



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

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Business Continuity Management Policy

This Procedural Document replaces: CORP/RISK 9 v.6 – Business Continuity Policy

PREPARING FOR EMERGENCIES



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Document Control

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Record of Amendments

Version	Date	Author	Description of Change
Version 7	December 2024	Jeannette Reay Emergency Planning Officer David Harvey Emergency Planning Officer	<p>Consideration and approval details updated on front cover – for Board approval.</p> <p>Requirements for Suppliers and Contractors included in the scope and requirements (2.3, 2.4, 3 and 5). Addition of 2.6 – BCMS Policy Objectives.</p> <p>Section 3 – Roles and Responsibilities section – reworded (more detail will be included in the Business Continuity Management Guidance Document).</p> <p>Section 4 – Risk – Added.</p> <p>Section 5 – Business Continuity Management Guidance Document – Added.</p> <p>Section 6 – Training Expectation for Staff – Added.</p> <p>6.2 – Replaced Training Needs Analysis with Learning Needs Analysis.</p> <p>Section 7 – Business Continuity Incidents and Activation.</p> <p>Removal of Appendix B – BCMS Reporting Structure Diagram (more detail will be included in the Business Continuity Management Guidance Document).</p>
Version 6	February 2023	Jeannette Reay Emergency Planning Officer	<p>Major revision of Policy Document:</p> <p>References to Business Continuity Strategy removed. References to Risk Management removed.</p>
Version 5	December 2015	Jean Yates Emergency Planning Lead	Unknown
Version 4	October 2014	Jean Yates Emergency Planning Lead	Unknown
Version 3	March 2013	Jean Yates, Emergency Planning Lead	Unknown
Version 2	Unknown	Unknown	Unknown
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1.0 Introduction

Doncaster and Bassetlaw Hospitals NHS Foundation Trust (*hereafter referred to as the Trust or DBTH*) provides a wide range of services to the public. Failure to provide any of these services would have a significantly detrimental effect on both the public and the Trust. A robust framework of business continuity plans will provide assurance that the Trust can continue with the provision of the most critical services and functions; enhance the Trust's ability to withstand a range of disruptive influences and support the Trust's Corporate objectives.

The potential for disruption to the normal services of health and social care communities has been recognised nationally and the issue is directly addressed within the Civil Contingencies' Act (CCA) 2004, which sets out in Part 1 the statutory requirement for Category 1 responders to comply with civil protection duties, by assessing, planning and responding to emergencies and to significant disruptions in business continuity. This includes providing a training programme for those directly involved in business continuity, and with responsibility for the invocation of such plans.

[The NHS Emergency Preparedness Resilience and Response Framework 2022](#) sets out clearly the minimum EPRR standards which NHS Organisation's and providers of NHS-funded care must meet and there is an annual requirement for the Trust to provide assurance of compliance against these standards.

There are three British and International standards to which the Health Sector should refer when undertaking Business Continuity Planning: ISO 22301:2019 (which replaces ISO 22301:2012 and BS 7799), BS NHS 2599 and PAS 2015 which is an NHS specific document for Business Continuity Management. The Trust's plan and processes are developed from and aligned with the recommended standards.

Business discontinuity can also present severe financial challenges through loss of income, recovery activity and continuity reasons. It is important that the Business Continuity approach of the Trust ensures minimum disruption to activity and therefore income loss, and that continuity and recovery plans are optimised.



2.0 The Policy Statement

2.1 Commitment

The Trust's Board Members are committed to protecting the continuity of the Trust's, services, processes, activities and other functions in the face of disruptive incidents in order to preserve, as far as is reasonably practicable, the health, safety and well-being of its patients, staff, contractors and the local communities it serves. This Business Continuity Statement therefore demonstrates their absolute commitment to the principles and practice of business continuity and disaster recovery. This includes enabling the Trust to resume its normal operations as soon as possible following an event. This policy considers the effects of any delay in the Trust's quality of service, reputation, and finances.

