

Business Continuity Management Policy

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| **Name** | **BCM Policy** |
| **Summary** | Policy outlining the approach to business continuity management within the Foundation. |
| **Associated Documents** | Major Incident Procedure  Major Incident Action Cards  Business Continuity Planning template |
| **Target Audience** | All staff |
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| **Name of Board** | Golden Jubilee Foundation |
| **Approving committee/group** | Senior Management Team |
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**Golden Jubilee Foundation Values Statement**

What we do or deliver in our roles within the Golden Jubilee Foundation is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, the Golden Jubilee Foundation have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality of care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Our values are that we will:

* Take responsibility for doing our own job well
* Treat everyone we meet in the course of our work with dignity and respect
* Demonstrate through our actions our commitment to quality
* Communicate effectively, working with others as part of a team
* Display a “can do” attitude at every opportunity.

Our policies are intended to support the delivery of these values which support employee experience

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# Background

The Civil Contingency Act (CCA) 2004 outlines requirements for business continuity and emergency planning and identifies NHS Territorial Heath Boards as Category 1 responders to major events. The Scottish Government Resilience Standards aim to support Boards in meeting their duties under the CCA. Golden Jubilee Foundation is not a designated category 1 or 2 however the national standards note that:

“Some threats, hazards and consequences of large-scale major incidents may, in extreme cases, require non-designated Special Boards to mobilise or ‘stand up’ resources in support of the Territorial Boards. Therefore all Special Boards should review their resilience and capability against these standards in the event they are called upon to support the Category 1 and Category 2 responders.”

This document provides a framework for Golden Jubilee Foundations business continuity plans to be implemented, in order to mobilise its response and undertake work to prevent or mitigate the severity of potential disruptions.

# Scope

This policy applies to all areas of service within the GJF

# Policy Aim

This policy and supporting guidance aims to ensure GJF has appropriate plans in place to minimise disruption to unplanned events which significantly disrupt normal business.

# Objectives

* Identify the responsibilities for business continuity management
* Ensure GJF can maintain critical services during disruption
* Ensure all departments have robust business continuity plans in place
* Ensure GJF can respond to and recover from an emergency
* Raise staff awareness with targeted training
* Ensure testing of plans and regular review
* Ensure lessons are learned if events occur and plans revised accordingly

# Definition of Key Terms

ISO 22301 defines **Business Continuity** as:

“The capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident”.

A **Disruptive Incident** may include:

* A major accident or incident on site; national disaster; epidemic; terrorist attack;
* Fire; flood; extreme weather conditions;
* Loss of utilities including IT and telephone systems;
* Major disruption to staffing for example as a result of transport disruption or industrial action.

These events may not be mutually exclusive, for example a national disaster may affect staffing, and extreme weather may affect utilities, transport and staffing.

There are three **levels of contingency** -

**Level 1 -** Minor service disruption problems at a local level will be contained and managed within the local resources and coordinated by appropriate managers. Level 1 disruption will be monitored through the Board’s adverse event reporting process and appropriate learning shared.

**Level 2 -** Major service disruption problems that require the special redeployment of staff or other resources resulting in interruption to the routine service.

**Level 3 -** Major incidents are emergency situations that seriously disrupt activity which require special arrangements to handle them. National major incidents are Level 3 events and any external Health Board Major Incidents that require support from GJF.

# Business Continuity Management

Business Continuity Management is a continual process which is an integral part of service management. The aim of this is to ensure that potential threats to the operations are identified and where possible likelihood mitigated but that plans are in place to support a response should disruption occur. The ability to which we can impact on the likelihood will vary depending on the type of threat identified e.g. there are proactive steps we can take to reduce likelihood of a systems failure but little to control severe weather.

Business Impact Analysis will be undertaken to identify the critical functions to support service delivery and therefore the most likely threats to these. This will be undertaken at both local department/ function level and then collated to form a site level view of the critical functions/ services.

