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# NHS England Business Continuity Management Toolkit

Version 2.0, 17 April 2023

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# 1) Introduction

This guidance updates and supersedes the NHS England and Business Continuity Management Toolkit published in 2016.

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.

Under the Civil Contingencies Act 2004 and the Health and Care Act 2022, all NHS organisations have a duty to put in place continuity arrangements. The NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR), last revised 2022 set out these requirements for all NHS organisations and providers of NHS funded care. 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’. A Business Continuity Management (BCM) system provides a holistic management process that identifies potential threats to NHS organisations and the impact to business operations those threats, if realised, might cause.

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.

## 1.1 Purpose

The ISO 22301 standard is designed to help NHS organisations, and providers of NHS funded care, to prepare for, respond and recover from unexpected and disruptive incidents. It also provides a structure for NHS organisations to align and as a result, highlight key areas that must be adopted as part of the Plan, Do, Check, Act (PDCA) cycle.

NHS England recognises that many organisations have well-structured and credible business continuity plans. There is no national mandate for these organisations to utilise this toolkit to deliver a resilient and robust business continuity programme. Although, to maintain consistency across the NHS, organisations should work to the ISO 22301 principles and adopt the PDCA methodology, as this facilitates incorporation of best practice. The toolkit is an off-the-shelf portfolio of supporting materials to be used at the discretion of each NHS organisation.

Through the use of this toolkit, NHS organisations are able to provide factual evidence of robust planning and preparation. This could be either be as part of a NHS organisation’s internal audit assurance function or where evidence of robust

BCM processes is required as part of EPRR assurance, or other commissioning activities at NHS England regional or local level (ICBs).

Having robust business continuity plans provides NHS England confidence at all structural levels, that the NHS in England along with NHS provided services (including Community Interest Companies, private providers, primary care providers etc) is resilient. The establishment and maintenance of systems that aid the eventualities of incidents, such as denial of access, lack of people, lack of infrastructure, loss of electricity, fuel disruption and other incidents, ensure that high quality care is being provided by NHS organisations or a provider of NHS funded care.

## 1.2 NHS Business Continuity Requirements

Some NHS organisations are identified under the Civil Contingencies Act (CCA) 2004 as 'category one' or 'category two' responders. Category 1 responders are those organisations at the core of an emergency response and are subject to the full set of civil protection duties. Therefore, these organisations have a legal duty to develop robust business continuity management arrangements, which will help them to maintain their services, 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.

Not all providers of NHS funded care are covered by the requirements of the CCA. However, the EPRR Framework and NHS EPRR Core Standards both last revised 2022, requires all NHS providers and commissioners to have suitable business continuity arrangements in place. This responsibility extends to services provided through partnerships or other forms of contractual arrangement.

The Accountable Emergency Officer (AEO) in each NHS organisation is responsible for making sure these standards are met.

NHS organisations and providers of NHS funded care must ensure that business continuity planning is 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, and plan to maintain an appropriate service level across the pathway.

NHS organisations and providers of NHS funded care will, therefore, need to recognise how their services depend on each other, and to align their plans with all partner organisations.

As with all plans, business continuity arrangements need to be reviewed and updated regularly, annually as a minimum, and immediately post incident. Learning from exercises and incidents should be incorporated into plans.

The business continuity management system must be regularly reviewed by the senior management of the organisation, for its effectiveness and action taken, to address any short comings or changes in requirements.

## 1.3 Complex Business Continuity Incidents

Complex business continuity incidents are those, where multiple risks are realised at once such as during a pandemic, or a large provider failure. Several of these disruptions occurring simultaneously, will adversely impact upon the measures that the organisation may have considered robust enough to manage a disruption in one of these areas.

Plans therefore must be written to take into account compound failures. In a pandemic for example; loss of staff (staff having ill health or staff having dependents with ill health), loss of location access (travel disruption or the closing of an office due to the spread of disease) and loss of supplier may all occur together and multiple times.

## 1.4 Primary Care

NHS England recommends that all Primary Care Services have plans in place for continued operation of their services during a disruption e.g. Trust plans should feed into Primary Care, to take account of failures within path labs or network failures, to establish joint agreements of returning patient results.

It is recommended that any template used is agreed with the commissioning body, to ensure it meets the relevant needs of local commissioners. Practice managers are encouraged to work collaboratively in the development of arrangements, as any disruption, is likely to have knock on impacts to other Primary and Secondary Care services locally.

## 1.5 Summary of changes

- Business Continuity Management Framework (Service Resilience) stood down as this is no longer in existence.
- Best practice has been taken from the BC Good Practice Guidelines 2018, replacing the previous guidance.

