

CORP07

Business Continuity Management Policy

Policy applicable to:

NHS East Surrey CCG	✓
NHS Guildford and Waverley CCG	✓
NHS North West Surrey CCG	✓
NHS Surrey Downs CCG	✓

Policy number	CORP07
Version	2.1
Approved by	Governing Bodies
Name of author/originator	Joshua Tolson, Senior Resilience Manager & Mark Twomey, Head of EPRR
Owner (director)	Elaine Newton, Director of Communications and Corporate Affairs; CCGs Accountable Emergency Officer
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Working together across Surrey Heartlands

Version control sheet

Version	Date	Author	Status	Comments / changes since last version
0.3	07/02/19	Josh Tolson	DRAFT	
0.4	07/02/19	Governance Team	DRAFT	Minor Formatting
0.5	27/02/19	Mark Twomey	Final	Amendments following approval by Audit Committees
1.0	26/03/19	Governing Bodies	Final	Approved by Governing Bodies
1.1	01/08/19	Josh Tolson	Draft	Updates from last version
2.0	25/09/19	Governing Bodies	Final	Approved by Governing Bodies
2.1	18/12/19	Governing Bodies	Final	Policy extended to include East Surrey CCG

Equality statement

The Surrey Heartland's CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality Analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Name of Policy: Business Continuity Management Policy	Policy Ref:	Is this New? [X] Or Existing? []
Assessment conducted by (name, role): Joshua Tolson, Senior Resilience Manager		Date of Analysis: 17/01/2019
Directorate: Communications & Corporate Affairs	Director's signature:	
<p>Who is intended to <u>follow</u> this policy? Explain the aim of the policy as applied to this group.</p> <p>All employees and contractors of the Surrey Heartlands Clinical Commissioning Groups. The policy sets out how employees and contractors should assess, anticipate, prepare, prevent, response and recover in relation to business continuity incidents.</p>		
<p>Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group.</p> <p>All employees and contractors, suppliers, providers, patient groups, member GPs, and all over stakeholders – by ensuring that the Surrey Heartlands Clinical Commissioning Groups have a robust system of business continuity management in place to minimise disruption and maximum both effectiveness and efficiency.</p>		
<p>1. Evidence considered.</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment: http://www.surreyi.gov.uk/grouppage.aspx?groupid=36 • NHS G&W CCG Health Profile: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1358 • Local Practice Profiles: http://fingertips.phe.org.uk/profile/general-practice • Public Health England: Longer Lives; Outcomes Framework; Segment Tool; Local Health Tool; Data & Knowledge Gateway • Reports of relevant Patient & Public Engagement forums and formal consultations • Research (the evidence base e.g. National Institute for Health and Clinical Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN). Charities and the voluntary sector often produce guidance regarding inequalities e.g. SignHealth) 		

<ul style="list-style-type: none"> Health & Wellbeing Priorities: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1365 <p>Complaints, public enquiries, audits & reviews</p>
<p>2. Consultation. Key stakeholders consulted.</p>
<p>3. Promoting equality. This policy is intended to be used by all staff and contractors to ensure that the CCGs are resilient organisations. This will provide key stakeholders with assurance that the CCGs can deliver their functions in the event of disruption. This policy has no direct impact on equality, but supports the development of an equitable working environment by ensuring arrangements are in place to maintain services.</p>
<p>4. Identifying the adverse impact of policies <i>Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.</i></p>
<p>a) People from different age groups: None</p>
<p>b) Disabled people: None</p>
<p>c) Women and men: None</p>
<p>d) Religious people or those with strongly held philosophical beliefs: None</p>
<p>e) Black and minority ethnic (BME) people: None</p>
<p>f) Transgender people: None</p>
<p>g) Lesbians, gay men and bisexual people: None</p>
<p>h) Women who are pregnant or on maternity leave: None</p>
<p>i) People who are married or in a civil partnership: None</p>
<p>5. Monitoring: The impact of this policy on protected groups will be monitored through the annual review cycle, incidents, debriefs, and any lessons identified.</p>

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1. Introduction and Policy Objective

