Business Continuity Policy

# Document Control:

| **Document Control Information** | **Details** |
| --- | --- |
| Policy Name | Business Continuity Policy |
| Policy Number | MSEICB 030 |
| Version | 1.0 |
| Status | Final |
| Author / Lead | Business Continuity & Risk LeadHead of EPRR |
| Responsible Executive Director | Executive Director ofOversight, Assurance & Delivery |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | 20 May 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | July 2025 |
| Target Audience | Board members, sub-committee members and all staff working for the Integrated Care Board (ICB). |
| Stakeholders engaged in development of Policy (internal and external)  | Associate Director |
| Impact Assessments Undertaken *(Delete if non-applicable)* | * Equality and Health Inequalities Impact Assessment
 |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 13/05/22 | Jo MartindaleBusiness Continuity & EPRR Officer | Draft ICB Policy |
| 1.0 | 20/05/22 | Jo MartindaleBusiness Continuity & EPRR Officer | Final review against policy checklist.  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Contents

[1. Introduction 3](#_Toc109986678)

[2. Purpose 3](#_Toc109986679)

[3. Definitions 3](#_Toc109986680)

[4. Policy Statement 4](#_Toc109986681)

[5. Benefits of Effective BCMS 5](#_Toc109986682)

[6. ICB Roles and Responsibilities 6](#_Toc109986683)

[7. Risk Management Strategy 7](#_Toc109986684)

[8. Succession Planning 10](#_Toc109986685)

[9. BCM Lifecycle Model 10](#_Toc109986686)

[10. Document Approval and Control 15](#_Toc109986687)

[11. Freedom of Information 16](#_Toc109986688)

[Appendix A - Equality Impact Assessment 17](#_Toc109986689)

## Introduction

Business Continuity Management (BCM) is a statutory requirement for the ICB to undertake. The Civil Contingencies Act 2004 and the NHS England Emergency Planning Framework 2022 requires the ICB to have` a Business Continuity Management System and Policy to ensure that, in the event of a significant service interruption, critical day-to-day functions can be maintained whilst timely recovery and restoration of key services, systems and processes is also achieved.

It is the policy of the mid and south Essex ICB to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to maintain essential services and restore normal services as soon as reasonably practicable. The Business Continuity Management Policy aims to introduce the concept of BCM to the ICB.

## Purpose

This policy sets out the general principles and framework for the creation and revision of a Business Continuity Management System and Business Continuity Plans relevant to the business activities of the ICB

The mid and south Essex ICB Business Continuity Policy provides a structure through which:

* + A comprehensive BCMS is established and maintained.
	+ Business Impact Analysis and Risk Assessment will be applied to key services and their supporting prioritised activities, processes and resources.
	+ Key services, together with their supporting prioritised activities, process and resources will be identified.
	+ Plans will be developed to ensure restoration of key services to a minimum acceptable standard following disruption.
	+ Invocation of business continuity plans can be managed.
	+ Chief Executive, Emergency Accountable Officers, and ICB Executive Boards/Governing Body can be assured that the BCMS remains up to date and relevant.

## Definitions

The following definitions apply to the terms used in this document in accordance with ISO22301 the international standard for Business Continuity.

Business Continuity Management System - ‘*A holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which builds a framework for building organisation resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating assets.*

Business Impact Analysis - *‘The process of analysing activities and the effect that a business disruption may have upon them’*

Prioritised Activities - *‘Those activities to which priority must be given following an incident in order to mitigate impacts’*

Key Products/Services - *‘Beneficial outcomes provided by an organization to its customers, recipients and interested parties’*

Maximum Tolerable Period of Disruption (MTPOD) - *‘The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable’*

Recovery Time Objective (RTO) - *‘The period of time following an incident within which a product or an activity must be resumed, or resources must be recovered’*

Recovery Point Objective (RPO) - *‘The point to which information used by an activity must be restored to enable the activity to operate on resumption, also referred to as Maximum Data Loss’ (Detailed on the AGEMCSU Disaster Recovery Plan)*

Business Continuity Plans (BCP) - *‘Documented procedures that guide organizations to respond, recover, resume and restore to a predefined level of operation following disruption’*

## Policy Statement

It is the Policy of the mid and south Essex ICB to ensure, so far as reasonably practicable, that the key services and prioritised activities, which contribute to the achievement of effective healthcare commissioning and management are protected against potential threats, such as:

* Loss of People (skills and knowledge).
* Loss of Premises (buildings and facilities).
* Loss of Resources (IT, information, equipment, materials).
* Loss of Suppliers (products and services supplied by a third supplier).