### **Business Continuity Management Toolkit updates:**

- Transferred the Business Continuity Management Toolkit and supporting documentation to the new NHS England document templates.
- Elaborates on the Plan, Do, Check, Act (PDCA) cycle, with a new schematic called PDCA for ISO 22301.
- Further bolstered paragraphs for each heading under the PDCA cycle e.g. Business Continuity Policy, Business Impact Analysis, BC Programme etc.
- Added new paragraphs into the PDCA cycle to provide additional guidance for each element of the cycle.
- Added a Supplier Service Questionnaire Template provided by North East Ambulance Service (NEAS).

- Provided five new business continuity case studies that have been added to the existing case studies (Part 5).
- Updated standards and references such as:
  - ISO 22301:2019 – Business Continuity Management System – Requirements
  - ISO 22313:2020 Societal Security – Business Continuity Management Systems – Guidance.
  - The Publicly Available Specifications (PAS) 2015.
  - BCI Good Practice Guidelines (2018).
  - Civil Contingencies Act 2004
  - Health and Care Act 2022.
  - The NHS Act 2006.
- Liaised with the Equalities and Health Inequalities team within NHS England to ensure protected characteristics were considered when updating documentation.

### **Part 1 Documentation:**

- Transferred all documentation onto NHS England templates.
- Elaborated on points mentioned within the Business Continuity Management System.
- Additional Business Impact Analysis Template (Excel version) added to cater to the wider NHS.
- Updated historic guidance with up to date best practice and in line with ISO 22301.
- Added a communications section within the Business Continuity Plan Template.

### **Part 2 Documentation:**

- Transferred all documentation onto NHS England templates.
- Updated schematics to reflect the current NHS landscape e.g. replace Clinical Commissioning Group with Integrated Care Boards as well as the abolishing of PHE and replacing with UKHSA.
- Also updated the gradual and sudden mitigated business continuity incident schematics to ensure they are in line with ISO 22301.
- More recent business continuity incidents were added to the slide pack as they had not been updated for a period of time.
- Notes/comments were added to both the workshop delegate handbook as well as the facilitator notes.

### **Part 3 Documentation:**

- Transferred all documentation onto NHS England templates.
- Amended grammatical errors across the exercising slide decks.

- Updated the Internal Audit Checklist to bring in line with the Business Continuity Good Practice Guidelines 2018.

#### **Part 4 Documentation:**

- Transferred all documentation onto NHS England templates
- After Action Review Template (completed version) added to the suite of documentation.
- Background information in relation to Business Continuity Management Reviews, why they are required and what they comprise of have been added.

#### **Part 5 Documentation:**

- Transferred all documentation onto NHS England templates
- Five new business continuity case studies have been added. The incidents are reflective of recent business continuity events.
- Previous case studies have also been kept in as the learning from each one is still relevant.



## 2) Using this toolkit

This toolkit has been designed to support the development of business continuity arrangements. In addition, this toolkit is designed to support implementation of a business continuity management system, exercising of plans, auditing, as well as spearheading improvements to the BCMS of NHS organisations and NHS funded care.

This BCM toolkit is derived from The Plan, Do, Check, Act (PDCA) cycle. It is advised that all NHS organisations including providers of NHS funded care, should refer to this cycle, to drive improvements in planning and raising the standard of business continuity preparedness. In order to maximise the benefits of a successful BCMS, NHS organisations should continually refer to the PDCA cycle.

Organisations should select the appropriate section of the toolkit; this will be dependent upon where each organisation is, in terms of their business continuity arrangements.



(Source: Smartsheet, ISO 22301, PDCA Cycle)

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.

## **Plan**

- Establish the business continuity programme/strategy/system
- Develop a business continuity policy
- Create a business impact assessment
- Develop policy and procedures
- Establish a documentation system
- Plan

## **Do**

- Undertake Business Impact Analysis (BIA)
- Implementation of plans
- Develop a communications plan
- Create an exercise programme

## **Check**

- Schedule management reviews
- Undertake internal audits
- Exercise

## **Act**

- Debrief
- Implement corrective actions
- Continuous improvement measures

### 3) Standards and reference materials

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

- a. ISO22301: 2019 - Business Continuity Management Systems – Requirements<sup>1</sup>
- b. ISO 22313:2020 Societal Security - Business Continuity Management Systems – Guidance<sup>2</sup>

Additionally, 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. PAS 2015 brings together the different strands of resilience planning within the NHS to create a framework that supports organisations efforts to become more resilient, it does this through:

- Helping to drive compliance with the relevant legislation, particularly the Civil Contingencies Act 2004.
- Adopting a unified and cohesive approach to resilience and business continuity which builds on BS 25999, the British Standard for business continuity.
- Developing resilient relationships with commissioners and providers of health services, which can be benchmarked against other similar sized organisations.
- Outlining the criticality of patient pathways and critical interdependencies by providing robust health services in all circumstances.
- Developing a sound understanding of partnership working within the resilience agenda.
- Helping to protect the reputation of the NHS and related services, and to maintain public confidence.

