NHS SCOTLAND RESILIENCE

Business Continuity:

Strategic Guidance for
NHS Health Boards
in Scotland

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ii   **Business Continuity**

Document Control

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Target Audience	NHS Chief Executives NHS Executive Leads for Resilience NHS Resilience Managers/Officers Integration Joint Boards, Chairs Health and Social Care Partnerships, Chief Officers Scottish Government: Health and Social Care Directorates
Document Purpose	To provide strategic guidance for NHS Organisations on business continuity management.
Description	Guidance on business continuity management and the promotion of joint and collaborative working with other Health Boards and partner organisations planning for and responding to disruption of normal service levels
Superseded Documents	Business Continuity: A Framework for NHSScotland. Strategic Guidance for NHS Organisations in Scotland (2009)
Action Required	NHS Boards should use this strategic guidance alongside the 'Preparing for Emergencies: Guidance for Health Boards in Scotland 2023' as part of their overall approach to managing disruptive events within their organisation.
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Foreword

Business continuity is a key discipline of building and improving the resilience of organisations and remains of paramount importance for the NHS in Scotland, since this guidance was originally published. A global pandemic and the increasing frequency of various types of disruptive events highlights the need for Business Continuity Management (BCM) as part of embedding resilience within NHS Boards. This guidance has now been reviewed and updated to support NHS Boards in continuing to maintain key services when faced with disruption.

This 'Business Continuity: Strategic Guidance for NHS Health Boards in Scotland' encourages and supports Health Boards to enhance their business continuity and the resilience of healthcare organisations. The revised guidance takes account of key issues and themes such as changes to Civil Contingencies Act Responder legislation; lessons identified (including Covid-19); and changes in roles and responsibilities of those involved in emergency planning at all levels. The guidance has been streamlined to focus on the strategic elements of business continuity as opposed to the granular operational details which were included in the previous document. This business continuity guidance has been produced to link with the refreshed *Preparing for Emergencies 2023* document.

Business Continuity programmes support the strategic objectives of every organisation and pro-actively build the capability to continue business operations in the event of disruption. Being prepared for potential threats, risk and disruptive challenges should enable Health Boards across Scotland to remain open for business and deliver services to support staff, patients and the public.

Through a more strategic rather than operational lens, this guidance prompts Health Boards to think about the implications of, and plan for, various scenarios affecting different parts of the business. It also recognises the complexity of Health Boards and the differing scale of resources at their disposal. In this context, it promotes partnership-working across the NHS in Scotland as well as with other partner organisations as a means of ensuring adequate response capability.

I would like to thank those who have contributed, as part of the national group from Health Boards across Scotland, to refreshing this guidance and I urge senior leaders to consider this guidance and ensure appropriate business continuity arrangements and plans are in place, tested and reviewed, and the organisation is well prepared to manage the impact and consequence of disruption to normal service.

John Burns
Chief Operating Officer
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Executive Summary

This guidance was developed by a national working group established by the Scottish Government's Health Emergency Preparedness, Resilience and Response Division (EPRR) and included members from across the NHS in Scotland. This guidance focuses on the strategic high level aspects of Business Continuity Management (BCM) which allows for local interpretation on how each Board delivers at an operational level to suit their business needs.

The guidance covers four main areas of BCM, those being the Purpose, Principles and Process of Business Continuity Management; Roles and Responsibilities; Business Continuity Management Principles and Testing, Exercising and Review.

Section 1 focuses on the Purpose, Principles & Process of Business Continuity Management and highlights the need for the NHS in Scotland being able to plan for, respond to and recover from, a wide range of incidents that could affect health or patient care.

Section 2 sets out the roles and responsibiltiies of NHS Health Boards in Scotland; The Scottish Government's Health and Social Care Directorate; NHS Boards' Leadership and External Contracted Service Providers.

Section 3 sets out the overarching principles of what a BCM plan should be composed of, referencing the Organisational Resilinece Standards and the Cabinet Office Civil Contingencies Secretariat Guidance.

Section 4 covers Testing, Exercising and Review of BCM plans. As part of the Business Continuity Cycle, all BCM plans need to be tested and exercised. BCM arrangements cannot be considered reliable until they have been tested, exercised and proven to be workable for all parties.

Section 1
Introduction

1.1 This document highlights the need for business continuity management within NHS Boards and organisations and promotes joint working and collaboration with other Health Boards and partner organisations and when planning for and responding to an incident.[1] This guidance was developed by a national working group established by the Scottish Government's Health Emergency Preparedness Resilience and Response (EPRR) division and included members from across NHSScotland.