To satisfy applicable legal, regulatory and contractual obligations, and reduce operational (continuity-related) disruption risks to acceptable levels, a Business Continuity Management System (BCMS) will be implemented.

The Trust's strategic business plan and risk management framework provides the context for identifying, assessing, evaluating and controlling continuity-related risks through the establishment and maintenance of a BCMS. The business impact analysis, risk assessment and risk treatment plan shall identify how continuity-related risks are controlled.

The Trust aims to achieve specific, defined business continuity objectives, which are developed in accordance with the business objectives, the context of the organisation, the results of the risk assessments and the risk treatment plan. These objectives are recorded in the Business Continuity Objectives document.

This policy therefore provides a structure through which:

- Critical activities and functions will be identified and aligned to the Trust's risk management processes, to ensure they are protected as far as is reasonably practicable;
- Business Continuity Plans (BCP's) will be developed, tested and maintained to provide guidance and support to those responsible for managing any crisis and/or incident or disruption to any of the Trust's core services;
- The Trust's BCM arrangements are embedded across all employees and with any third party working for the Trust through awareness communications enabling organisation wide preparedness and resilience to any major disruption; and
- The reputation and integrity of the Trust is protected at all times.

2.2 ISO 22301:2019

ISO 22301:2019 Clause 5.2 requires organisations to establish a Business Continuity Policy which is communicated to the organisation and available to interested parties as documented information. It shall be reviewed at defined intervals and/or when significant change occurs.



2.3 The Scope of the Policy

This policy applies to the whole of the Trust. The scope therefore encompasses services, processes, activities and other functions which are deemed critical to the Trust, and which are defined in the Business Continuity Context, Requirements and Scope Document (Reference B refers). This applies to external entities, contractors and any third-party suppliers that the Trust may use.

2.4 The Policy

The Trust is committed to ensuring the continuity of its services and functions to its patients and local communities, even during a potentially disruptive event or when challenged by unforeseen events.

To achieve the continuity of critical services, processes, activities and other functions during a disruptive event, the Trust will establish a Business Continuity Management System (BCMS). The Trust’s BCMS will ensure that there is an effective quality assured programme and process for addressing risks that could interrupt and affect normal operating parameters.

Business Continuity Management (BCM) underpins our ability to carry out the duties, services and functions required of the Trust. The capability to deliver quality services on a day-to-day basis and to continue to do so during adverse, challenging times shall remain the responsibility of all Trust staff, contractors and suppliers.

The Trust is committed to aligning its BCMS to the internationally recognised ISO 22301:2019 standard of quality, industry best practice guidelines and NHS Core Standards.

2.5 BCMS Policy Aims

The aims of the BCMS are to:

- Ensure the health, safety and well-being of our patients, visitors, staff and the local communities we serve;
- Maintain communications with patients, visitors and staff during operational disruption;
- Reduce the frequency and impact of significant operational disruptions;
- Continue to deliver agreed services, processes, activities during periods of operational disruption;
- Support the Trust’s strategic goals and objectives; and
- Maintain public and confidence and the Trust’s reputation.



2.6 BCMS Policy Objectives

To meet the needs of our patients:

- Continue to develop, maintain and continuously improve a BCMS considering: our patients, our partners, our risks, lessons identified, feedback from users and stakeholders which maintains and enhances compliance with ISO22301, International Standard for Business Continuity
- Use the BCMS to identify, protect and maintain prioritised activities, to deliver and recover service to an acceptable level as defined by the Trust
- To develop appropriate plans, arrangements and processes which address the risks; tolerate, treat, transfer or terminate the impact of any disruption to the BCMS identified prioritised activities
- To maintain, exercise and test the plans, arrangements and processes and 6 where changes are identified, revise plans, arrangements and processes so that the elements of the BCMS remain current and effective in operation
- To embed business continuity into the culture of the organisation through training and education and raising awareness through staff engagement
- All DBTH departments' Business Continuity Leads will come together at least annually to ensure that business continuity plans are developed collaboratively to ensure appropriate interdependences between departments are written into plans
- Business Continuity Leads will meet at least annually with the EPRR Department to revise plans and arrangements and provide assurance of ongoing continuous improvement
- The Trust will set annual business continuity specific objectives for the BCMS at the EPRR Group