Other useful guidance or standards includes:

- a) **ISO 27000** (27001, 27002, 27003, 27004, 27005, 27006) series – Standards relating to security management systems.<sup>3</sup>
- b) **ISO 31000:2018** series – Standards guidelines on managing risk faced by organisations. The standards provide a common approach to managing any type of risk and is not industry or sector specific.<sup>4</sup>

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<sup>1</sup> [ISO - ISO 22301:2019 - Security and resilience — Business continuity management systems — Requirements](#)

<sup>2</sup> [ISO - ISO 22313:2020 - Security and resilience — Business continuity management systems — Guidance on the use of ISO 22301](#)

<sup>3</sup> [ISO 27000 - ISO 27001 and ISO 27002 Standards](#)

<sup>4</sup> [ISO - ISO 31000:2018 - Risk management — Guidelines](#)

- c) **ISO 22301:2019** – This standard specifies the requirements to implement, maintain and improve a management system to protect against, reduce the likelihood of the occurrence of, prepare for, respond, and recover from disruptions when they arise.<sup>5</sup>
- d) **PD 25888:2011** – Guidance on how best to develop and implement an organisations recovery in response to a disruptive incident.<sup>6</sup>
- e) **PD 25111:2010** – Guidelines on the planning and development of human resource strategies and policies after an incident to ensure business continuity.<sup>7</sup>
- f) **PAS 2015:2010** – Provides techniques for improving and maintaining resilience in NHS funded organisations.<sup>8</sup>
- g) **NHS England Emergency Preparedness, Resilience and Response Framework** - This is a strategic national framework containing principles for health emergency preparedness, resilience, and response for the NHS in England at all levels including NHS provider organisations, providers of NHS-funded care, Integrated Care Boards (ICBs), GPs and other primary and community care organisations.<sup>9</sup>
- h) **BCI Good Practice Guidelines 2018** - The global guide to good practice in business continuity.<sup>10</sup>
- i) **BS 65000: 2014** – This standard describes the nature of resilience and ways to build and enhance organisational resilience. <sup>11</sup>
- j) **Data Security and Protection Toolkit - NHS Digital.**<sup>12</sup>

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<sup>5</sup> [ISO - ISO 22301:2019 - Security and resilience — Business continuity management systems — Requirements](#)

<sup>6</sup> [Guidance on how an organization should develop and implement effective recovery in response to an incident \(bsigroup.com\)](#)

<sup>7</sup> [PD 25111:2010 Business continuity management. Guidance on human aspects of business continuity \(bsigroup.com\)](#)

<sup>8</sup> [PAS 2015 Framework for health services resilience \(bsigroup.com\)](#)

<sup>9</sup> [NHS England » Guidance and framework](#)

<sup>10</sup> [Good Practice Guidelines 2018 Edition - Download | BCI \(thebci.org\)](#)

<sup>11</sup> [BS 65000:2014 Guidance on organizational resilience \(bsigroup.com\)](#)

<sup>12</sup> [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](#)

## 4) Part 1 - Plan

### 4.1 Introduction

Business Continuity is defined as the capability of an organisation to continue delivery of products or services, at acceptable predefined levels, following a disruptive incident (ISO).

### 4.2 Business Continuity Policy

The policy 'provides the intentions and direction of an organisation, as formally expressed by its top management' (ISO 22301). The business continuity policy sets the boundaries and requirements for the business continuity programme, it also states the reasons why it is being implemented. The policy also defines the guiding principles, which the organisation follows and measures its performance against.

Establishing the business continuity policy is critical when developing a business continuity system. The policy should:

- Provide direction and intention by senior management.
- Provide strategic direction from which the business continuity programme is delivered.
- Define the way in which business continuity will be approached by NHS organisations.
- Identify any standards or guidelines, used as a benchmark for the business continuity programme (see section 3)
- Include Purpose, Scope and Governance.
- Be used to communicate your key objectives and key deliverables.
- Be communicated and made available to all parties.

### 4.3 Business Continuity Programme/System

The first step in the process of developing a business continuity system is getting your system or programme designed and established, ensuring it has the key elements, to allow the gathering of information needed, to make choices on how to protect services.

The business continuity programme is an ongoing process, which adapts in response to the changing nature, of an organisations internal and external operating environment. The business continuity system is put into place, to implement the business continuity policy when the scope, governance, roles, and responsibilities have been agreed. A vital part of the programme is the ability to manage documentation to aid the implementation, where appropriate.

It is important to understand the context of business continuity within the organisation when designing your system, and work alongside Health and Safety, Risk Management, and Information Governance, amongst others, to ensure that

your business continuity processes align and prevent complications, as you implement and embed your business continuity system.