1.2 Business Continuity Management (BCM) is about identifying those parts of the organisation, no matter how big or small, that the organisation cannot afford to lose. This can include information, stock, premises, catering, laundry, and staff to name but a few. BCM is about planning to maintain these services if an incident occurs whether its natural, accidental or deliberate. Having a pre-planned response to disruptive challenges will enable NHS organisations to ensure critical services are maintained and the organisation's reputation is protected.

1.3 The Civil Contingencies Act (2004) and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 require NHS Boards designated as Category 1 to demonstrate that they can respond to a range of incidents while maintaining our critical services to patients at predefined levels.

1.4 These incidents may vary in scale and complexity, and range from dealing with severe weather, infectious diseases outbreaks and/or major no-notice incidents such as acts of terrorism or transport accidents. The NHS must plan for, and be prepared to respond and adapt to the short and long-term consequences of these various disruptive challenges.

1.5 Health Boards should use this strategic guidance, and the associated 'Preparing for Emergencies: Guidance for Health Boards in Scotland'[2], in alignment with the most up to date relevant business standards (for example ISO 22301) to develop and maintain a resilient healthcare system.

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1   Standard 7: The NHS Board shall have an overarching Business Continuity (BC) policy and a robust BC Management process. – NHS Scotland: Standards for Organisational Resilience. Second Edition. May 2018
2   Published in 2013 and under review in 2023.

1.6 BCM gives organisations a framework for identifying and managing risks that could disrupt or halt day to day services. Therefore BCM is an essential tool in establishing any organisation's resilience. An organisation's BCM System will help the organisation to anticipate, prepare for, prevent, respond to and recover from a range of disruptive events, regardless of the cause or which part of the business is impacted.

1.7 The Civil Contingencies Act (CCA) 2004[3] established legislative framework for civil protection within the UK. The Civil Contingencies Act (Contingency Planning) (Scotland) Regulations 2005[4] describes how the provisions of the Act apply in Scotland. Both place clear obligations on Category 1 listed responder organisations, in relation to assessing, preparing and responding to disruptive challenges.[5] The duties placed on Category 2 responders primarily relate to cooperating and sharing information with other responders.

1.8 There is a need to ensure that all Health Boards in Scotland, together with those providers who supply a critical service (e.g., GP Practices, Dental Practices, Pharmacies, etc),

are sufficiently resilient to respond to any disruption to normal services.[6] Consequently, there needs to be a robust system in place within all organisations to plan, test and exercise, and review their response against a range of disruptive challenges.[7] BCM is an essential component of organisational resilience and a requirement of the Civil Contingencies Act 2004.

1.9 This guidance is built on current good practice and shared knowledge and is intended to[8]:

- Improve BCM organisational resilience within each Health Board.

- Help ensure as far as is reasonably practicable through the adoption of resilience principles that we have continuous operational delivery of critical healthcare services when faced with a range of disruptive challenges e.g. staff shortages, denial of access, failures in technology, loss of utility services, or failure of key suppliers.

- Help drive NHS Scotland's compliance with the Civil Contingencies Act 2004.

- Promote a unified and cohesive approach to BCM which replicates the most up-to-date standards such as ISO 22301 and ISO 22313

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3   Civil Contingencies Act 2004 (legislation.gov.uk)

4   The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (legislation.gov.uk)

5   Category 1 Responders under the Civil Contingencies Act 2004 as amended by The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2021 (S.S.I. 2021/147) include; Local Authorities; the Chief Constable of the Police Service of Scotland; the Scottish Fire and Rescue Service; the Scottish Ambulance Service Board; A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978 (c. 29) and the Scottish Environment Protection Agency.

6   Standard 7: The NHS Board shall have an overarching Business Continuity (BC) policy and a robust BC Management process. – NHS Scotland: Standards for Organisational Resilience. Second Edition. May 2018

7   Standard 12: The NHS Boards shall have a training and exercising plan in place to test its state of preparedness and to inform its response capability. – NHS Scotland: Standards for Organisational Resilience: Second Edition: May 2018

8   Business Continuity Good Practice Guidelines 2018

1.10 This guidance will support the Chief Executive of each NHS Board[9] with their responsibility for ensuring that their organisation has an effective and robust BCM process in place.