2.7 Benefits

This policy provides a clear commitment to BCM across the Trust enabling:

- The continuation of critical functions during any operational disruption, even if such functions are reduced;
- The provision of clear guidance to incident managers and staff during an operational disruption;
- Reduction in the impacts of any disruption to a minimum through well prepared and exercised Business Continuity Plans (BCPs); and
- Effective resilience to be maintained at all times.



3.0 Roles and Responsibilities

DBTH will take the approach required by the ISO 22301:19 standard and the Business Continuity Institute Good Practice Guide (GPG) (updated 2023) which will ensure that the Trust develops a Business Continuity System which is in line with the Civil Contingencies Act (2004) statutory requirements relating to business continuity. This approach, based on best-practice, will ensure that the organisation can achieve its objectives for business continuity.

DBTH adopts the well-established Business Continuity Management lifecycle.

The Trust is committed to maintaining its alignment to ISO 22301 as part of its continual improvement and assessment which is conducted by independent auditors.

The BCMS guidance document supports the Trust BCMS Policy by provided specific information, templates and guidance on DBTH' intention in relation to the BCMS and should always be adhered to in the development of any new BC plans and arrangements.

The absence of business continuity may have critical consequences; therefore, the Trust adopts the process as part of good management practice, contributing towards the reduction of risk, thus ensuring that the key strategic intentions and core values of the service are achieved.

This obligation requires more than simply writing business continuity plans. The Trust is committed to an on-going management and governance process, fully supported by the Board which is appropriately resourced.

- Each Division/Corporate Directorate will have a current and up to date Business Continuity Planning Documents
- Each Division/Corporate Directorate will have a current and up to date Staff Mapping document
- Each Division/Corporate Directorate will have completed risk assessments in relation to its Business Continuity risks
- Each Division/Corporate Directorate will test annually its business continuity arrangements via an exercise and produce a report of the exercise, the Trust will accept an 80% compliance rate on testing and exercising
- Each Division/Corporate Directorate will identify lessons and establish an action plan to embed learning into established practice, monitoring and reporting will be by the EPRR Department
- The EPRR Department will conduct audits of the Business Continuity Management arrangements of all its suppliers or commissioned providers who are deemed to be vital to the provision of any of the Trust's critical activities.



4.0 Risk

The Trust in line with current guidance and policy, will continually risks assesses all risks faced by the Trust including climate change, with these risks then feeding into the Trust's Business Impact Analysis and Business Continuity Plans. Identified Business Continuity risks will be handled and dealt with as part of the Trust's wider EPRR risk register. For further details please see the Trust's Emergency Preparedness, Resilience and Response (EPRR) Policy and Risk Management Framework.

5.0 Business Continuity Management Guidance Document

The Trust will maintain a Business Continuity Management Guidance Document, which will supplement the policies laid out within this policy, providing additional information, detail and templates to all departments and staff within the Trust.

This guidance document will include the following things as a minimum:

- The process and requirements for conducting a Business Impact Analysis/ Assessment, including corporate templates for this document.
- The process and requirements for conducting creating a Business Continuity Plan, including corporate templates for this document.
- Further detail regarding the requirement to conduct exercises of Business Continuity Plans, including exercises in a box templates.
- Sets out a clear process for auditing business continuity management within the trust itself and within its commissioned suppliers and providers who are connected to providing the Trust's critical services.