A BCMS should include the key performance indicators (KPIs) to be used to measure the success of the system. This could include the percentage of plans in place and exercised or staff that are aware of their own role with regards to business continuity. These KPIs can be used within the review of the system and management report.

The documentation within the business continuity process has three purposes:

1. Manage the BC programme effectively
2. Define the effective management of the programme.
3. Enable a prompt response to an incident.

## 4.4 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 lifecycle, throughout every health economy for patient pathways.

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. pandemics). The cause of the problem is usually immaterial. It doesn't matter whether a building is inaccessible because it has burned down or is completely 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.

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.

It is imperative to understand the functions and service interdependencies of the organisation, both internal and external when designing your business continuity system. Therefore, working with key teams such as EPRR, Human Resources, ICT, Health & Safety, Risk Management, and Information Governance, amongst others, is critical to ensure your systems align and prevent complications as they are implemented and embedded. It is also crucial to identify and clarify the scope of the BCMS, as this allows the organisation to identify what the BCMS will factor in and what it will not.

Recovery Point Objectives (RPO) and Recovery Time Objectives (RTO) is used to identify gaps between the service delivered and what is required, therefore informing an organisations risk register of further risk. NHS organisations should plan to address risk, but also inform the risk register of residual risk via the RTO/RPO process.

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

| 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                           |                   |
| 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)



## 4.5 Business Impact Analysis

The main technique used for the analysis of an organisation for business continuity purposes is the Business Impact Analysis (BIA). The business continuity professional uses the BIA to determine the organisations business continuity requirements. The BIA identifies the urgency of each activity undertaken by the organisation, by assessing impact over time caused by any potential or actual disruption to this activity on the delivery of products and services.

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 Core Standards last revised 2022 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 Data Security & Protection Toolkit.

The conventional 5x5 matrix i.e. likelihood vs impact is used in Community Risk Registers, as well as adopted with health and safety. Organisations cannot reduce the likelihood of many of the threats that they face (e.g. the weather) therefore this approach has limited use. In the current climate, some organisations are also using the 5+5+5 matrix (likelihood+impact+control) therefore, demonstrating there is no one correct method when adopting risk assessments.

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 or 5+5+5 matrix may be an appropriate tool to use. However, completion of the Business Impact Analysis (BIA) template, provides a platform from which identified organisational risks can be assessed.

There are a four types of BIAs

### 1. Initial BIA

- Provides a high-level analysis that can be used to develop a framework for more detailed BIAs.
- It is usually required the first time an organisation conducts a BIA.

### 2. Product and Services BIA

- Identifies and prioritises products and services and determine the organisations business continuity requirements at a strategic level.
- Can be used to determine the impact of a disruption before implementing a significant organisational change.

### 3. Process BIA

- Determines the processes required for the delivery of the organisations prioritised products and services.



- Builds on the results of the Product and Services BIA. It provides guidance, when identifying significant timeframes, which can be used to summarise the impacts for each process.

#### **4. Activity BIA**

- Identifies prioritised activities that deliver the most urgent products and services. As well as capturing the resource required to deliver these activities.
- Dependencies on external suppliers and outsourced service providers can be determined at this level when defining resource requirements.

There are many approaches to undertaking a BIA. Organisations do not have to undertake all four BIA types. A combination of the above is sometimes the most appropriate approach, depending on the size, complexity, and type of organisation e.g. undertaking a BIA in an Integrated Care Board (ICB) may encompass the processes and activity BIAs per directorate. In an Acute setting these may need to be separated.

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 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 BIA is the primary tool for gathering this information, and then assigning each with a level of criticality (Part 1 – Plan – Resource B).

It is recognised that there is not a single template that can fit the NHS; hence this document 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, 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 prioritise activities which inform the development of the business continuity plans.

## 4.6 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 regards to contractual agreement with providers regarding business continuity. Conducting evaluations of suppliers is reflected in the NHS Core Standards for EPRR, hence, highlighting the importance for organisations to factor this step into their BCMS.

NHS organisations should share critical supplier information with partner organisations, this is to ensure organisations and regions, can establish the risk of losing a specific supplier, within their locality or wider geography. This can be undertaken in the form of questionnaires, surveys, interviews etc.