- 1.1 The policy and associated procedure will explain how the CCGs will meet their obligations under the Health and Social Care Act 2012, the NHS England Emergency Preparedness Framework 2015, and the NHS England & Improvement EPRR Core Standards 2019 in relation to business continuity management
- 1.2 The CCGs are responsible for commissioning healthcare to their combined population of 850,000 people. NHS North West Surrey CCG is also responsible as the lead commissioner for South East Coast Ambulance Service NHS Foundation Trust on behalf of 22 Commissioners across Kent, Surrey and Sussex.
- 1.3 The **purpose of this policy** is to ensure that the Surrey Heartlands Clinical Commissioning Groups ('the CCGs') have a robust system of business continuity management, aligned to the ISO22301:2012 standard, allowing the CCGs to maintain and recover its activities in the end of a business disruption.
- 1.4 The CCGs will achieve this aim by:
- Taking all reasonably practicable measures to ensure the continuation of its critical services during any period of service disruption;
 - Implementing a planning process that encompasses anticipation, assessment, prevention and preparation, so that the CCGs are ready to deal with rapid increased demands for services caused by service disruptions;
 - Conducting risk assessments of the threats faced by its services;
 - Conducting a business impact analysis in order to determine and prioritise its critical services;
 - Determining strategies for mitigating the impact of specific risks and threats;
 - Maintaining plans detailing business continuity arrangements, as required by the Health and Social Care Act 2012 and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR);
 - Ensuring these plans detail how the CCGs will respond in an efficient and timely manner to a service disruption;
 - Maintaining recovery plans to ensure a rapid return to normality, or a new normality;
 - Ensuring plan validity and staff competency through continual review, training and exercising; and

- Collating incident and near miss reports, to identify lessons which can be learned from service disruptions.

2. Legislative Framework / Core Standards

- 2.1 The **Health & Social Care Act 2012** Section 46 (*'role of the board and clinical commissioning groups in respect of emergencies'*) requires Clinical Commissioning Groups to take appropriate steps for securing that they are properly prepared for dealing with a relevant emergency. The Act defines a relevant emergency as one which might affect the CCG (whether by increasing the need for the services that it may arrange or in any other way).
- 2.2 The **NHS England Core Standards for Emergency Preparedness, Resilience and Response** require all NHS funded organisations, including Clinical Commissioning Groups, to maintain a system of business continuity management aligned to the international standard – **ISO22301:2012**.

3. Scope

- 3.1 This policy relates to the business continuity management all services delivered by NHS East Surrey Clinical Commissioning Group, NHS Guildford & Waverley Clinical Commissioning Group, NHS North West Surrey Clinical Commissioning Group and NHS Surrey Downs Clinical Commissioning Group - collectively working as NHS Surrey Heartlands Clinical Commissioning Groups. The scope of this policy also extends to support activities for the Surrey Heartlands Health & Care Partnership hosted by NHS Guildford & Waverley Clinical Commissioning Group.
- 3.2 Services provided by the South Central & West Commissioning Support Unit (including Information Management & Technology services) are not covered by the scope of this policy. The Commissioning Support Unit maintains its own business continuity and disaster recovery arrangements, which are assured by NHS England & Improvement.
- 3.3 All providers, (including primary care) who deliver services commissioned by the Surrey Heartlands Clinical Commissioning Groups are required to maintain their own business continuity and disaster recovery arrangements. Providers are not covered within the scope of this policy.

4. Commitment and Intention

- 4.1 The CCGs accept their responsibilities for the provision of services to the residents and patients of Surrey and acknowledges that many of these services are critical to health and quality of life within Surrey.

- 4.2 The CCGs are committed to ensuring critical services will continue to be delivered and that increased demand for services due to emergencies are met. In meeting this commitment services and activities will be prioritised and reviewed periodically through business impact analysis.
- 4.3 The CCGs will adopt and promote best practice for preparedness, response and resilience, including minimising the impact of emergencies on the CCGs and the communities of Surrey.
- 4.4 The CCGs will regularly assess its business continuity arrangements through internal audit and peer review. It will seek to align itself against International Standard ISO 22301:2012 and other requirements under the NHS England EPRR Core Standards.
- 4.5 The CCGs will provide information, instruction, training and supervision for employees to help them understand their role in the resilience processes of the CCGs and to allow them to contribute positively towards the preparedness and resilience of the organisations.
- 4.6 The CCGs are committed to the effective management of contracts and their performance to ensure preparedness and resilience standards in their business arrangements with and on behalf of the CCGs.
- 4.7 The CCGs are committed to working closely with all staff to develop and implement preparedness and resilience measures that ensure the CCGs are able to deal with disruptive events.