1.11 This document focuses on planning, preparing and responding within the NHS in Scotland. However, business continuity must apply across the complex networks that make up healthcare provision in Scotland. There is therefore a need for a high level of engagement with service providers, including health and social care partners in Scotland and other parts of the United Kingdom, in order to support mutual aid arrangements.[10]

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9   A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978 (c. 29)

10   Standard 9: The NHS Board shall have Major Incident and/or resilience plans that reflect its emergency preparedness and which have been developed with the engagement of relevant internal/external stakeholders. – NHS Scotland: Standards for Organisational Resilience: Second Edition: May 2018

Section 2
Purpose, Principles & Process of Business Continuity Management (BCM)

2.1 BCM is a key discipline that supports the building and improving the resilience of organisations. BCM identifies an organisation's priorities and prepares measures to address disruptive events. BCM is concerned with ensuring organisations can continue operating to an appropriate level in the event of a major disruption. Organisations should minimise the likelihood/impact of such an event, BCM assists with recovery and restart if one occurs**.**[11]

2.2 BCM, including processes for recovery and restoration, should be considered by an organisation as part of an overall approach to managing risks and threats. An effective business continuity programme supports the strategic objectives of the organisation and should be part of everyday business processes and be embedded into the culture and wider strategy of the organisation.

2.3 The skills to develop BCM processes can be seen as complementary to those involved in emergency management. The role may in some cases be undertaken by separate officers, as determined by local structures and resources. Effective co-ordination is necessary as a major incident may occur at the same time as a business continuity issue or be triggered by it.

Principles
2.4 The key principles for maintaining BCM are:

- Review critical services and identify resources which need to be available to maintain these for the first hour, 24 hours, 3 days and for 7+ days.

- Assess progress on BCM processes against an agreed checklist.

- Establish contracting processes with providers and suppliers that require BCM processes to be explicitly described and covered by contracts.

Processes
2.5 The key processes for maintaining BCM are:

- If there are any changes to your organisation, including restructurings, changed methods of the delivery of your critical activities;

- if there is a change to the external environment in which the organisation operates;

- following lessons learned from an incident or exercise; and

- changes to staff

Section 3
Roles and Responsibilities

3.1 An effective business continuity plan is dependent upon the identification of clearly defined roles and responsibilities, and the authorities to manage the policy. Roles and responsibilities should be assigned to competent individuals who have the appropriate authority for the role they have been assigned.

Scottish Government Health and Social Care Directorate

3.2 The SG: Health and Social Care Directorate (SGHSCD) has a key role in promoting and the supporting the implementation of BCM arrangements across NHS Health Boards in Scotland, including any Category 1 Responders in terms of the Civil Contingencies Act 2004. SGHSCD also has a responsibility to maintain the currency of BCM guidance for Health Boards in Scotland to ensure strategic guidance reflects up to date best practice.

NHS Boards/Health Service Providers

3.3 The Civil Contingencies Act 2004 requires that Health Boards listed as a Category 1 responder shall "maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs the person or body is able to continue to perform its functions."

3.4 Category 2 responders have a lesser set of duties, and they will be less involved at the core of the planning, but they will be heavily involved in providing the expertise or specialist resource of their sector during incidents through cooperation in response and/or the sharing of information. Within NHS Scotland, they included NHS National Services Scotland (NSS).

3.5 Where an NHS Board contracts services to a third party, in keeping with their statutory duty, they must ensure these services conform with local Business Planning/Continuity arrangements due to responsibility remaining with the Category 1 or 2 Responders.

3.6 For organisations not designated as Category 1 or 2 Responders under the Civil Contingencies Act 2004, it is considered good practice to have similar arrangements in place as part of its governance and risk management arrangements.

3.7 It should also be noted that after a Scottish Government public consultation which took place between 12 October and 22 November 2020, it was decided that Integration Joint Boards (IJBs) would be designated as Category 1 responders under the Civil Contingencies Act 2004.[12]

12   This amendment took place in 2021 through The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2021

NHS Boards Senior Management/Leadership

3.8 The organisation's Senior Management should regard BCM arrangements as essential, and their support provides essential leadership, as set out in the NHS Scotland Organisational Resilience Standards.[13]

• An Executive-level Director is appointed as the Corporate Lead and has overall accountability for the Resilience i.e. BCM and emergency preparedness (**standard 2.1**)

• The same Corporate Lead, supported by a Resilience Lead, ensures that the Health Board has up to date (BC, Major Incident and Resilience) plans and appropriate capability (**standard 2.4**).

• Effective measures are in place for monitoring the effectiveness of plans and maintaining an overview of the Health Boards' resilience (**standard 2.5**).