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 measurable 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*

## North East Ambulance Service Questionnaire Template

It is important for organisations to implement a process of supply chain continuity management, as there are occasions where the organisation relies on key suppliers to deliver critical products/services on time. The business continuity supplier audit evaluates the continuity management, with the organisations supply chain, including obtaining assurance of suppliers own continuity arrangements. Each organisation should determine 'adequate' levels of acceptance prior to awarding contracts and continuation of service(s) with suppliers, in line with expectations set out by the top management team.

|   |
|---|
| <b>Title:</b>   |
| North East Ambulance Service Business Continuity Capabilities of Suppliers Questionnaire  |
| <b>Description:</b>   |
| It is important for North East Ambulance Service, NHS Foundation Trust to implement a process of supply chain continuity management as there are occasions where the organisation relies on key suppliers to deliver critical products/services on time. This audit evaluates the continuity management within the organisations supply chain, including obtaining assurance of suppliers' own continuity arrangements. |

|    |   |
|----|---|
| 1. | What is the - Organisations name - Individual name completing this questionnaire - Individuals role completing this questionnaire   |
|    | <ul style="list-style-type: none"> <li>• Organisation name:</li> <li>• Individual completing:</li> <li>• Individual role:</li> </ul>  |
| 2. | What product/services do you deliver to North East Ambulance Service?   |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| 3. | Does your organisation have external certification with the ISO 22301 (or equivalent standard) for BCM?   |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| 4. | Has someone within your organisation been appointed to take accountability for Business Continuity?   |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| 5. | Have top management appointed or nominated one or more persons with appropriate competence, seniority and authority, who, irrespective of other responsibilities, shall implement and maintain the Business Continuity programme?   |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| 6. | Does your organisation have a business continuity policy? If yes:   |
|    | <ul style="list-style-type: none"> <li>• Please embed a copy of your policy into this document</li> <li>• What is the stated scope of that Policy including any limitations and exclusions?</li> <li>• When was the Policy last signed off and by whom (name / job title)?</li> </ul> |
|    | <ul style="list-style-type: none"> <li>• Policy:</li> <li>•</li> </ul>  |
| 7. | Explain how you identify, assess, manage and mitigate risks which may threaten your Business Continuity?  |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| 8. | Do you have a formal business continuity programme?   |
|    | <ul style="list-style-type: none"> <li>•</li> </ul>   |

|     |   |
|-----|---|
| 9.  | What progress/actions have taken place with your business continuity programme within the last year?  |
|     | •   |
| 10. | Does your organisation have a predefined and documented incident response structure* that identifies lines of communication and escalation to enable an effective response during an incident?  |
|     | •   |
| 11. | Considering the worst possible time in your business cycle that your organisation could be interrupted, what strategies have you developed to recover your operations i.e. your business-critical activities* that support the provision of the services to us?                         |
|     | •   |
| 12. | Have you validated your business recovery capability via exercising/testing?  |
|     | •   |
| 13. | Would you be willing to accommodate a representative from us to observe a future plan exercise/test or be involved within NEAS training/exercising programmes?  |
|     | •   |
| 14. | Does your organisation sub-contract part or all of the services that you are (or propose to be) contracted to supply to us? If so, detail contingency arrangements.   |
|     | •   |
| 15. | Has your organisation developed IT Disaster Recovery Plan(s) (i.e. not Business Continuity Plans) which identify the critical business IT applications, hardware etc. required to support the business critical activities (as identified earlier) needed to support the service to us? |
|     | •   |
| 16. | Should your organisation suffer an interruption that affected your ability to meet your obligations to us: <ul style="list-style-type: none"> <li>• How would you notify us of the event and its impact;</li> <li>• Who specifically would you notify here?</li> </ul>                  |
|     | •   |
| 17. | What is the trigger point for you to contact us in the event of a disruption and how will you keep us updated?  |
|     |   |
| 18. | Within the last 5 years have there been any occasions when your business operation has been interrupted?  |
|     | •   |
| 19. | How would you continue your service provision to us if you suffered from resourcing disruptions?<br>(e.g. due to a Pandemic, severe weather, infrastructure failure etc.)   |
|     | •   |
| 20. | How do you ensure appropriate levels of training and awareness are in place with regard to BCM?   |
|     | •   |
| 21. | Explain how your BCM arrangements are internally and/or externally audited or assessed?   |
|     | •   |

NHS organisations should ensure they monitor key suppliers and identify where they are vulnerable to a single provider and put arrangements in place to protect against disruption regarding this. Organisations should also develop appropriate plans for

reduction of clinical services to maintain urgent and emergency work. It is essential to identify business risks (within the organisations control) and intermediate risk (partly in an organisations control and wider). Where risk is subcontracted or insured, the overarching organisation still owns the risk/s.

Increasing resilience by ensuring options are available where cost effective, or plans are in place to move suppliers, if required, without disruption to the provision of services, including identifying the alternative lead times etc.

## 4.7 Business Continuity Plans

Business continuity plans document procedures that guide organisations to respond, recover, resume, and restore to a predefined level of operating following a disruption. Therefore, 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 due to the variances in organisations there is no one size fits all template for these.

