



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

Business Continuity Policy

**(Please refer to the Overarching Business
Continuity Plan if responding to an incident)**

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Implementation Plan

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| Dissemination: | <p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.</p> |
| Training: | <p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> ▪ [List training to be provided] |
| Monitoring: | <p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> ▪ Quarterly reviews and reports to the Audit and Risk Assurance Committee ▪ Internal and external audits as per the ICBs audit programme. |
| Review: | <p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p> |
| Equality, Diversity and Privacy: | <p>Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment</p> |
| Associated Documents: | <p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> ▪ Business Continuity Plan |
| References: | <p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> ▪ NHS England Business Continuity Management Toolkit ▪ Business Continuity Institute Good Practice Guide |

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1.0 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 All NHS organisations have a duty to put in place continuity arrangements, under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012. The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out these requirements for all organisations. This means that services should be maintained to set standards during any disruption or recovered to these standards as soon as possible.

2.0 Scope

- 2.1 This policy **applies** to all Integrated Care Board staff members, including Members of the Board of the ICB, involved in policy-making processes, whether permanent, temporary or contracted-in under a contract for service (either as an individual or through a third-party supplier).
- 2.2 This policy applies, as appropriate, to:
- Commissioned Providers or Suppliers to the ICB. The NHS England Core Standards for EPRR places a requirement on the ICB to have a system to assess the Business Continuity Plans of Commissioned Providers or Suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own. The Assurance Framework for Commissioned Providers and Suppliers is detailed within the Business Continuity Plan.

3.0 Definitions

- 3.1 Business Continuity Management is the process that helps manage the risks to the smooth running of the organisations in the delivery of their services, ensuring that essential business can continue in the event of a disruption and can be sustained in the event of an emergency. It is aimed at reducing or eliminating the risks of business interruption and it is necessary to have contingency plans in place to ensure normal business functions can be resumed as soon as possible.
- 3.2 A service interruption can be defined as *‘Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires **special measures** to be taken to restore normal functions’*

For the NHS Business Continuity Management is defined as:

- The management process that enables an NHS organisation:
 - To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation.
 - To identify and reduce the risks and threats to the continuation of these key services.
 - To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.
- 3.3 There are many and varied possible causes of service disruption, these may range from the loss of infrastructure e.g. offices; buildings; IT systems; managing a power cut or extreme weather to arranging service provision during an emergency or epidemic. These events may not be mutually exclusive i.e. extreme weather can lead to loss of electricity or staff unable to get to work.

4.0 Policy Statement

- 4.1 Business Continuity Management (BCM) is an important part of the ICB’s risk management arrangements. The Health and Care Act 2022 identifies all ICBs as ‘Category 1 Responders’ and imposes a statutory requirement on each ICB to have robust BCM arrangements in place to manage disruptions to the delivery of services.
- 4.2 It is the policy of the ICB to develop implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of our critical activities from any incident or physical disaster affecting our ability to operate and deliver our services in support of the NHS economy.
- 4.3 The aim of Business Continuity Management is to prepare for any disruption to the continuity of the business, whether directly i.e. within the responsibility control or influence of the business, or indirectly i.e. due to a major incident occurring to a partner, supplier, dependent or third party, or from a natural disaster.
- 4.4 It is recognised that plans to recover from any disruption must consider the impacts not only to our staff, premises, technology and operations, but that the ICB must also plan to maintain its brand, status, relationships and reputation.

- 4.5 Business Continuity arrangements should ensure that the ICB continue to meet their legal, statutory and regulatory obligations to its staff and to its dependent stakeholders. All ICB departments are to continue to develop and implement BCM for their areas of business.
- 4.6 In order for this to be achieved, members of each department have been nominated as Business Continuity Leads to represent their part of the business for Business Continuity Management. These individuals are responsible for reviewing and maintaining the departmental Business Continuity arrangements within the ICB BCP. To ensure that the BCMS fully meets the changing needs of the business all Business Continuity Plans (BCPs) will be exercised, reviewed and audited annually.
- 4.7 In accordance with the NHS Commissioning Board Guidance, the ICB's BCMS will be in accordance with and aligned to the ISO 22301.
- 4.8 Bedfordshire, Luton and Milton Keynes Integrated Care Board is committed to delivering a robust Business Continuity Management System (BCMS) that aligns to the [ISO 22301](#) and the Business Continuity Institute (BCI) [Good Practice Guidelines 2018](#).
- 4.9 This policy is supported by a Business Continuity Plan which details the scope and objectives of the BCMS programme.

5.0 Roles and Responsibilities

- 5.1 The following have specific responsibilities in relation to this policy.

5.2 The Board

- 5.2.1 The Board is responsible for Business Continuity Programme for the ICB.

5.3 Audit & Risk Assurance Committee

- 5.3.1 The Audit & Risk Assurance Committee is responsible for overseeing the implementation of the Business Continuity Programme for the ICB

5.4 Accountable Emergency Officer

- 5.4.1 Accountable Emergency Officer (AEO) is responsible for EPRR for the ICB

5.5 Head of Organisational Resilience

- 5.5.1 Will provide specialist guidance during the invocation of any part of the Business Continuity Plans and will assist in Coordinating any actions required.