This will be achieved by the implementation of an effective BCMS whereby:

* Responsibility for ensuring plans are capable of restoring a minimum acceptable standard of service delivery rests with the Chief Executive and the Emergency Accountable Officer.
* Supporting departments will provide professional support to improve resilience of prioritised activities and resources that support key services.
* Annual review of ICB business continuity process will be undertaken by the Emergency Planning Team, providing support and plan development as necessary.
* Business Continuity Plans (BCP) will be exercised in line with the organisations exercise timetable, Department of Health requirements and any applicable service level agreements. Where necessary, modifications will be made to take account of exercise results.
* Contracts with suppliers of critical goods and services will include a requirement for the supplier’s business continuity processes to be approved and exercised.
* All staff will be aware of the plans that affect their service area and role following invocation of business continuity plans.

## Benefits of Effective BCMS

The policy provides a clear commitment to establish a BCMS that will enable the ICB to:

* Continue to provide key services in times of disruption.
* Make best use of personnel and other resources in times when both may be scarce.
* Reduce the period of disruption to the ICB and their users, partners and stakeholders.
* Resume normal working more efficiently and effectively after a period of disruption.
* Comply with standards of corporate governance.
* Improve the resilience of the ICB infrastructure to reduce the likelihood of disruption.
* Reduce the operational, financial and reputational impact of any disruption.

## ICB Roles and Responsibilities

**Executive Board/Governing Body**

* + 1. The ICB Executive Board/Governing Body are accountable to the public and NHS England for ensuring that a BCM framework is in place to safeguard that in the event of a disruption to services the public continue to receive the best quality and range of services it is reasonably practicable to deliver and that key services are maintained.

**Chief Executive**

* + 1. The Chief Executive holds the board/governing body level responsibility for ensuring the ICB meets its statutory duties through the implementation of an effective BCMS. They have the ultimate responsibility for the ICB, and for business delivery in all situations, including responsibility for approving all Business Continuity Priorities and Objectives.

**Emergency Accountable Officer (EAO)**

* + 1. The Emergency Accountable Officer has delegated authority for the strategic implementation of major incident and service/business continuity planning.

**Business Continuity Professional**

* + 1. The ICB Business Continuity & Risk Lead is the professional lead for business continuity across mid and south Essex ICB and will;
* Review and develop the BCMS (strategy, policies and documents) in line with statutory requirements, standards, best practice and the needs of ICB.
* Monitor standards and compliance with the policy, through review and audit.
* Provide support and guidance to Emergency Accountable Officers and Heads of Service.

**Heads of Service / Function Leads**

* + 1. The ICB Head of Service / Function leads will ensure:
* Communicate the implications of departmental changes that may impact the Business Continuity programme.
* Collect information for the BIA.
* Develop, implement, and maintain departmental plans on behalf of the plan owner.
* Conduct and participate in exercises.

**Business Continuity Plan Owner**

* + 1. Ensure that the Business Continuity Plan adequately reflects the organisations business continuity capability. Within the mid and south Essex ICB this will be the Director of the service and they will ensure the plan is fit for purpose and need to sign the plan off before it can become final.

**ICB Executive Lead for Procurement/Contracting**

* + 1. The ICB lead for procurement/contracting is responsible for ensuring that suppliers and contractors have robust Business Continuity Plans in place to ensure they can meet their contractual obligations. For any significant contracts the ICB lead for procurement/contracting will forward the contractors and suppliers Business Continuity Plans to the mid and south Essex ICB Emergency Planning Team, who will review the plans against the below standards and provide feedback and sign post the contractors and suppliers to the NHS England and NHS Improvement Business Continuity Toolkit.
* Emergency Preparedness, Chapter 6 Business Continuity Management.
* Business Continuity Institute Good Practice Guidelines.
* NHS England Core Standards for EPRR.
* NHS England Business Continuity Toolkit.

## Risk Management Strategy

In implementing an effective BCMS mid and south Essex ICB will ensure that business continuity processes are integrated within the Risk Management Strategy allowing consistent risk identification, assessment, mitigation and escalation to the ICB Executive Boards/Governing Body as follows (Figure 1).