5. Definitions

- 5.1 HM Government has defined an emergency in the Civil Contingencies Act 2004 as an event or situation which threatens serious damage to:
- Human welfare in a place in the United Kingdom
 - The environment of a place in the United Kingdom
 - The security of the United Kingdom or a place in the United Kingdom
- 5.2 There are three types of incident: Business Continuity Incident; Critical Incident and Major Incident. Each will impact upon service delivery within the NHS; which may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

- **Business Continuity Incident**

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

- **Critical Incident**

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

- **Major Incident**

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.

5.3 For the CCG’s purposes, a business disruption is defined as a situation that is internal to the CCG that requires the activation of the business continuity arrangements. This may be in response to an incident such as a denial of access to a building or where the business continuity plan has been activated in anticipation of a situation or event that is likely to cause a business disruption.

Term	Definition
CCG	Clinical Commissioning Group
SHCCGs	Surrey Heartlands Clinical Commissioning Groups
BIA	Business Impact Analysis
BCP	Business Continuity Plan
MTPD	Maximum Tolerable Period of Disruption
RTO	Recovery Time Objective
RPO	Recovery Point Objective
SPoF	Single Point of Failure
Business Continuity	An event or occurrence that disrupts, or might disrupt, the CCGs normal service delivery, below predefined acceptable levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand requiring resources to be temporarily redeployed.

Term	Definition
EPRR	Emergency Preparedness, Resilience and Response

6. Roles and Responsibilities

6.1 The Governing Bodies and Committees

6.1.1 Surrey Heartlands CCGs is comprised of NHS East Surrey CCG, NHS North West Surrey CCG, NHS Guildford & Waverley CCG, and NHS Surrey Downs CCG. The Governing Bodies of these CCGs and are responsible for approving the Business Continuity Management Policy. Approval at this level is required to ensure alignment to ISO22301:2012, the international standard for business continuity, which is widely regarded as best practice. The Governing Bodies will also review reports for their assurance relating to business continuity at least annually, as part of the update on EPRR Assurance and the EPRR work programme.

6.1.2 The Audit Committees of NHS East Surrey CCG, NHS North West Surrey CCG, NHS Guildford & Waverley CCG and NHS Surrey Downs CCG will provide regular scrutiny of business continuity management and consider the Business Continuity Management Policy and any reports, prior to the Governing Bodies.

6.1.3 The Resilience Sub Committee is chaired by the Deputy Director of Corporate Affairs. The committee meets twice yearly with resilience leads from across the Surrey Heartlands CCGs to help shape plans and support the monitoring and delivery of resilience arrangements, including business continuity, across the CCGs. The sub-committee will report to the Audit Committees. The standing members are:

- Deputy Director of Corporate Affairs (Chair);
- Head of Emergency Preparedness, Resilience and Response (Vice-Chair);
- Associate Director of Integrated and Urgent Care;
- Associate Director of Primary Care;
- Associate Director of Medicines Management;
- Deputy Director of Contracts;
- IMT Programme Director;
- Associate Director of Communications and Engagement;
- Head of IG and FoI; and
- Other members may be co-opted for specific purposes.

6.2 Joint Accountable Officer

6.2.1 The Joint Accountable Officer is the designated accountable officer for the CCGs with statutory responsibility for EPRR including business continuity management.

6.3 Director of Communications and Corporate Affairs

6.3.1 The Director of Communications and Corporate Affairs has been designated as the Accountable Emergency Officer for the Surrey Heartlands Clinical Commissioning Groups.

6.3.2 The Accountable Emergency Officer has overall responsibility for ensuring effective business continuity management within the CCGs. The Accountable Emergency Officer will be consulted when setting impact scoring criteria for conducting a business impact analysis, and when analysing the business impact analysis returns to determine priorities for protection and recovery. The Accountable Emergency Officer will take the lead on promoting a culture of business continuity within the CCGs, particularly within the IExecutive Team.

6.3.3 The Accountable Emergency Officer is also responsible for seeking assurance from provider organisations that they are delivering on their contractual obligations in relation to business continuity.