## 4.8 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.

In 2020 and 2021, we have seen collaborative working across multi organisational sites with numerous partner organisations due to COVID-19. This approach has worked very effectively, especially in rolling out the COVID-19 vaccinations, as well as combatting COVID-19 admissions across different geographical areas. Therefore, it is imperative that multi organisational work continues post COVID-19. Lessons identified should be adopted and therefore, learned as part of our everyday roles.

## 4.9 Part 1 Resources

Resource A – Business Continuity Management System Strategy Outline

Resource B – Business Impact Analysis Template

Resource C – Business Continuity Plan Checklist

Resource D – Site Business Continuity Plan Template

## 5) Part 2 - Do

### 5.1 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 and exercising is a key aspect in gaining success. It will also be important to understand how to embed business continuity benefits to individuals in the organisation.

It is also crucial to ensure your organisation has a communications plan, which outlines the roles and responsibilities of the communications team, when faced with a business continuity incident. It is also important to create an exercise programme, which highlights the types of exercising that will be undertaken, as well as the frequency of them.

### 5.2 Training

In order to assist you in implementing your BCMS, this toolkit provides 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. When training staff ensure you have completed examples of items, such as the Business Impact Analysis templates, this is to ensure colleagues are helped at each step of the way. Regular maintenance activities should be undertaken routinely to ensure business continuity is effective in organisations e.g. refresh e-Learning modules and exercising of plans.

### 5.3 Business Impact Analysis Approach

There are a wide range of approaches taken when undertaking a BIA. Different types of BIAs provide progressively greater levels of detail and understanding about your organisation. Best practice states a combination of the 4 different BIA's (see above section 4.5) is the most appropriate approach depending on the size of the organisation.

When completing a BIA, the following points should be considered:

- A consistent approach to performing the BIA should be used throughout the organisation.
- Scope of the business continuity programme can be clarified and may need to be revisited as part of the process.
- Information pertaining to the organisation should be documented.
- Impacts do not need to be precisely determined and can be estimated.



There are a variety of ways to collect BIA information, the most common approaches undertaken are:

- **Workshops** – Used to collect information from individuals and teams in person.
- **Questionnaires** – Used to collect information from individuals or teams on paper or electronically.
- **Interview** – Provide high quality information but is time consuming. Interviews can be a combination of both interviews and questionnaires.

## 5.4 Workshops

Working knowledge of business continuity management is required to deliver this workshop so that the BC professional can field questions from the audience.

The first part of the process enables 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 and standards that support the entire business continuity management process (see above section 3)

## 5.5 Part 2 Resources

Resource A – Workshop Slides

Resource B – Workshop Delegate Book

Resource C – Facilitator Notes/Guide

## 5.6 Further Training Resources

UK Health Security Agency 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, can be found at: <https://ukhsa.kallidus-suite.com/>



## 6) Part 3 - Check

### 6.1 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 they are as follows:

Part 3 – Check – Resources:

A – Staffing Loss

B – Service and Suppliers Disruption

C – Premises Loss

D – Information (Unobtainable) and Information Systems (Unavailable)

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.

### 6.2 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. Exercising is also used to measure effectiveness of plans, as well as highlighting areas for improvement.

In the event of a disruptive incident, it is essential that the organisation has the ability to stand up 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 (annually as a minimum) and when there are significant changes within the organisation 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
- Promote 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?

## 6.3 Internal Audits

The organisation shall conduct internal audits (Part 3 – Check – Resource E) at planned intervals to provide information on whether the BCMS conforms to:

- The organisation's BCMS.

- The requirements of ISO22301:2019, and
- Is effectively implemented and maintained.

Internal audits provide a formal, impartial review process that measures an organisations business continuity programme against a pre-agreed standard. Undertaking internal audits annually is considered good practice in the NHS, as you are able to identify areas for improvement, as well as identifying the appropriate resource and budget required to maintain a healthy BCMS.

It is recommended that external audits are undertaken every 3 years. Internal audits should be undertaken in agreement with your organisations audit team/programme. The frequency of internal audits should be reflective of the size and type of organisation.

Audits should be performed to validate that your organisation is conforming with its own business continuity policy and programme.

A business continuity management audit plan should include:

- Audit objectives
- Standard audit framework, which should be used where appropriate.

An audit scope should include, governance, compliance to be audited. In addition, the area, department, divisions, or sites of the organisation to be audited. There are different methods used when auditing activities e.g. document reviews, questionnaires, surveys, and face to face interviews. There are a variety of outcomes as a result of undertaking a business continuity management audit including:

- An autonomous business continuity audit report
- Remedial action plan that is supported by the senior management team
- Highlight areas for improvement and alignment to ISO 22301:2019

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/qualified and, in a position, to do so impartially and objectively.

