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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Business Continuity Management; Guidance for Policy Implementation

May 2009

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1.0 Business Continuity Management Policy Statement

The Health Service Executive is committed to providing the best possible patient care at all times, including during times of crises, through the best use of available resources and in accordance with legislative requirements. The Health Service Executive will take all reasonable steps to ensure that in the event of service interruption, essential services will be maintained and normal services restored as soon as possible.

2.0 Purpose

In order to respond to internal- and external emergencies the Health Service Executive has in place, both at national and local level, a number of plans that may be activated during times of internal and/or external emergencies.

The 'Business Continuity Management Policy', which is complementary to such internal- or external emergency plans, outlines the Health Service Executive's policy on continuing its business, i.e. patient care, when one or more services are facing difficulty, disruption, reduction or cancellation due to an emergency or any financial- , human resources- or other constraint that may be placed on the services.

Not only direct patient care services, such as clinical services, are at risk if such an eventuality occurs, other, non-clinical services such as catering, laundry, (Bio-) technical services, CSSD, Laboratory, and Radiology etc. may also be affected. Shortages or loss of utilities such as energy or water, IT facilities, communication systems, food restrictions etc. may have significant effects on the ability to deliver patient care.

In addition, services may be under treat when external suppliers or services to the HSE or its facilities are interrupted

All of the above highlight the need for services to be prepared and resilient in order to continue business.

Indeed, in an earlier document that was produced by the Health Service Executive, namely *OQR010 Developing and Populating a Risk Register Best Practice Guidance*[1], business continuity was identified as one of its areas of risk that must be managed to prevent or minimise harm occurring. The HSE Risk Assessment Tool[2] has 'business continuity' included in its impact table.

[1,2] OQR010 Developing and Populating a Risk Register; BPG is available to download from:
http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents

The BCM policy sets the parameters for Business Continuity Management within the Health Service Executive. The policy also outlines the process that is to be followed throughout the HSE for its implementation

This document, *'Business Continuity Management; Guidance for Policy Implementation',* provides the guidance necessary to enable development of a Business Continuity Plan in accordance with the policy and taking cognisance off local requirements.

3.0 Scope

The *'Business Continuity Management Policy'* and this *'Guidance'* document are applicable to all Directorates, including all their facilities, and all the support functions within the Health Service Executive and funded by the HSE.

4.0 Developing a Business Continuity Plan

The aim of the Business Continuity Plan is to identify, in advance and as far as reasonably practicable, the actions that are necessary and the *existing, possibly limited and/or reduced, resources* that may be needed to maintain (limited) services during a time of emergency and/or during times of reduced financial resources or other constraints. Services include all clinical services but also all support services and/or utility services. These include, inter alia, catering, laundry, laboratory, CSSD, water, energy, ICT and communication services or functions.

The Business Continuity Plan pulls together the response of the whole facility to any, potential, disruption.

The components and contents of a Business Continuity Plan will vary between Directorates, facilities, services and departments. There will be a different level of detail based upon the service that is being delivered or required to be delivered, and also based on the complexity of the service.

It may therefore be necessary for a sizeable facility (e.g. large hospital) to have in place a number of 'Business Unit Plan(s)' (BUP), but care should be taken that such plans are complementary to the overall Business Continuity Plan and that such Business Unit Plans **do not compete with one another** for existing limited resources etc.

For the purpose of this guidance document, the focus will be on Business Continuity Plans (BCP) only. However, the format used for a Business Continuity Plan may also be used for Business Unit Plans.

4.1 Stages in the development of a Business Continuity Plan

Each Directorate should allocate the responsibility for developing the BCP to one member of staff. Similarly each facility within the directorate should allocate responsibility for developing a BCP to one member of staff. Depending on the task, a multi-disciplinary Business Continuity Team may be formed chaired by the staff member who has been allocated responsibility for the development of a BCP.

However, when developing BCPs or BUPs it is important that all sections within the directorate or facility are involved. If this involvement does not occur, erroneous assumptions could be made about the ability of another section within the directorate or facility to respond to the difficulty, disruption or reduction of service due to the financial- or other constraint and meet the needs of the BCP or BUP.