Every department will have its own business continuity plan in place using the agreed templates supplemented by generic guidance. This will be stored electronically and in addition each department will store a hard copy in their BC Folder. This will contain hard copies of the plans and any supporting documents required to implement that have been identified via the planning process (e.g. forms to support paper working in event of systems failure, key policies/ guidelines, contact lists). In the Major Incident Room there will be a master folder with the BC Plans for all areas in hard copy.

For identified critical functions (e.g. electricity supply, IT systems) there will be Disaster Recovery (DR) plans in place developed by the responsible Head of Service that will outline how the supporting function will work to restore service. Both DR and BC plans are essential in ensuring the disruption is minimised and normal service resumed as soon as possible.

A Major Incident Procedure will provide guidance for co-ordination of any Level 2 or 3 events linking to both DR and BC plans.

Plans must be tested to ensure that they are fit for purpose and that staff are familiar with them and their roles in an event. There will be tabletop testing of site wide issues but each department must ensure that staff are aware of local plans and responses and any local testing of these. Support can be sought in developing this.

The focus of training will be on ensuring staff are aware of the Boards BCP arrangements and are able to engage with them. To this end training will be of a practical nature and there will be an annual schedule of table top exercises open to Duty Managers and Senior Managers. In addition there will be an annual Resilience workshop to provide an introduction to BCP and major incident principles to help support local managers in maintaining their plans.

# Roles & Responsibilities

**Nurse Director.** Executive Director with delegated accountability for ensuring the Board has a robust framework in place to support business continuity management. Acts as the Executive contact for the Scottish Government Resilience Unit (SGRU) and chairs the board Resilience Group.

**Head of Clinical Governance.** Operational lead to support the Nurse Director in implementing framework for business continuity management; operational contact for SGRU.

**Senior Management Team.**  Senior Managers must ensure all areas within their remit establish and maintain local business continuity arrangements and where appropriate disaster recovery plans.

**Heads of Department.** Responsible for developing and maintaining plans for their department including communication and awareness raising with department staff.

**Duty Managers.** Responsible for initiating the Major Incident Procedure in event of a Level 2 or 3 event being identified. Further responsibilities outlined in procedure.

**All staff** have a responsibility to be familiar with the plans for their local department and what their role would be if a major event occurred.

# Organisational Governance

A Resilience Group chaired by the Executive Nurse Director will oversee implementation of this policy; the remit is included within the appendix.

The Resilience Group will report to the Senior Management Team who will assure the Board via reports to the Audit and Risk Committee.

# Appendix 1 – Remit of Resilience Group

1. **Purpose**

The Civil Contingency Act (CCA) 2004 outlines requirements for business continuity and emergency planning with the Scottish Government Resilience Standards developed to support Boards in meeting their duties under the CCA.

The Board has therefore established a Resilience Group to ensure its BCP and obligations under legislation and national guidance are met.

**2. Remit.**

The group has the following remit:

* To ensure there is a robust Business Continuity Management policy
* To ensure that there are appropriate supporting procedures and protocols in place to support the delivery of the Board’s BCP policy.
* To ensure that there is a robust program of training in place to test all elements of the Board’s BCP and that outcomes from testing are reflected in the Board’s BCP documentation.
* Ensure there are robust arrangements in place to ensure the Board is able to manage a major incident
* To ensure that the Board is represented on appropriate national forums related to BCP and Emergency planning.

**3. Membership.**

The core membership of the group consists of:

* **Nurse Director. (Chair)**
* **Head of Clinical Governance. (Vice Chair)**
* **Associate Director of HR.**
* **Health and Safety Manager.**
* **Head of E- Health.**
* **Head of Corporate Affairs.**
* **Estates and Facilities Manager.**
* **Head of Infection Prevention & Control.**
* **Hotel General Manager.**
* **Associate Directors of Operations.**
* **Associate Medical Directors.**
* **Associate Director of Nursing.**
* **Clinical Nurse Manager, RNM.**
* **Business Services Manager.**

**Other members of staff will be co opted on to the group on an as required basis.**

**4.0 Meetings.**

Meetings will be scheduled three times per year. Agenda items will be called for 2 weeks prior to the meeting and papers will be distributed no less than 5 working days prior to the meeting.

