Continuity arrangements will be undertaken by Internal Audit in October 2018. The previous audit in March 2017 provided limited assurance.
14. There have been no business continuity disruptions since September 2017.
15. My assessment is that NHS Improvement is well placed to respond to disruptions to business continuity. There is clarity on business critical functions, recovery times and measures, and an overarching framework to support Incident Management Teams to manage a response.
16. Although we have significantly improved our position on business continuity, there still remains work to take forward to align ourselves to the international standard for business continuity. This includes:

- Development of documentation to have a fully developed Business Continuity Management System
- A wider training programme to be developed, embedding business continuity awareness across the organisation
- Identifying and training deputies for directorate business continuity leads to ensure resilience
- A joint exercise programme to be developed with NHS England.

Supporting the NHS response to major incidents

17. Although there is no statutory requirement for NHS Improvement to respond to major incidents under the Civil Contingencies Act 2004, there is an expectation that trusts are supported during the response and recovery phases of incidents, under the direction of NHS England's EPRR arrangements.
18. NHS Improvement's Major Incident Plan was put in place in July 2017. This sets out the organisation's role and is reviewed and updated quarterly.
19. There have been five external incidents responded to since September 2017:
- Operation Athens (Carillion liquidation – January 2018)
 - Operation Fairline (Salisbury chemical incident – March 2018)
 - Operation Axis (Distressed domiciliary care provider – March 2018)
 - National shortage of CO2 (June 2018)
 - Operation Fortis (Amesbury chemical incident – July 2018)
20. During Operation Fairline and Fortis, NHS Improvement provided significant on-site support to Salisbury NHS Foundation Trust over an extended period, working to the national direction of NHS England's EPRR arrangements, and NHS Improvement's Head of Business Continuity and Major Incident Response also supported the NHS England national Incident Coordination Centre during each of the above incidents.
21. Following the impact of the ransom-ware attack which affected the NHS in May 2017, I have continued to monitor the development of IT Security Management across the NHS and led the NHS Improvement Data and Security Protection Requirements (DSPR) survey during 2018. A cyber incident handbook is in place setting out the roles of the Department of Health and Social Care, NHS England, NHS Digital and NHS Improvement. Further testing of this plan has been identified for 2018-19.
22. NHS Improvement is working with other arms-length bodies to ensure that resilience to cyber threats is optimised. This involves supporting trusts with real-time intelligence gathering, risk assessment and capability deployment.
23. I have also joined the Department of Health and Social Care Oversight and Enforcement Group for incidents identified under the Network and Information Systems (NIS) Directive. One incident has been identified since the Directive was introduced in May 2018 and is currently under investigation.

24. Strategic Leadership in a Crisis training was provided to Executive Committee members in October 2017, although not all were present. The session was also delivered to the Chair and Chief Executive in January 2018. A further session is being planned for 2018, although it is unlikely that this will occur before November.
25. NHS Improvement colleagues have participated in a number of exercises over the previous 12 months to enhance the multi-agency response to different scenarios:
- North regional exercise (June 2018)
 - EU exit impact on supply to NHS (June 2018)
 - Pandemic Influenza exercise (September 2018)
 - London regional exercise (September 2018)
26. My assessment is that NHS Improvement is well placed to support the sector to respond to major incidents, and that a clear working relationship with NHS England has been established for this purpose. There remains an urgent need to introduce full out of hours duty arrangements to increase confidence in our preparedness – this is covered below.
27. The work programme for 2018/19 includes:
- Work to achieve full compliance with the 2018/19 EPRR Core Standards [not mandatory for NHS Improvement].
 - Ensuring NHS Improvement staff are trained in Business Continuity and major incident response (including exercise participation where appropriate), and these are formally recorded.

Out of hours duty arrangements

28. NHS Improvement may need to respond to internal business continuity disruption or to mobilise a response to an external major incident outside normal business hours. On call rotas are already in place for each region and nationally for Executive Directors, as well as for the press office.
29. Each Director on the Executive duty rota has been issued with a pack to support the out of hours response to any incident. This includes copies of the Major Incident Plan, Business Continuity Framework and Emergency Contact Card.
30. To enhance the arrangements for contacting duty staff, management of the duty system has been outsourced to a contact centre. This provides increased resilience over the previous system by having a single point of contact for all NHS Improvement duty rotas. The new system is currently operating alongside the original arrangements and has undergone testing, prior to becoming the sole contact system from October 2018.
31. A Duty Framework has been developed and is with HR for consultation with Unions prior to implementation. This document includes the inclusion of extended duty roles including a Duty Incident Manager, Estates and IT. Until

these extended roles are implemented, there remains a risk to our ability to fully support a major incident response out of hours.

Annual Assurance Process

32. NHS England publishes an annual assurance process of the NHS against a set of core standards for EPRR. NHS Improvement has been included in this assessment for the first time in 2018/19.
33. Of the 42 core standards which are applicable to NHS Improvement, compliance is already in place with 40, providing an overall assessment of substantial compliance. Some of these are due to the joint working already in place with the National EPRR Team at NHS England and others have been developed solely for NHS Improvement.
34. Two of the core standards are not yet fully compliant but have been included in the work programme to be completed over the next 12 months. These are:
 - a) Identification of a Non-Executive Director to support the Accountable Emergency Officer.
 - b) Development of a system to assess the business continuity plans of suppliers to NHS Improvement.
35. An additional 8 standards are included in the 2018-19 assessment on Command and Control, which do not contribute to the overall assurance rating. NHS Improvement is fully compliant with all 8 of these statements.

Joint Working with NHS England

36. The close working links that have been established with the National EPRR team at NHS England have been further developed since the appointment of the Head of Business Continuity and Major Incident Response. This has included the response to several incidents affecting the NHS as outlined above.
37. In developing work programmes for the remainder of 2018/19 and beyond, due regard is being paid to the need for continued closer alignment between the organisations. This has already included shared templates, resources, programme deadlines and knowledge sharing. In due course, a single shared function could provide an integrated response to incidents with combined teams operating in a single environment and one training programme across both organisations.

Recommendations to the Board

38. The Board is asked to:
 - i. note the current assessments of business continuity and major incident preparedness.

- ii. note the level of compliance with the EPRR Core Standards for 2018-19 and action plan to achieve full compliance.