• A duty of the Corporate Lead, as a part of governance arrangements, must report annually on progress in relation to the Health Board's organisational resilience/BCM plans including (as a minimum) (**standard 2.6**):
   • Risks and Mitigation;
   • BC challenges;
   • lessons identified (and learned) from disruptive events and major incidents;
   • Emergency preparedness, resourcing, and gaps in capability or capacity;
   • Training, Testing and Exercising undertaken.

Oversight Responsibilities

3.9 As set out in the NHS Scotland Organisational Resilience Standards each NHS Scotland organisation must:

• Formally appoint or nominate a person with appropriate seniority and authority (e.g. Chief Executive or Board Level Director) to be accountable for all aspects of BCM.

• Appoint or nominate one or more individuals to implement, maintain and regularly review BCM arrangements. These individuals should represent all areas of the organisation, and associated threats and risk.

3.10 Each individual has responsibility to support BCM within the organisation. These responsibilities include:

• The Chief Executive (or nominated person) has overall accountability for the successful implementation and maintenance of BCM for the organisation.

• The BCM Lead Director has overall responsibility for the successful implementation and maintenance of BCM for the organisation.

• Health Board Directors have responsibility for the successful implementation and maintenance of BCM for the critical services within their area.

• Heads of Divisions/Teams/Business units/others have responsibility for oversight of the BCM implementation and maintenance within their area of responsibility.

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13   Standard 11: The NHS Board shall have pre-determined Command, Control and Coordination (C3) arrangements in place at Board (strategic level) and Hospital-levels (Operational level) to respond effectively and efficiently to various types and scale of major/mass casualties' incidents. – NHS Scotland: Organisational Standards for Resilience. Second Edition: May 2018

- Local Managers are responsible for successful implementation and maintenance of BCM within their areas of responsibility.

- Each individual employee is responsible for ensuring that they are familiar with relevant BCM plans and their role within these.

3.11 This ensures the profile of BCM issues is appropriate and decisions are made at a suitable level or escalated accordingly, with an escalation process forming a key part of an organisation's BCM programme. BCM is an ongoing process, and it is important to gain the support and endorsement of the organisation at each stage. It is the responsibility of senior management to provide the assurance that BCM arrangements are robust, including approval of an overall BCM strategy.

3.12 To develop and maintain a successful BCM culture in the organisation with positive outcomes for the communities it serves, the organisation must ensure that BCM governance, awareness and training are embedded at all levels, alongside routine activities such as business impact analyses and risk management. BCM principles should also form part of engagement with stakeholders to ensure that they have appropriate measures in place to effectively respond to an incident.

Contracted Service Providers

3.13 Service providers contracted by NHS Boards should be able to demonstrate adequate BCM arrangements are in place and, where appropriate, provide evidence to ensure continuity of an acceptable level of service during any period of disruption. NHS organisations and providers of NHS funded care will, therefore, need to recognise how their services depend on each other, and to align their business plans with all relevant partner organisations. An Executive-level Director within the Health Board has overall accountability for Business Continuity (BC) management and emergency preparedness.

Section 4
Business Continuity Management Principles

4.1 BCM adopts the principle of building on what already exists within an organisation, including standardising approaches to Crisis Management and integrating existing response mechanisms into a clear, formal strategy. BCM ensures these are integrated into a formal process to enable a faster and more effective response and recovery to disruption.

4.2 NHS Boards and organisations should have a BC policy that will[14]:

- Prioritise any urgent functions / activities;

- Identify the risks and threats to critical and essential services, functions and assets, and how they will be mitigated and protected respectively;

- Provide activation procedures, escalation processes, roles and responsibilities of staff;

- Outline incident response solutions and resources required to deal with the disruption at various stages;

- Include recovery steps and target timescales to return the service to normal operation;

- Highlight how the plan will be maintained;

- Set arrangements for communicating BC arrangements to staff and enabling them to understand their roles and responsibilities.

4.3 The Cabinet Office Civil Contingencies Secretariat Guidance[15] and the recognised Integrated Emergency Management (IEM) approach, the following six activities are fundamental to an integrated approach:

- anticipation;

- assessment;

- prevention;

- preparation;

- response;

- recovery management.