External audits may also be undertaken by the subject matter expert i.e. business continuity professional or alternatively, outsourced service to conduct the audit.

The ISO 22301 Lead Auditor and ISO 19011 Guidelines for Auditing Management Systems should be referred to, when undertaking audits.

## 6.4 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 – Internal Audit Checklist

## 7) Part 4 - Act

### 7.1 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 reviews such as debriefs and management reviews.

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.

### 7.2 Learning from Incidents and Events

Subsequent to the invocation of the Business Continuity Plan, there will be a need for the Strategic Incident Director/Lead 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:

- **Hot debrief** - Immediately after the incident or period of duty, but within 48 hours of stand down.
- **Cold debrief** - within 28 days post incident.
- **Multi - Agency Debrief** – within eight weeks of the close of the incident (actual timing will be set by the lead organisation for the response).

To support you in this a debriefing template is in the resources section.

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 organisation's relevant management review group, for example a 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 Regional 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.

## 7.3 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 (measured against established key performance indicators).
- 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.

Management reviews should result in:

- Improvement to the efficiency and performance of the BCMS
- Variations to the scope
- Updates to 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 the management review to relevant interested parties.

- Take appropriate action relating to those results.

Management reviews provide an opportunity for senior management to gain an understanding, pertaining to the performance of the business continuity programme in its entirety. Management reviews should factor in the organisation's strategic objectives

Traditionally management reviews include information on:

- Status of actions from previous management reviews
- Changes in internal and external organisational environment
- Performance of the BC programme including trends
- Updates on identified corrective actions
- Opportunities for improvement
- Results of exercising

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. The individual is known as the Accountable Emergency Officer.

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements.

Specifically, the AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards last revised in 2022 for EPRR.
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident.
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

## 7.4 Maintenance of BCMS/Programme

Recommended maintenance of the BCMS/Programme should be conducted annually as a minimum, following any activation, post organisational change, or post incident. This ensures your business continuity arrangements are up to date. Maintenance activities should be incorporated into business as usual, as this



provides an opportunity to validate the BCMS against the organisation's strategic aims and objectives, as well as identifying non conformities.

The following techniques are used to identify maintenance activities:

- Lessons identified as a result of exercising and accompanying action plans to learn them.
- Lessons identified from undertaking wider activities such as audit, incidents and near miss.
- A change to your organisations internal or external operating environment.
- Changes to the organisations business model i.e. change in products and services.
- Undertaking a review or audit. Audits can be undertaken internally by a business continuity professional (ideally undertaken the ISO 22301 – Lead Auditor course) or external agency, who is appropriately trained.
- Post incident, where lessons learned can be incorporated.
- Change in the business continuity cycle i.e. change of BIA or continuity solutions.

There are a variety of outcomes as a result of maintaining your BCMS/ programme, they are as follows:

- Maintenance schedule
- Frequent progress reports
- Version control on policies and guidance
- Up to date documentation

The maintenance schedule should be referred to at pre-agreed intervals, this is to ensure continuity and a valid BCMS. This process should also be referred to, following significant change both internally and externally and as mentioned, within your organisations business continuity policy.

Review of the BCMS as a whole should also be undertaken as this validates the BC policy as well as the BC programme.

There are 6 identified methods in which reviews are undertaken:

1. Audit – formal impartial review of the BCMS which can be undertaken both internally and externally that measures your organisations business continuity programme against an agreed standard.
2. Self-Assessment – An honest assessment of your organisations business continuity arrangement by colleagues who have implemented the programme.
3. Quality Assurance – Ensures that the outputs of the BC programme meet the agreed requirements.
4. Performance Appraisal – Review of the individuals who have clear roles and responsibilities within the BC programme.
5. Supplier Performance – Review of suppliers who are delivering services on the behalf of your organisations or in conjunction with.
6. Management Review – Review by your senior management team to ensure your BCMS in in line with the organisation's objectives.



## 7.5 Part 4 Resources

Resource A – Debrief Template

Resource B – Action Plan Outline

Resource C – Management Review Evidence Checklist

## 8) Case Studies

To help illustrate the benefits of business continuity planning and how the planning is 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:** NHS Including Health and Social Care

Catering Supplier Cyber Attack

**Case Study B:** NHS Property Services

Limited Fuel Supply

**Case Study C:** London Ambulance Services

Network Failure

**Case Study D:** Park Lane Surgery

Significant Power Loss

**Case Study E:** County Durham and Darlington NHS FT

WannaCry

**Case Study F:** Homerton University Hospital NHS Foundation Trust

Telecoms Disruption

**Case Study G:** Kent Community Health NHS Foundation Trust

Premises Disruption (flood)

**Case Study H:** Kingston Hospital NHS Foundation Trust

Premises Disruption (flood)

**Case Study I:** Rotherham, Doncaster, and South Humber NHS Foundation Trust

Telecoms Disruption

**Case Study J:** University College London Hospitals NHS Foundation Trust

Utility Disruption

**Case Study K:** Wirral University Teaching Hospital NHS Foundation Trust

Utility Disruption

The case studies listed above can be found under 'Part 5 – Case Studies'. All organisations are encouraged to share learning from incidents, in order to reduce their impact elsewhere in the NHS and improve service resilience.