6.4 Executive Directors

6.4.1 The Executive Directors will take leadership of their business continuity arrangements and are responsible for ensuring that their business groups comply with this policy. They will promote a culture of business continuity within the CCGs.

6.5 Deputy Director of Corporate Affairs

6.5.1 The Deputy Director of Corporate Affairs will support the Director of Communications and Corporate Affairs in their role as the Accountable Emergency Officer, and in promoting a culture of business continuity within the CCGs. They will also chair the Resilience Sub-Committee.

6.6 Head of EPRR, Facilities Management & Business Support

6.6.1 The Head of EPRR, Facilities Management & Business Support is responsible for overseeing the implementation of the CCGs business continuity management system, and for providing assurance of this system as part of the annual EPRR core standards process. They will provide advice, guidance and support to directors and managers throughout the phases of the business continuity lifecycle. The Head of EPRR, Facilities Management & Business Support will also attend the Resilience Sub-Committee as Vice-Chair. The Head of EPRR, Facilities Management &

Business Support will ensure that appropriate representation is maintained to Local Resilience Forum and Local Health Resilience Partnership meetings, for the purposes of sharing best practice and gaining assurance of system-wide business continuity.

6.7 Deputy Directors of Contracts

6.7.1 The Deputy Directors of Contracts is responsible for ensuring that the appropriate EPRR requirements are specified in CCGs' contracts (including business continuity planning and surge management) as part of standard provider contracts, and together with their Contract / Commissioning Managers will be responsible for providing assurance to the Accountable Emergency Officer from provider organisations that they are delivering on their contractual obligations. The Deputy Directors of Contracts will inform the EPRR team of any relevant concerns relating to a provider organisation.

6.8 IMT Programme Director

6.8.1 The IMT Programme Director is responsible for ensuring that the appropriate EPRR requirements are specified in the IMT contract with the Commissioning Support Unit. They must also ensure that the Commissioning Support Unit have suitable disaster recovery arrangements in place to support the CCGs recovery time objectives and recovery point objectives. The IMT Programme Director will monitor these business continuity and disaster recovery arrangements through regular contract meetings with the Commissioning Support Unit.

6.9 Head of Communications

6.9.1 The Head of Communications, or nominated deputy, will provide support as required aligned to the expectations of the NHS Core Standards and the CCG's role as a category two responder. The lead for communications during an incident is with NHS England & Improvement as the category one responder.

6.10 All Managers

6.10.1 All managers (including Heads of Business Group, Associate Directors, etc.) will take ownership of their business group business continuity arrangements and are responsible for ensuring that they review, train and exercise their plans at least annually or after any significant change. Managers will engage with the EPRR team, who will provide guidance and support to the directorates and business groups as required, in order to improve organisational resilience. They will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the CCGs. Managers will ensure that any delegated business continuity activities are supported, and provided adequate time and resources to complete the activity (e.g. business impact analysis).

6.11 All Staff

6.11.2 All employees and contractors of NHS East Surrey CCG, NHS North West Surrey CCG, NHS Guildford & Waverley CCG, and NHS Surrey Downs CCG are responsible for ensuring that they are aware of the business continuity arrangements and procedures relating to the activities they are regularly involved with. They will support and engage with the business continuity management process and actively promote a culture of business continuity within the CCGs.

7. Procedure

7.1 The Surrey Heartlands Clinical Commissioning Groups will implement a business continuity management system following the Business Continuity Institute's Business Continuity Lifecycle; an annual work programme will be developed by the EPRR team.

7.2 Risk

7.2.1 The preparation of Emergency and Incident Plans are informed by the assessment of risks within the national, regional and local area; and internal risks within the organisational area. The CCGs will record any specific emergency planning risks pertinent to the CCGs on the Corporate Risk Register or on the Governing Body Assurance Framework depending on the risk.

7.2.2 The Local Resilience Forum reviews all hazards and threats that exist within Surrey and this informs the Surrey Community Risk Register. Many of the hazards and threats will appear on both the local and national risk registers. The Surrey Community Risk Register informs the planning requirement around the plans necessary to mitigate and manage the risks identified. These plans are hosted on the National Resilience Direct Service, for which the CCGs as a Category two responder has access.