**Risk Management Strategy – Figure 1**

**Internal**

**Risks**

**External Risks**

**BIA (Directors/Head of Departments)**

**Heads of Service / Department**

**Emergency Planning Team – identify risks and inform ICB**

**Risks to be agreed by Emergency Accountable Officer**

**All high and extreme risks – escalate to the risk management corporate governance lead**

**Appropriate ICB Risk Register**

**Governance approval**

**Risk Identification and Assessment**

* + 1. The ICBs Emergency Planning Team will be responsible for identifying the Emergency and Business Continuity Planning Risks, these risks will be agreed by the Emergency Accountable officers.
		2. The purpose of completing risk assessments and defining choices by allocating mitigating factors is to;
* Reduce the likelihood of a disruption to prioritised activities.
* Shorten the period of disruption to prioritised activities.
* Limit the impact of a disruption to the organisations key services.
	+ 1. Risk identification and assessment will focus on two main areas;
		2. External Risks

External risks which may impact prioritised activities will be identified by the Head of Emergency Planning using the Home Office and Council held;

* National Risk Register.
* Regional Risk Register.
* Community Risk Registers.

Risks identified from National and Community Risk Registers will be assessed using the worst credible case scenario. In addition, the BIA process may identify external risks.

* + 1. Internal Risks

Internal risks which may impact prioritised activities should be included within the BIA to establish;

* The impact using the descriptors of the Corporate Risk Register.
* Mitigating factors.
* Residual risk score.

**Risk Mitigation**

* + 1. The Emergency Planning Team and Head of Service/Department will be responsible for implementing risk mitigation to reduce the likelihood and/or impact of risks identified, with further assessment of any residual risk. Risk mitigation will be agreed by the ICB Emergency Accountable Officer.

**Risk Escalation**

* + 1. The Emergency Accountable Officer will escalate all high and extreme risks to the risk management corporate governance lead to ensure inclusion on the ICBs Risk Register as deemed necessary.

**Review of Risks**

* + 1. The Emergency and Business Continuity Planning risks will be reviewed quarterly by the Emergency Planning Team or when required to record newly identified risks unless a risk requires more frequent review.
		2. The Emergency Planning Team will review high or extreme risks on a six monthly basis with the risk management Corporate Governance Lead to ensure that appropriate links are made to the ICBs own risk management processes as necessary.

## Succession Planning

Succession Planning is a process to help the ICB to be prepared to fill openings created by retirements or unexpected departures and also to be prepared to meet the demands for additional corporate leaders resulting from growth. With no strong succession plan in place there is an increased risk that the ICB is not prepared with the best-suited replacement in the event of unexpected departures of a top executive, this could hamper the decision-making ability of the ICB and may disrupt operations.

## BCM Lifecycle Model

The process being used within the ICB is based on the Business Continuity Model outlined in The BCI Good Practice Guidelines 2018. The BCM Lifecycle shows the stages of activity that an organisation moves through and repeats with the overall aim of improving organisation resilience.



**Policy and Programme Management**

* + 1. At the start of the Business Continuity Management (BCM) lifecycle, it is the Professional Practice that defines the organisational policy relating to Business Continuity (BC) and how that policy will be implemented, controlled and validated through a BCM programme.
		2. This includes:
		- Agreeing the definition and objectives for Business Continuity.
		- Agreeing the scope of the Business Continuity Programme.
		- Identifying and agreeing the on the standards or guidelines that will be used as a benchmark for the ICB Business Continuity Programme.
		- Roles and responsibilities for the Business Continuity Programme including response capacity.
		- References to relevant policies, standards, and legal and regulatory requirements.
		- Identification of interested parties.
		- Agreeing methods and frequency for measurement and review of all stages of the Business Continuity Life Cycle.
		- Agreeing methods for sign off and communication of the policy and all programme activities.

**Embedding Business Continuity**

* + 1. Embedding is the Professional Practice that continually seeks to integrate Business Continuity into day-to-day business activities and organisational culture.
		2. This will be achieved through:
		- Raising awareness about Business Continuity through communications.
		- Encouraging buy in from interested parties.
		- Ensuring required competencies and skills are in place through the Emergency Planning teams training schedule.
		- Ensuring appropriate training opportunities and learning opportunities are provided.