The development of the BCP consists of a number of tasks in accordance with stage 2 to 5 inclusive within the business continuity process (see flow chart).

Stage 1 — Initiate BCM by CEO **and** Board of HSE

Stage 2 — Understanding the organisation

Stage 3 — Risk Assessment/Business Impact analysis at national and local levels within HSE — Risk: Identify and assess critical services and/or functions, using the table in Appendix I

Stage 4 — Explore options to address the identified risks at national and local levels within the HSE — -Mitigate risk -Transfer risk -Eliminate risk

Stage 5 — Develop Business Continuity Plans at all levels within the HSE — Develop Business Continuity Plan(s) to address all identified risks

Stage 6 — Training and exercising BCPs

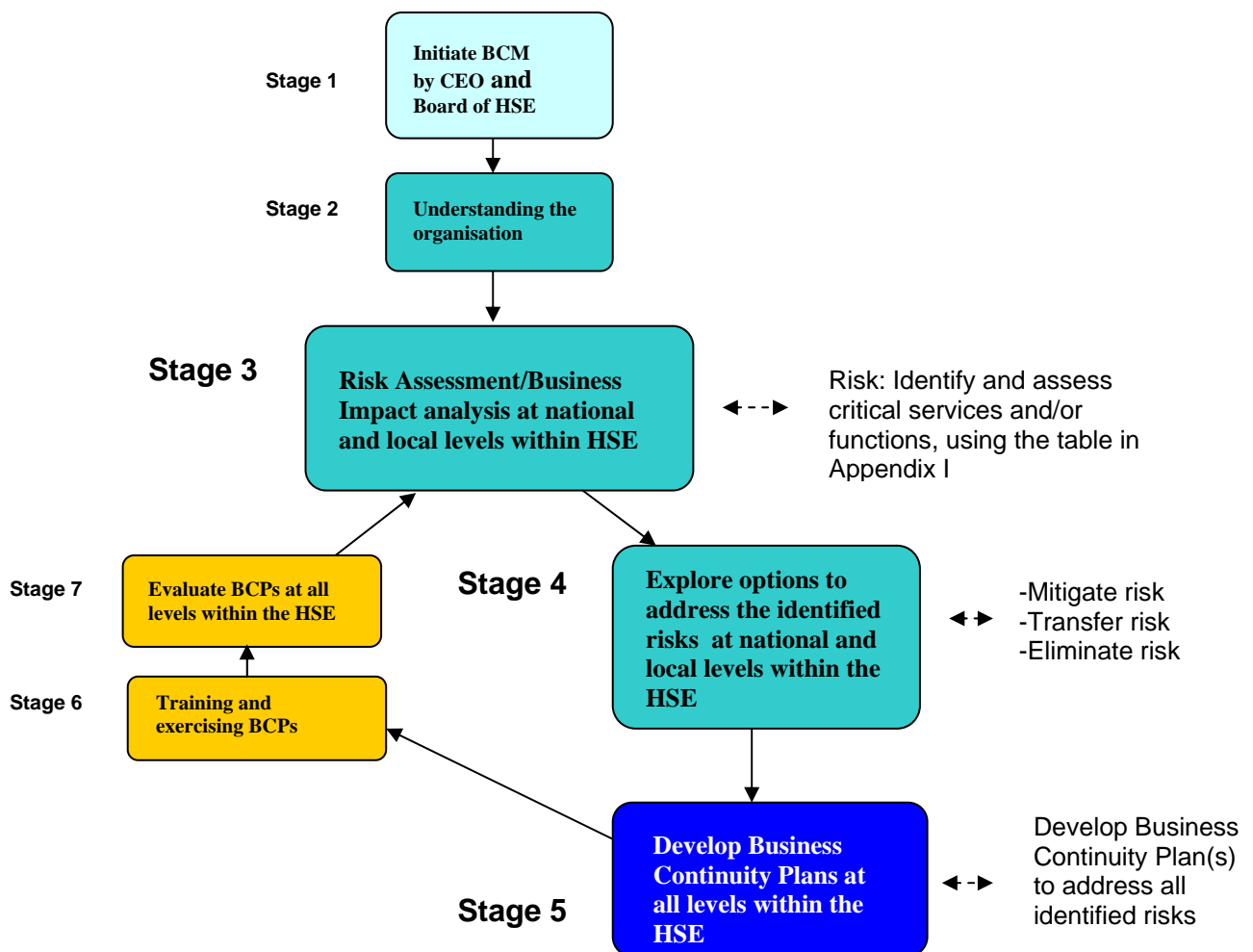**Stage 7** — Evaluate BCPs at all levels within the HSE