5.6 Organisational Resilience Team / EPRR Team

- 5.6.1 Will develop and implement the Business Continuity Management System (BCMS) for the ICB.

5.7 Designated Departmental Leads

- 5.7.1 Must ensure that any changes of contact details of key staff noted in their plans are updated as required and that their Directorate plans are reviewed at least annually and any new services that are developed are included in the plans.

5.8 The Communications Team

- 5.8.1 Will be responsible for informing the public of events where necessary following agreement with the Accountable Officer and or designated deputy and will also keep staff informed of developments as appropriate.

5.9 All Staff

- 5.9.1 Are responsible for co-operating with the implementation of the BCMS as part of their normal duties and responsibilities.

6.0 Processes and Procedures

6.1 Plan Activation

- 6.1.1 A nominated post holder from each department will decide in discussion with the Heads of Department and the Accountable Officer or their Deputy whether the plan or any part of it should be activated using the process detailed in the Business Continuity Plan. Out of hours the decision will be made with the direction from the on-call ICB Director/Manager.

6.2 Business Continuity Management Team (Crisis and Recovery Team)

- 6.2.1 A team will be convened to oversee the process of ensuring essential services are maintained and that recovery plans are put into place; Membership may include the following:
- Accountable Officer
 - Associate Director where incident has occurred
 - Head of Organisational Resilience
 - Communications Manager
 - Estates representation (when required)
 - Any other personnel deemed necessary, i.e. representative of HR, specialist advice etc.

6.3 Recovery Process

- 6.3.1 Recovery from an incident or event is as equally important as the business continuity management process. It can be a complex and long running process, which may be costly in terms of resources and can come under close scrutiny by the community and media. In order to manage the processes the ICB will manage recovery as outlined in the Business Continuity Plan.

6.4 Document Review Arrangements

- 6.4.1 This document will be reviewed on a bi-annual basis or when there are changes in the working systems of the organisations; or major changes to the contact arrangements of staff or suppliers that affect the content. The date of the review will be recorded on the front of the document. It is the responsibility of the identified departmental leads to update local departmental plans and the Head of Organisational Resilience to ensure the generic section of the document is kept updated.

6.5 Testing and Exercising

- 6.5.1 As part of the BCMS the rolling programme of Testing and Exercising is detailed within the Business Continuity Plan.

6.6 Monitoring and Reporting

- 6.6.1 The ICB's BCMS will be monitored, measured and evaluated against the following Key Performance Indicators (KPI):
- Percentage of Directorates who have a complete and up to date Business Impact Assessment (BIA).
 - Key Business Continuity risks have been identified.
 - Percentage of key Business Continuity risks exercised.
 - Percentage of Commissioned Providers or Suppliers Business Continuity Plans reviewed.
- 6.6.2 Updates on the outcomes of the KPIs will be presented to the Audit & Risk Assurance Committee on a quarterly basis.
- 6.6.3 An annual report will be presented to the Board detailing the outcomes of the KPIs, Exercises, any corrective actions to the BCMS undertaken and Audits conducted.

Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

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| Name of Policy: | Business Continuity Policy |
| Date of assessment: | 26/08/2022 |
| Screening undertaken by: | Emergency Planning Manager |

| Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics | Could the policy create a disadvantage for some groups in application or access? (Give brief summary) | If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why |
|---|--|--|
| Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds). | No, the Policy does not create a disadvantage based on age. | |
| Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. | No, the Policy does not create a disadvantage based on disability. | |
| Gender reassignment The process of transitioning from one gender to another. | No, the Policy does not create a disadvantage based on gender reassignment | |
| Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. | No, the Policy does not create a disadvantage based on marriage and civil partnership | |
| Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. | No, the Policy does not create a disadvantage based on pregnancy and maternity | |

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| <p>Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.</p> | <p>No, the Policy does not create a disadvantage based on race.</p> | |
| <p>Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p> | <p>No, the Policy does not create a disadvantage based on religion or belief.</p> | |
| <p>Sex A man or a woman.</p> | <p>No, the Policy does not create a disadvantage based on sex.</p> | |
| <p>Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.</p> | <p>No, the Policy does not create a disadvantage based on sexual orientation.</p> | |
| <p>Carers Individuals within the ICB which may have carer responsibilities.</p> | <p>No, the Policy does not create a disadvantage based on carers responsibilities .</p> | |
| <p>Please summarise the improvements which this policy offers compared to the previous version or position.</p> | | |
| <p>N/A</p> | | |
| <p>Has potential disadvantage for some groups been identified which require mitigation?</p> | | |
| <p>No</p> | | |

Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via blmkicb.ig@nhs.net

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

| | |
|---------------------------------|----------------------------|
| Name of Policy: | Business Continuity Policy |
| Date of assessment: | 26/08/2022 |
| Screening undertaken by: | Emergency Planning Manager |

Stage 1 – DPIA form

please answer 'Yes' or 'No'

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|---|----|
| 1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc. | No |
| 2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc. | No |
| 3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc. | No |
| 4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely. | No |
| 5. Will the policy result in organisations or people having access to information they do not currently have access to? | No |
| 6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose? | No |
| 7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc. | No |
| 8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement) | No |
| 9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held? | No |
| 10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc. | No |