7.2.3 The Surrey Local Health Resilience Partnership also maintains a risk register capturing the key health related capability risks. This register is complimentary to and produced in conjunction with, the [Surrey Community Risk Register](#) and the National Risk register and is reviewed annually through the Local Health Resilience Partnership, for which the CCGs are a member.

7.3 Business Impact Analysis (BIA)

7.3.1 The CCGs will conduct a business impact analysis (BIA) on activities within all business groups in order to determine and protect its critical services. This analysis will score all activities against set criteria to determine the impact that a disruption to an activity would have on the CCGs. The BIA will identify the Maximum Tolerable Period of Disruption (MTPD), Recovery Time

Objective (RTO) and Recovery Point Objective (RPO) of each activity undertaken by the CCGs. This will allow the CCGs to prioritise activities in the event of a service disruption.

- 7.3.2 All business groups are required to undertake a review of their BIA every twelve months. Reviewed BIAs must be submitted to the EPRR team and stored locally by the business group.
- 7.3.3 The EPRR team will collate the business group BIA returns and provide a SHCCGs-wide business impact analysis. The SHCCGs-wide BIA will be used to provide strategic level guidance in the event of a service disruption, and may be shared with other support functions (such as the Commissioning Support Unit) for their business recovery planning.
- 7.3.4 The EPRR team will also use the information gathered during the BIA to develop any SHCCGs-wide business continuity arrangements as required.

7.4 Business continuity arrangements and plans

- 7.4.1 The CCGs will ensure that business continuity arrangements and plans are in place for all directorates and business groups.
- 7.4.2 Business continuity arrangements (plans) must be on the SHCCGs template and take into account considerations for staff shortage, loss of utilities, denial of access, loss of facilities, and IT systems / telecom outage. Business groups should also consider other risks unique to their services and activities when developing their business continuity arrangements.
- 7.4.3 Business continuity arrangements (plans) must cover all activities identified as critical to the CCGs. The arrangements should however where possible cover all activities undertaken by the CCGs.

7.5 Frequency of review

- 7.5.1 The directorate / business group must review their business continuity arrangements every twelve months, after an incident, or after significant organisation change. Completed arrangements must be reviewed by the relevant deputy director, signed off by the relevant director and then forwarded to the EPRR team. Completed business continuity arrangements (plans) must be stored locally by the business group and be made available in hard copy to all staff at all working locations.

7.6 Incident management and logging

- 7.6.1 During core office hours business disruptions should be escalated to and managed by the normal line management structure. Outside these core office hours' business disruptions should be escalated to and managed by the on-call tactical manager for the affected CCG. There is 24/7 support, advice and guidance available from the EPRR team.

- 7.6.2 All incidents resulting in an adverse impact to the CCGs services must be appropriately documented. Managers responsible for maintaining or recovering a service during a disruptive event must ensure that their decisions are recorded. On-Call log books should be utilised where these have been issued.
- 7.6.3 The use of loggists should be considered where an incident by its impact, magnitude or length warrants assistance for the on-call manager in recording the information relating to the incident. Incident loggists are trained members of staff, other than those on-call, that can assist in receiving information and recording it appropriately. Loggists are responsible for ensuring that all decisions made during an incident are recorded in the correct format and that the rationale behind the decisions is recorded in as much detail as possible.
- 7.6.4 All documentation relating to an incident or the management of a disruptive event must be submitted to the EPRR team for audit and storage.

7.7 Assurance

- 7.7.1 The CCGs will assure annually the business continuity management system against the NHS England & Improvement Core Standards for EPRR. This assurance will be passed through the Audit Committees to the Governing Bodies, and included in the annual report for each CCG.
- 7.7.2 The CCGs will also assure annually the business continuity management of the services it commissions. This will be done through regular contract management meetings and the Local Health Resilience Partnership (LHRP). This assurance will be collated and reported to NHS England & Improvement via the LHRP.
- 7.7.3 Adequate resource will be allocated within the business continuity and wider EPRR work programmes to facilitate these assurance activities.