***Meeting cycle****.* Extra Ordinary meetings will be called by the chair when this may be appropriate to discuss issues of importance especially those related to major incidents and / or failures in the BCP process.

***Chair / Vice chair.*** The chair will be the Nurse Director who is the Executive Director charged with overall responsibility for clinical governance and risk management.

The vice chair will be the Head of Clinical Governance.

***Quorum***. For a meeting to judged quorate there requires to be 6 members including the chair / vice chair present.

**5.0 Governance arrangements.**

The group will report to the Senior Management Team.

All policies and procedures will be sent to the SMT for review and final approval.

Periodic updates on progress with the Board’s BCP programme will be provided to the Audit & Risk Committee via the SMT.

**6.0 Review.**

These terms of reference will be reviewed every three years or following any relevant learning following a major incident.

# Appendix 2 – Guidance for completion of Business Continuity Plans

**Introduction**

The Board has adopted a BCP template which combines risk and impact assessment in one document and includes mitigation plans for key services and utilities. The template for this document is available on the Resilience SharePoint site.

**Business Continuity Priorities**

When reviewing BCP arrangements it is important for managers to be aware of the key priorities when allocating resources as a result of an incident. The Board has agreed the following priorities:

(i) Keeping patients and staff safe.

(ii) Delivery of performance targets against Local Development Plan.

(iii) Delivery of corporate objectives.

**Key stages**

The Board delivers a number of functions through 2 Divisions and corporate departments. Each area is asked to individually consider the impact to them though it is recognised that for similar departments there is benefit in group discussion.

There will be a site wide Business Continuity Plan which outlines Board critical services and functions and plans for maintaining the essential support services & equipment to deliver these.

As part of this site protocols with general guidance points for different scenarios will be agreed to supplement with local plans.

**Stage 1 - Business Impact Assessment**

This involves considering what are your critical functions/ services and what you need to deliver these (i.e. systems, equipment, staff). The template asks you to document your critical services/ functions and key supporting activities then to consider the IT systems/ information, equipment and other things that you may consider essential to the delivery of your critical services.

In doing so you are asked to assess the impact if it were lost for less than 24 and 24-48 hours and also asked to estimate the maximum amount of time you could sustain a loss.

The template is pre-populated with general issues that can affect all (e.g. electricity, water) where although there may be a site response to the problem locally you still need to consider how this would impact you and how you will function until the issue is resolved. You should add to this list any local issues you identify through considering question 3. A a cross check review the information from your BIA and ensure that all issues have a summary outlining the local actions to be followed if something happens.

**Stage 2 - Consider control measures**

Consider what you would do manage the risk if it occurred and how you can mitigate the impact. For example if IT systems go down do you have paper backups available, where are they and who will retrieve, print copies and distribute if systems go down? Your controls should be documented in Section 2, ideally no more than a one page summary for each item. If you identify additional actions are needed, these should be included also.

If in reviewing your plans although it is not required in the template you should consider the likelihood of the issues you identify occurring, particularly if you have information to suggest an issue e.g. equipment you feel you identify a particular weakness in the plans.

**Stage 3 – Implementing and Maintaining Plans**

There will be a site wide plan developed to support testing of the Major Incident procedure via desktop scenarios and maintain this on a rolling basis. Local areas must consider what testing the need to take to ensure plans are fit for purpose and how they ensure staff are aware of the plan and how to access them.

All areas will be supplied with a Yellow Box Folder to store hard copies of plans and should confirm to Clinical Governance Department where these are stored locally. A master copy of all plans and procedures will also be stored in the Level 1 Boardroom.

All BCP plans must be reviewed at least annually and/ or if an event occurs.