Fig. 1 Stages in Business Continuity Management Process (adapted Business Continuity Institute 2002)

These tasks include:

- Stage 2: Identify the critical services and/or functions that cannot be done without or that cannot be reduced or limited and identify those services and/or functions that will be able to accommodate or absorb any (financial resource) reduction or limitation
- Stage 3: Risk-assess these critical services and/or functions. The method of risk assessment to be used should be similar as that described in the document *'OQR010 Developing and populating a risk register best practice guidance'* [3]. Care should be taken that the risk assessment relates not only to individual sections but also to the complete service(s) or function(s) that is provided and at risk. For convenience the templates and some other information for risk assessment is provided in Appendix I. Explore available options to address the identified risks
- Stage 4: Develop the options/response to the risk assessment
- Stage 5: Develop the BCP including the response to the identified critical services and/or functions in order of priority based on the risk assessment carried out. Within the BCP identify required actions, responsible person and existing resources that may be required to be re-allocated

The following sections describe these stages, while the template in Appendix II outlines the format of the Business Continuity Plan.

4.2 Stage 2: Understanding the organization and Identifying the critical services and/or functions that cannot be done without

Each directorate and each facility provide services that have a higher priority rating than other services, in the event of an emergency or when financial- or other resource restrictions or limitations are placed upon the service. This depends, inter alia, on the tasks that the service delivers and on the complexity of the service. On the other hand, each directorate or facility may provide services that are capable to accommodate a reduction in financial resources through, temporary, suspension or reduction in the service.

In addition, many critical services depend on other support functions to carry out their work. Utilities or functions such as energy, water, ICT, Communication and (Bio) technical services are difficult to be replaced or commenced elsewhere due to their function, complexity or requirements.

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[3] OQR010 Developing and Populating a Risk Register; BPG is available to download from:
http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents

4.3 Stage 3: Risk Assessment of these critical services and/or functions using the Risk Matrix (See Appendix I)

All identified (critical) services and functions that cannot be done without or services and functions that will be able to accommodate some reduction or limitation should be listed, risk assessed and if necessary weighted to allocate its importance. In addition the minimum requirements for each service are to be identified and listed.

4.4 Stage 4: Explore available options to address the identified risks

- *Mitigate the Risk*: Can the critical service be modified to reduce the risk?
- *Transfer*: Move the service to another location within the facility or to another facility if possible in order to reduce or eliminate the risk to the critical service. Is it possible to outsource the service (e.g. catering)?
- *Eliminate*: if possible remove the cause, avoid the risk or introduce Preventative measures

4.5 Stage 5: Develop the Business Continuity Plan (see Appendix II)

When the critical services and functions have been identified and risk assessed the next step is to identify the most appropriate response to eliminate or minimize the consequences from any disruption. Key considerations here are complexity of service or function, ability to have an alternative and the length of the likely disruption or constraint.

This response may include

- Temporarily allocating the service to another facility (a caveat is necessary as the other facilities may experience similar disruption or financial or other constraints)
- Temporarily suspending one or more services or part of services. (for example the number of outpatient clinics may be reduced)
- Using other facilities or businesses to provide the service (for example catering services)
- If the disruption is long term, i.e. one month or longer, alternative, interim, services may need to be provided that are not affected by the disruption or constraint. (for example if orthopaedic services are disrupted, it may be possible to reduce some of the effects of this disruption by providing additional physiotherapy services)

When responses to the disruption or constraints have been agreed, it is necessary to determine what financial-or other resource requirements, **within existing and possibly reduced allocations,** are necessary to enable these responses to take place.