**Analysis**

* + 1. Analysis is the Professional Practice within the BCM Lifecycle that reviews and assesses an organisation in terms of what its objectives are, how it functions and the constraints of the environment in which it operates. The main technique used for the analysis of the ICB for Business Continuity purposes is the Business Impact Analysis (BIA). The ICBs Business Continuity lead uses the BIA to determine the Business Continuity requirements.
		2. The BIA process is summarised below and will be carried out with Heads of Services:
		- Prioritise the ICBs services by determining the Maximum Tolerable Period of Disruption (MTPOD) for each.
		- Prioritise the process or processes required to deliver the ICBs most urgent services, including identification of the activities that make up those processes, if required.
		- Priorities the activities that deliver the most urgent services and determine the resources required for the continuity of these activities following and incident, as well as their interdependencies.
		- Perform a final analysis which should lead to the determination of Business Continuity requirements.
		- Seek top management approval of BIA results.
		- Risks – the internal risks will be identified in the ICBs overarching BCP and any specific risks to departments will be identified in the BC service level plans.

**Design**

* + 1. Design is the Professional Practice within the BCM lifecycle that identifies and selects appropriate strategies and tactics to determine how continuity and recovery from disruption will be achieved.
		2. The ICB’s approach to determining BCM strategies will involve:
* Implementing appropriate measures to reduce the likelihood of incidents occurring and /or reduce the potential effects of those incidents.
* Taking account of mitigation measures in place.
* Providing continuity for critical services during and following an incident.
* Taking account of services that have not been identified as critical.

**Implementation**

* + 1. Implementation is the Professional Practice within the BCM Lifecycle that executes the agreed strategies and tactics through the process of developing the Business Continuity Plan (BCP).
		2. The Business Continuity Plan ensures that actions are considered for:
		- The immediate response to the incident
		- Interim solutions or maintaining an emergency level of service, leading on to reinstating full services.

**Validation**

* + 1. Validation is the Professional Practice within the BCM Lifecycle that confirms that the BCM Programme meets the objectives set in the BC Policy and that the organisations BCP is fit for purpose.
		2. This will be achieved through:
		3. Training
			- 1. Those individuals undertaking roles and responsibilities within business continuity or an incident must undertake appropriate training for their function in line with the ‘National Occupational Standards’.
				2. Training will be undertaken in line with the annual training and exercise schedule agreed by the ICB Executive Boards/Governing Body; this should occur regularly to familiarise staff with command-and-control procedures and to ensure there is no erosion of skills. Training records will be used as documented evidence of the completion of relevant and suitable training as per the Business Continuity Training programme document.
		4. Testing and Exercising
			- 1. Plans developed to allow organisations to respond efficiently and effectively, must be tested regularly using recognised and agreed processes such as table top, command post or live exercises.
				2. Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.
				3. Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident. Exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by the ICB Executive Boards/Governing Body and in line with NHS England ‘Emergency Planning Framework (2022)’ which defines the process and timescales for exercising. This includes a minimum expectation of a communications exercise every six months, a table-top exercise ever year, and a live exercise every three years, in addition to any activation.
				4. A post exercise report will be written to summarise the test/exercise and to highlight areas of best practice and for improvement, with lessons identified. Post exercise reports will follow the Document Approval Process (Section 14.1) before being submitted to the Local Health Resilience Partnership (LHRP), NHS England Midlands and East Local Team and shared with any external agencies as required.
		5. Review
			- 1. The business continuity management review programme is the process by which the ICB will undertake annual review of and continual improvement to the BCMS.
				2. Annually in quarter 2 the Head of Emergency Planning will undertake a full EPRR and Business Continuity Management review including a full review against the EPRR national standards in conjunction with NHS England. The Head of Emergency Planning will produce an annual report which will be approved via the process set out in 9.1.
				3. The purpose of the review is to ensure the effectiveness and management of BCMS and to set the Emergency Planning work plan for the coming financial year.
				4. The annual report, summarising the findings of the review will be shared with NHS England and the Local Health Resilience Partnership as evidence of continual improvement.
				5. The Head of Emergency Planning will also produce and submit as per 9.1 an additional update reports in quarter 1, 3 & 4. In addition the Head of Emergency Planning will meet as a minimum 6 monthly (Q1 and 3) with the ICBs Emergency Accountable Planning Officers to discuss BCM.
				6. The Emergency Planning Team will provide information to internal/external audit in relation to the Business Continuity functions as required.
		6. Audit
			- 1. The Business Continuity Management system will be audited in line with the ICB’s Audit Plan, the period between audits should not exceed two years and this timescale should be factored into the ICBs Audit Plan. The Audit process will include:
* Defining the audit scope.
* Defining the audit approach.
* Reviewing the information gathered by the BCM activities.
* Identifying gaps in the content and level of information gathered.
* Obtaining and comparing relevant documentation, such as, BIA’s.
* Reference secondary sources such as, guidance, standards and legislation.
* Providing a draft audit report for discussion.
* Providing an agreed audit report incorporating recommendations.
* Providing an agreed remedial action plan, including timescales.
* Providing a monitoring process to ensure the action plan is implemented.
	+ - * 1. The Emergency Planning Team will undertake a self-assessment of the BCMS annually utilising the NHS England Core Standards. The outcomes from the self-assessment will produced in a report and submitted as per the governance process.