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14   Standard 7: The NHS Board shall have an overarching Business Continuity (BC) policy and a robust BC Management process. – NHS Scotland: Organisational Standards for Resilience. Second Edition: May 2018

15   Cabinet Office Emergency Preparedness (2012), p. 17, 1.56. Chapter-1-Introduction_amends_16042012.pdf (publishing.service.gov.uk)

Section 5
Testing, Exercising & Review

5.1 As part of the Business Continuity cycle, all BCM plans need to be tested and exercised. BCM arrangements cannot be considered reliable until they have been tested, exercised and proven to be workable for all parties. Due to the critical nature of the services provided by Health Boards it may not be possible to test all elements of your BC plans however every endeavour should be made to test the most crucial elements. In developing a test/exercise scenario, you should keep it simple, but realistic in order to fully test each element. The Civil Contingencies Act 2004 requires that BCM strategies and plans for both Category 1, including SAS and Health Boards, are regularly exercised. As set out in the NHS Scotland Organisational Resilience Standards, NHS Health Boards shall:

- carry out an 'all-risks' risk assessment at least annually to identify hazards, threats and vulnerabilities which may affect its resilience and ability to deliver its functions (**standard 6),**

- have up-to-date, effective Business Continuity (BC)/contingency plans for all prioritised services and functions (**standard 8),**

- have a training and exercising plan in place to test its state of preparedness and to inform its response capability (**standard 12).**

5.2 Organisations should review their BCM system and process at appropriate intervals to ensure continued suitability, adequacy, and effectiveness. This can be done via either an internal or external audit of BCM competence and capability to identify actual and potential shortcomings. The organisation should establish, implement and maintain procedures for dealing with such reviews.

5.3 A BCM self-assessment process also plays a role in ensuring that an organisation has robust, effective and fit-for-purpose BCM competence and capability. It can provide the qualitative verification of an organisation's ability to recover from disruption to normal service(s) and/ or a major incident. Self-assessment is regarded as good practice and should be conducted against the organisation's objectives.

Scottish Government Health and Social Care Directorates:
Health Emergency, Preparedness, Resilience and Response Division

Scottish Government
Riaghaltas na h-Alba

Section 6
Glossary

Term	Definition	Source[16]
Audit	A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled	ISO 22301:2019
Business Continuity (BC)	The capability of the organisation to continue delivery of products or services at acceptable predefined levels following disruptive incident.	ISO 22301:2019
Business Continuity Management (BCM)	A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.	ISO 22301:2019
Business Continuity Plan (BCP)	Documented procedures that guide organisations to respond, recover, resume, and restore to a predefined level of operation following disruption.	ISO 22301:2019
Business Impact Analyses (BIA)	The process of analysing activities and the effect that a business disruption might have upon them.	ISO 22301:2019
Cabinet Office Civil Contingencies Secretariat (CCS)	Executive department of the UK Cabinet Office responsible for emergency planning in the UK	UK Government

16   Sources correct as of October 2023

Term	Definition	Source[16]
Competence	The ability to apply knowledge and skills to achieve intended results.	ISO 22301:2019
Crisis	A situation with a high level of uncertainty that disrupts the core activities and/or the credibility of an organisation and requires urgent action.	ISO 22301:2019
Exercise	The process to train for, assess, practice, and improve performance in an organisation.	ISO 22301:2019
Health EPRR	Health Emergency Preparedness, Resilience and Response Division, part of Health and Social Care Directorate	Scottish Government
Implementation (PP5)	Implementation is the Professional Practice within the business continuity management lifecycle that implements the solutions agreed in the design stage. It also includes developing the business continuity plans and a response structure.	Good Practice Guidelines (GPG) Edition 7.0 | BCI (thebci.org) GPG 2018
Incident	A situation that might be, or could lead to, a disruption, loss, emergency or crisis.	ISO 22301:2019
Organisation	The person or group of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives.	ISO 22301:2019
Organisational Resilience	The ability of an organisation to absorb and adapt in a changing environment.	ISO 22316:2017
Policy	The business continuity policy provides the intentions and direction of an organisation as formally expressed by its top management.	ISO 22301:2019
Process	A set of interrelated or interacting activities which transforms inputs into outputs.	ISO 22301:2019
Resources	All assets, people, skills, information, technology (including plant and equipment), premises, and supplies and information (whether electronic or not) that an organisation has to have available to use, when needed, in order to operate and meet its objectives.	ISO 22301:2019
Risk	The effect of uncertainty on objectives	ISO/IEC Guide 73

Term	Definition	Source[16]
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation.	ISO/IEC Guide 73
Risk Management	Coordinated activities to direct and control an organisation with regard to risk.	ISO/IEC Guide 73
Senior management	A person or group of people who directs and controls an organisation at the highest level.	ISO 22301:2019
Test	An exercise whose aim is to obtain an expected, measurable pass/fail outcome.	ISO 22301:2019
Threat	A potential cause of an unwanted incident, which can result in harm to individuals, the environment or the community.	ISO 22301:2019