6.0 Training Expectation for Staff

6.1 EPRR Department

Members of the Trust's EPRR Department will maintain the appropriate training and awareness, competencies and currency in relation to the BCMS.

6.2 Business Continuity Leads

Each Division/Corporate Directorate must have an identified, competent BC Lead. Nominated individuals must meet the requirements of the BC Lead role profile; full training and on-going support will be provided to the BC Lead by the EPRR Department. Assessment of competence will be conducted by the EPRR Department; any learning gaps will be escalated to the plan owner. Any additional none BC specific competency requirements will be identified in the Trust's Learning Needs Analysis (LNA).

6.3 DBTH Staff

All staff have access to information on the Trust's intranet to improve understanding of the topic. In addition, a business continuity awareness e-learning package is available to all staff on ESR. Department/Service heads are responsible for promoting uptake within their departments.



7.0 Business Continuity Incident's and Plan Activation

7.1 Definition of a Business Continuity Incident

A Business Continuity Incident is defined as an event or situation that disrupts normal business operations and necessitates the activation of a business continuity plan or the implementation of special measures. Such incidents can arise from a variety of sources, including natural disasters (like earthquakes and floods), human-made events (such as cyberattacks or terrorism), or system failures (like power outages or critical equipment breakdowns).

7.2 Authorisation Level for the Activation of a Business Continuity Plan

The authorisation level for the activation of a business continuity plan within the Trust is significantly different to that of a critical/major incident, with this being due to the nature of business continuity incidents. As such the authorisation level for the activation of a business continuity plan and incident is that of a Band 7 Team Leader and above within the Trust.

7.3 Management of a Business Continuity Incident

The management of a Business Continuity Incident will be conducted as standard in line with and using the normal management and supervision structure of the Trust. With Business Continuity issues being escalated via these normal channels from service level to directorate level and finally to a whole organisation response.

There will be no special or additional Command and Control structures or functions put in place as standard when responding to a Business Continuity Incident within the Trust.

In a situation occurs where the Business Continuity Incident escalates to such an extent (such as a requiring a whole organisation response) that there becomes the need to stand up a command and control structure, then the Chief Operation Officer or their Deputy may choose to do this. In the event of this occurring the command and control structure detailed within the Trust Critical/Major Incident Plan should be followed, and this Plan should be referred to.

Additionally, if the Chief Operation Officer or their Deputy decide that an Incident Coordination Centre (ICC) needs to be established to be able to effectively respond to a Business Continuity Incident. Then in this event, the Trust Incident Coordination Centre (ICC) Plan should be followed.

7.4 Moving from Business Continuity to a Critical/Major 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. Once an incident moves away from this definition and starts to meet the definition of a Critical or Major Incident, then the Trust's Critical and Major Incident Plan should be activated and followed.

7.4.1 Definition of a 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.



7.4.2 Definition of a Major Incident

A Major Incident is defined as an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency. Or 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.

7.5 Communication during a Business Continuity Incident

If there becomes a need for large scale or specific communication with staff, patients or the wider public during the response to a Business Continuity Incident, then the Trust’s EPRR Incident Communication Plan should be referred to and active as required.

7.6 Reporting of Business Continuity Incident

All Business Continuity Incidents occurring within the Trust, as outlined in Section 7.1, are required to be reported to the Trust’s EPRR Department within 24 hours of the incident starting.

For detailed procedures and additional information regarding the reporting process, please refer to the Business Continuity Management Guidance Document.

7.7 Debrief

All Business Continuity Incidents occurring within the Trust, as specified in Section 7.1, shall undergo a thorough debriefing process. It is the responsibility of the pertinent Division or Corporate Directorate to ensure that this requisite debrief is conducted efficiently and effectively. Each Business Continuity Incident Debrief must be completed within eight working days following the incident’s occurrence. Subsequently, the outcomes and insights derived from the debrief must be documented and submitted to the Trust’s EPRR Department within two working days after the debriefs conclusion.