When services are disrupted or experience constraints there may be staff available that are suitable to fulfill a role elsewhere in the directorate or facility thereby enabling or alleviating the disruption or constraint elsewhere in the directorate or facility.

The possible availability of staff from elsewhere in the facility or directorate should be identified and listed in the plan.

4.6 Contents of the Business Continuity Plan (see Appendix II)

When drafting the BCP, the following should form part of the contents:

- Purpose and scope of the BCP
  Clearly set out the purpose and scope of the BCP
- Roles and Responsibilities
  List all main roles and responsibilities during the time that the BCP is activated
- Activation of the Plan
  List the person responsible for activation of the plan and the procedure to be followed for partial or total implementation of the BCP
- Contact Details
  List of all contact details incl. staff, other facilities, other directorates, agencies, locations etc
- Alternative locations
  Where appropriate other locations should be identified where services may be delivered in the event that this is required
- Action cards
  All key personnel who have a distinct role and responsibility while the BCP is activated should have their tasks listed on action cards in order to provide a quick and effective response when the BCP is activated.
- Restoration of normal service(s)
  An important part of the BCP are the tasks to be carried out when the BCP is deemed no longer necessary and full service is to be restored

5.0 Roles and Responsibilities

5.1 Role of Chief Executive Officer

The Chief Executive Officer has overall responsibility for ensuring that the Health Service Executive has in place effective arrangements that enable continuity of services whatever the emergency or whatever financial- or other constraints that have been placed upon the services.

5.2 National Directors and/or Head of Service

National Directors and/or Head of Service are responsible for ensuring that:
- Directorates complete an analysis of the critical services and/or functions including risk assessment
- Completion of Business Continuity Plans, required as a consequence of the risk assessment, appropriate to the directorate
- Cascading of the Business Continuity Plans to the General Managers in their area
- Organising training in the Business Continuity Plan
- Exercising/testing the Business Continuity Plan
- Issue instructions to activate the BCP
- Issue instruction to restore normal service

5.3 NHO Network Managers and PCCC Local Health Managers

Network Managers and LHO Managers are responsible for ensuring that:
- Network General Hospitals and Local Health Offices (and other facilities within the LHO area) complete an analysis of the critical services and/or functions including risk assessment
- Completion of Business Continuity Plans, required as a consequence of the risk assessment, appropriate to the network or LHO area
- Cascading of the Business Continuity Plans to the General Managers in their area
- Organising training in the Business Continuity Plan
- Exercising/testing the Business Continuity Plan
- Issue instructions to activate the BCP
- Issue instruction to restore normal service

5.4 General Managers

General Managers are responsible for ensuring that:
- Local facilities complete an analysis of the critical services and/or functions including risk assessment
- Completion of local Business Continuity Plans, required as a consequence of the risk assessment, appropriate to the facility
- Cascading of the local Business Continuity Plans to their staff
- Organising training in the local Business Continuity Plan
- Exercising/testing the local Business Continuity Plan
- Issue instructions to activate the BCP
- Issue instruction to restore normal service

5.5 All staff

Staff are required to make themselves familiar with their roles, relevant to their work area, as set out in
- This Business Continuity Management Policy
- The Business Continuity Management; Guidance for Policy implementation
- National and local Business Continuity Plans
- Participate in the training and exercising of the local Business Continuity Plan as appropriate

6.0 Implementing and activating the Business Continuity Plan

6.1 Distribution and communication of the Business Continuity Plan

Following the approval by the relevant National Director of the Business Continuity Plan and/or Business Unit Plan(s), distribution, communication and briefing sessions on the plan throughout the HSE and/or facility are to be arranged by the relevant National Director or General Manager.

6.2 Training and exercising the Business Continuity Plan

Training and exercising of the plan follows on from the distribution and briefing.

This training may take the form of a 'table top' exercise whereby different scenarios are acted out and acted upon in line with the BCP or BUP. Alternatively, real 'live' exercises may take place.