7.8 Training, exercising and validation

- 7.8.1 The CCGs will implement a programme of training, awareness raising, exercising and validation. The purpose of this programme is to ensure that all personnel achieve an appropriate level of training performance standards in relation to business continuity management, incident response, and recovery – ensuring the CCGs are prepared for any service disruption. Competencies will be developed as personnel undertake respective duties.
- 7.8.2 The appropriate level of competency for individual employees / groups of employees will be determined through the undertaking of a training needs analysis. Following the training needs analysis, appropriate training solutions will be agreed by the Head of EPRR, Facilities Management & Business Support. Crisis in a Leadership training is a mandatory requirement for those

managers undertaking an on-call role as part of the strategic and tactical rotas.

- 7.8.3 An ongoing programme of awareness raising activities will be established, with special focus being given to events such as the BCI business continuity awareness week.
- 7.8.4 It is the responsibility of managers, whilst maintaining their business continuity arrangements, to ensure that their staff have received an appropriate level of training (as determined by the training needs analysis). Any additional training needs / requests relating to business continuity should be referred to the EPRR team.
- 7.8.5 All training must be recorded centrally, and information stored in line with the CCGs information governance procedures.
- 7.8.6 The most appropriate method of exercising the various elements of the business continuity management system will be agreed between the Accountable Emergency Officer and the Head of EPRR, Facilities Management & Business Support.
- 7.8.7 The EPRR team will ensure that the CCGs undertake at least one business continuity exercise per year.
- 7.8.8 A live exercise will be undertaken by the CCGs at least once every three years.
- 7.8.9 Managers are responsible for ensuring that their business continuity arrangements are tested, exercised and documented at least annually. 'Off-the-shelf' business continuity exercises will be developed by the EPRR team for this purpose.
- 7.8.10 An exercise for validation purposes should be scheduled to coincide with the completion of the business continuity plans, and any training that is due to take place.
- 7.8.11 All business continuity exercises must be recorded, along with any action points and lessons identified.

7.9 Continual Improvement, Review and Publication

- 7.9.1 The CCGs will continually improve the suitability, adequacy or effectiveness of its resilience systems through training, workshops, exercising and review of incidents.
- 7.9.2 The Business Continuity Management Policy and associated plans will be reviewed annually against the NHS EPRR Core Standards by the Director of Communications and Corporate Affairs (as the Accountable Emergency

Officer), supported by the Head of EPRR, Facilities Management and Business Support.

8. Appendix A – Procedural Document Checklist for Approval

Title of document being reviewed:	Yes/No/ Unsure	Comments/Details
Is there a sponsoring director?	YES	Elaine Newton, Director of Communications and Corporate Affairs
Title		
Is the title clear and unambiguous?	YES	
Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
Rationale		
Are reasons for development of the document stated?	YES	
Development Process		
Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
Is there evidence of consultation with stakeholders and users?	YES	
Content		
Is the objective of the document clear?	YES	
Is the target group clear and unambiguous?	YES	
Are the intended outcomes described?	YES	
Evidence Base		
Is the type of evidence to support the document identified explicitly?	YES	
Are key references cited?	YES	
Approval		
Does the document identify which committee/group will approve it?	YES	
Dissemination and Implementation		
Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	YES	Policy will be published in accordance with current practice and will be shared with

	Title of document being reviewed:	Yes/No/Unsure	Comments/Details
			staff through internal communication.
	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to <u>monitor compliance</u> with the document?	YES	Complete Compliance & Audit Table.
	Review Date		
	Is the review date identified?	YES	
	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. who is the document owner?	YES	
Director Approval			
On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
On approval, Chair to sign and date.			
Name		Date	
Signature			

9. Appendix B – Compliance and Audit Table

Criteria	Measurable	Frequency	Reporting to	Action Plan/ Monitoring
The number of business groups with completed BIAs on the SHCCGs template, reviewed by a deputy director and approved by an executive director.	BIA returned to EPRR Team	Quarterly	Audit Committees	Monitoring by the Resilience Sub-Committee
The number of business groups with completed BCPs on the SHCCGs template, reviewed by a deputy director and approved by an executive director.	BIA returned to EPRR Team and uploaded to Resilience Direct	Quarterly	Audit Committees	Monitoring by the Resilience Sub-Committee
The number of business groups that have evidenced a completed business continuity exercise within the last six months. Evidence of the EPRR team delivering a SHCCGs' business continuity exercise in the last twelve months.	Production of outcomes from exercise – e.g. Exercise report	Quarterly	Audit Committees	Monitoring by the Resilience Sub-Committee