## Document Approval and Control

**Document Approval**

* + 1. Prior to document approval, any documentation development, review or update will be shared with the relevant individuals for comment.
		2. The review and approval of documents by the ICB Board/Governing Body or relevant sub-committee must be reflected within the meetings minutes.
		3. All documents will be required to be reviewed on a two-yearly cycle from the date of ratification, unless otherwise stated. All documents will be reviewed if there is a national or local guidance change, a business process or service change that has a direct impact on a particular document.

**Document Control**

* + 1. All documents will be subject to Document Control to ensure the most up to date version is in use as follows:

| Sequence | Explanation | Example |
| --- | --- | --- |
| DRAFT | First draft version of the document (should be followed by the date last updated) | DRAFT 21 June 22 |
| 1.0 | First published version of the document. | Version 1.0 |
| X.X DRAFT | Subsequent version of the document in draft format (should be followed by the date last updated) | Version 1.1 DRAFT 20 June 22 |
| X.X | Subsequent version of the document published with minor amendments | Version 1.1 |
| X.0 | Subsequent version of the document published after annual review or major amendment | Version 2.0 |

**Document Publication**

* + 1. It is the policy of the ICB to make Emergency Planning, Resilience and Response documents publicly available via the ICB website with information redacted as per Section 13.0 of the Freedom of Information Act 2000.
		2. Those individuals with specific emergency planning responsibilities such as named roles within the plan and On Call Directors will receive an electronic copy of all newly published documents or versions via email from the ICB Emergency Planning Team. All EPRR documentation will be published and available on Resilience Direct.

## Freedom of Information

The Freedom of Information Act 2000 gives the public a wide-ranging right to see all kinds of information held by the government and public authorities. Authorities will only be able to withhold information if an exemption in the Act allows them to. As such a publicly available version of this document will be made available. In line with Government and NHS Document Protection Markings some information (confidential and sensitive) will be redacted from publicly available versions.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Business Continuity Policy**Version number (if relevant):** 1.0 | **Directorate/Service**: EPRR |
| **Assessor’s Name and Job Title:** Jo Martindale, Business Continuity & EPRR Officer  | **Date:** 13 May 2022 |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The policy will support the organisation and its staff to achieve legislative requirements in relation to the effective management of EPRR/Business Continuity.  |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The ICB regularly monitors the make-up of the workforce, including protected groups. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| Emergency planning teamDepartment leds |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | While the policy does not specifically target thisprotected characteristic the policy will impact onservices accessed by all service users and relevantstaff (regardless of age) across the ICB, byoutlining and supporting business continuityarrangement which help to ensure that access toservices for any service user are not disruptedunnecessarily, and that services are able to respondand recover from disruption as quickly and effectively as possible, minimising negative impacts on service users by mitigating risk identified. |
| Disability(Physical and Mental/Learning) |  |  | X | As above. |
| Religion or belief |  |  | X | As above. |
| Sex (Gender) |  |  | X | As above. |
| Sexual Orientation |  |  | X | As above. |
| Transgender / Gender Reassignment |  |  | X | As above. |
| Race and ethnicity |  |  | X | As above. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | As above. |
| Marriage or Civil Partnership |  |  | X | As above. |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Review of policy to take place following an incident debriefing process to implementing lessons learnt. The Emergency planning team will also monitor for changes is legislation / best practise which may affect the content of the document. |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every two years inline with the ICB’s review policy, or when there is a significant legislative change. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

##