The content and the choice of type of training is the responsibility of the General Manager or the National director, whichever is applicable or appropriate.

6.3 Evaluation of the Business Continuity Plan

Following the exercises or following whole or partial implementation of the BCP, a full evaluation of the appropriateness and effectiveness of the plan is to take place. The plan will be updated, if required, following such evaluation.

6.4 Activation of the Business Continuity Plan

The activation of the BCP takes place following instruction of the National Director or General Manager, whichever is appropriate. Persons may be designated by the National director or General Manager to carry out this function in the event of their unavailability. The activation follows the procedure as described in the BCP.

7.0 Glossary and Acronyms

BCM   Business Continuity Management
BCP   Business Continuity Plan
BCT   Business Continuity Team
BUP   Business Unit Plan

Impact Analysis   The process of analysing the effect that interruption or disruption may have on normal operation of a service

Risk   The chance of something happening that will have an impact on objectives (AS/NZS 4360:2004)

Risk Assessment   The overall process of risk identification, risk analysis and risk evaluation (AS/NZS 4360:2004)).

Risk Matrix   Matrix of impact and likelihood for an event, to ascertain the risk

8.0 References

Business Continuity Institute (2008). *Business Continuity Management, Good Practice Guidelines 2008.* Version 2008.1

Health Service Executive (2008). *OQR010 Developing and populating a risk register BPG.* 20081210 v4

Standards Australia/Standards New Zealand, *Australian/New Zealand Standard: Risk Management (AU/NZS 4360) 2004*

Standards Australia/Standards New Zealand, *Australian/New Zealand Standard: Risk Management Guidelines Companion to AU/NZS 4360:2004*

http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/ (accessed 20/11/08)

Department of Health (2008) *NHS Resilience and Business Continuity Management Guidance,* Interim Strategic National Guidance for NHS Organisations

Health Service Executive (2008) *OQR026 Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions* 20080722 v2

Appendix I: Risk Assessment method

a) Describing the risks identified using the Impact, Causal Factors and Context (ICC) approach

It is important that a brief description of each risk is provided that accurately and comprehensively ensures that the exact nature and magnitude of the risk is captured.

The 'ICC approach' to risk description

- Risk is inherently negative, implying the possibility of adverse impacts. Describe the potential **Impact** if the risk were to materialise.

- Describe the **Causal Factors** that could result in the risk materialising.

- Ensure that the **Context** of the risk is clear, e.g. is the risk 'target' well defined (e.g. staff, patient, department, hospital, etc.) and is the 'nature' of the risk clear (e.g. financial, safety, physical loss, perception, etc.)

Example: Premature discharge of patients *(context)* leading to death or poor outcome *(impact)* due to bed shortage *(causal factor).*

b) HSE Risk Matrix (Combining Impact and Likelihood)

	Negligible(1)	Minor(2)	Moderate(3)	Major(4)	Extreme(5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

- The risk rating is calculated by multiplying the level of impact by the level of likelihood.
- High Risk (score 15 or higher)
- Medium Risk (score between 6 and 12
- Low Risk (score less than 6)

c) Risk Assessment Exercise

Risk Description (using ICC approach)

_____

_____

_____

Impacts/Vulnerabilities (list here)

_____

_____

_____

Existing Controls (list here)

_____

_____

_____

Likelihood Score (tick appropriate box)

Rare/Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)

Impact Score (tick appropriate box)

Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme(5)

Risk Rating (Insert Number in Box below colour)

GREEN	AMBER	RED

Additional Controls Required (Business Continuity Plan)

_____

_____

_____

_____

_____

Appendix II: Template for a Business Continuity Plan

Business Continuity Plan

???????? Hospital, (or other facility)

Directorate:……………………………………………………

Department:……………………………………………………

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BCP Document Reference Number		Document drafted by	
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6.0 Business Continuity Plan details

Critical Services/functions	Risk Description, key risk(s) to the delivery of the critical service/function	Impact / vulnerability; Minimum Requirements	Response or controls required	Resources or controls (existing) required	Responsible person

7.0 Contact Details

8.0 Alternative locations

9.0 Action Cards

10.0 Restoration normal service