For detailed procedures and additional guidance on the debrief process, please refer to the Business Continuity Management Guidance Document.

8.0 Audit and Review/Monitoring Compliance

The effectiveness of this policy and the BCMS objectives will be monitored through:

- The Trust’s EPRR Steering Group with these groups providing assurance to the Trust’s Audit and Risk Committee
- The BCMS will be subject to an annual top management review as defined in the ISO22301 international standard
- The outcome of the annual top management review, along with an update on business continuity actions and issues, will be reported to the Trust Board in the EPRR update
- Audit of the BCMS as per the DBTH BCMS internal audit programme covering the whole of the BCMS on a rolling 3-year programme
- Training records, progress reports, BCMS tracking documents
- Debriefs and lessons identified via debrief reports and reporting via the EPRR Department.




9.0 Related Policies, Standards and Guidance Documents

9.1 Documents of External Origin

ISO 22301:2019 - Security and resilience - Business continuity management systems requirements	ISO 22301
NHS Emergency Preparedness Resilience and Response Framework 2022	EPRR Framework
Business Continuity Institutes Good Practice Guidelines (GPG (2018 Edition))	BCI GPG 2018

9.2 Documents of Internal Origin

DBTH Risk Appetite Statement	 DBTH Trust Risk Appetite Statement Ju
Risk Identification, Assessment and Management Policy	Risk-Policy-v5-FINAL.pdf (dbth.nhs.uk)



10.0 Glossary

AEO	Accountable Emergency Officer
BCI	Business Continuity Institute
BCM	Business Continuity Management
BCMS	Business Continuity Management System
BCPs	Business Continuity Plans
BIA	Business Impact Assessment
CAR	Corrective Action Record
CCA	Civil Contingencies Act 2004
COO	Chief Operating Officer
DBTH	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
EPRR	Emergency Preparedness, Resilience and Response
ISO	International Organisation for Standardisation
ISO 22301:2019	International Standard for Security and resilience – Business continuity management systems – Requirements
NHS	National Health Service
PAS	Publicly Available Specification
SMEs	Subject Matter Experts

11.0 Equality impact assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See 11.1).



11.1 Equality Impact Assessment Table

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Business Continuity Policy	Denise Smith, Chief Operating Officer	Jeannette Reay	Existing revised	November 2024
<p>1) Who is responsible for this policy?? Name of Care Group/Directorate: The Lead Director for Emergency Preparedness, Resilience and Response (EPRR) and the Emergency Planning Lead who has delegated responsibilities.</p>				
<p>2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? The purpose of the Policy is to enable the Trust to meet its statutory obligations under the Civil Contingencies Act 2004 to be prepared for and plan to respond effectively to any emergency or incident which may affect the Trust’s capability of service provision. This could be any service disruption affecting service delivery, ranging from a major incident or significant power outage (examples only). It is also to protect staff, patients and the public in the event of any incident affecting the service and provides for protecting core service priorities.</p>				
<p>3) Are there any associated objectives? Legislation, targets national expectation, standards - Statutory requirements under the CCA 2004; Monitors Compliance Framework; CQC essential Standards; NHS England Core Standards; NHS England EPRR Framework; National Standard Contract Compliance.</p>				
<p>4) What factors contribute or detract from achieving intended outcomes? None known</p>				
<p>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No</p> <ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
<p>6) Is there any scope for new measures which would promote equality? Non known</p>				



7) Are any of the following groups adversely affected by the policy?			
Protected Characteristics	Affected?	Impact	
a) Age	No		
b) Disability	No		
c) Gender	No		
d) Gender Reassignment	No		
e) Marriage/Civil Partnership	No		
f) Maternity/Pregnancy	No		
g) Race	No		
h) Religion/Belief	No		
i) Sexual Orientation	No		
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box			
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>			
Date for next review: November 2025			
Checked by: Suzanne Stubbs Date: November 2024			