## 9) Equality, Diversity and Health Inequalities

When implementing this toolkit at a local level, organisations should also consider the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Care Act 2022. 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 Business Continuity Management Toolkit and associated documentation, 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 ensuring that services are provided in an integrated way where this might reduce health inequalities
- Advised NHS funded organisations to try and mitigate a reduction to access of services, as much as possible, when responding to an incident.
- Promoted the idea of ensuring digital information in regards to an incident is available in different formats.
- Ensured the Public Sector Equality Duty is adhered to when implementing a Business Continuity Management System (BCMS).

## 10) References

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

- The Civil Contingencies Act 2004<sup>13</sup>
- The Cabinet Office<sup>14</sup>
- The Health and Care Act 2022<sup>15</sup>
- NHS England EPRR documents and supporting materials<sup>16</sup>, 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<sup>17</sup>
- ISO 22301:2019 Security and Resilience - Business Continuity Management Systems – Requirements<sup>18</sup>
- ISO 22313:2020 Security and resilience - Business continuity management systems - Guidance on the use of ISO 22301<sup>19</sup>
- BCI Good Practice Guidelines 2018 - The global guide to good practice in business continuity<sup>20</sup>
- Data Security and Protection Toolkit - NHS Digital<sup>21</sup>
- Disability<sup>22</sup>
- Public Sector Equality Duty<sup>23</sup>

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<sup>13</sup> <http://www.legislation.gov.uk/ukpga/2004/36/contents>

<sup>14</sup> <http://www.cabinetoffice.gov.uk/ukresilience>

<sup>15</sup> <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

<sup>16</sup> [NHS England » Emergency Preparedness, Resilience and Response \(EPRR\)](#)

<sup>17</sup> <https://www.ukstandards.org.uk/NOS-Finder#k=business%20continuity>

<sup>18</sup> [ISO - ISO 22301:2019 - Security and resilience — Business continuity management systems — Requirements](#)

<sup>19</sup> [ISO 22313:2020\(en\). Security and resilience — Business continuity management systems — Guidance on the use of ISO 22301](#)

<sup>20</sup> [Good Practice Guidelines 2018 Edition - Download | BCI \(thebci.org\)](#)

<sup>21</sup> [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](#)

<sup>22</sup> [Definition of disability under the Equality Act 2010 - GOV.UK \(www.gov.uk\)](#)

<sup>23</sup> [Technical Guidance on the Public Sector Equality Duty: England | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

## 11) Task and Finish Group

### 11.1 Membership

| Name                   | Job Title/Organisation  |
|------------------------|---|
| <b>Joint Chairs</b>    |   |
| Sohail Ali             | NHS Business Continuity & Cyber Preparedness Senior Manager (National), NHS England |
| Andy Summerbell        | Head of EPRR National Estates Team (National), NHS England                          |
| <b>Other Members</b>   |   |
| Adrian Currie          | Head of EPRR, County Durham and Darlington NHS Foundation Trust                     |
| Amanda Wixon           | Corporate, Risk and Emergency Planning Lead, South East London ICB                  |
| Catherine Thomas       | Business Continuity Manager, NHS England  |
| Christopher Chapman    | EPRR Manager, Suffolk and North East Essex ICB                                      |
| Hannah Rowley          | Communications Response Manager, NHS England  |
| James Hebdon           | Deputy Head of EPRR (Midlands), NHS England   |
| Jayne Scotson          | Head of Business Development, Liverpool University Hospitals NHS Foundation Trust   |
| Jessica Howell         | EPRR Practitioner, Royal Devon & Exeter Hospital                                    |
| Leanne Keen            | Business Continuity Manager, North East Ambulance Service                           |
| Muhammad Esat          | EPRR(N) Project Support, NHS England  |
| Richard Davies         | Service Assurance Manager, NHS Property Services                                    |
| Sarah Rodenhurst-Banks | Head of Business Continuity, London Ambulance Service                               |

### 11.2 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.

## 12) 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   |
| EPRR         | Emergency Preparedness, Resilience and Response  |
| ICB          | Integrated Care Boards   |
| ICS          | Integrated Care System   |
| 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   |
| TM           | Top Management - Senior leaders within an organisation and associated governance structures I.e. Governing Bodies. |
| TRF          | Trust Resilience Forum   |