



Hart First Response

Business Continuity Policy

Registered Charity 1092333

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1. Introduction

- 1.1. Hart First Response (HFR) is committed to providing our patients and service users with what they need, excellent clinical care. Unplanned events leading to Business Continuity Incidents could lead to a dramatic reduction in HFRs capacity to respond.
- 1.2. The need to invoke the Business Continuity Plan may emanate from a: Spontaneous event (the declaration of a major incident) or other “Emergency”, or threat of an “Emergency”.
- 1.3. Whilst the sources of such disruption are limitless, their impacts and effects are much fewer in number. Examples may include:
 - a) A mass casualty incident, either spontaneous (transportation accident, act of terrorism, civil disorder or natural disaster) or,
 - b) A ‘slow burn’/ ‘rising tide’, typically a health emergency, e.g. an influenza pandemic, or an activity is identified that could lead to a surge in in-service sickness/absence or,
 - c) A combination of (a) & (b), e.g. severe weather when notice may or may not be received,
 - d) Loss of HFRs operational base at 66 Church Road.
 - e) IT loss, including computers, landline and mobile Phones,
 - f) Logistic failures – fleet, equipment, consumables,
 - g) External contractual failures, including the loss of public utilities,
 - h) A critical single point failure (internal or external) that threatens the operation of HFR.
- 1.4. In summary, any denial or loss of services or facilities that affects HFR’s response.
- 1.5. The Business Continuity Plan will also consider other aspects of business continuity that includes ‘internal major incidents’ ranging from the ‘loss of the Headquarters (HQ) building’, extensive sickness among personnel to failures in the supply chain.
- 1.6. Outcomes 4 and 6 of the ‘Essential standards of quality and safety’ published by the Care Quality Commission (CQC) in March 2010 provides prompts to providers on how to demonstrate compliance with Regulations relating to business continuity. This policy contains a series of statements on how HFR meets the required outcomes defined by the CQC.
- 1.7. HFR has no statutory duty to respond under the remit of The Civil Contingencies Act 2004

2. Related Policies, Procedures and Acts

- The Health and Social Care Act 2008 (regulated Activities) Regulations 2010.
- The Civil Contingencies Act 2004



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3. Responsibilities

- 3.1. The Executive Committee is responsible for the effectiveness of this policy. They will therefore monitor performance of HFR in respect of its response to all issues regarding the provision of business continuity.
- 3.2. The Chair is the Executive lead responsible for business continuity and the decision to invoke the business continuity plan rests with the Chair.

4. Risk Assessment

- 4.1. The events identified above that may pose or threaten significant risks to the performance of critical functions have been identified and simple actions identified to manage the events.
- 4.2. Once a Major Incident or 'Emergency' has been declared or anticipated, it will be a matter for the Executive Committee to undertake a dynamic risk assessments on an on-going basis.
- 4.3. If information or intelligence is received that an 'Emergency' is likely to occur, the Executive Committee will convene (by whatever means, telephone, e-mail or meeting), and a dynamic risk assessment relating to Business Continuity will be produced.

5. Invoking the Business Continuity Plan

- 5.1. The Executive Committee will convene (by whatever means, telephone, e-mail or meeting) to identify the threat / risk and plan remedial actions for the short, medium and long terms as necessary. The aims will be to:-
 - To recommend a well defined set of options that will initially maintain core functions and/or deal with the emergency and thus aid the restoration of normality as quickly as possible.
 - Identify personnel, resources and functions that will assist either or both of the functions identified above and thus aid the return to normality.
 - Prepare recommendations that deal with recovery in 'the immediate', short term (less than 8 hours), medium term (less than 24 hours) and long term (greater than 24 hours).
 - All recommendations will be based on information and intelligence gleaned from the widest possible sources and risk assessed for relevance to HFR and specifically 'Business Continuity'.
- 5.2. It should be noted that 'normality' may not be the situation that pertained prior to the 'emergency' but a new and satisfactory state of affairs.
- 5.3. The Executive Committee shall hold a de-brief post incident. Actions identified in the de-brief will be considered and necessary action taken, including incorporation into the Contingency Arrangements, information to personnel, training and exercise as necessary in respect of any new procedures that are adopted.



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6. Contingency Arrangements

The contingency arrangements listed below are not intended to be exhaustive, but to act as prompts and ideas for the Executive Committee to build an incident targeted plan from.

6.1. Severe environmental conditions

- Review Met Office severe weather warnings
- Mobilise volunteers before severe weather if possible
- Ensure available 4x4 vehicles are fuelled and fully stocked
- Liaise with customer, service user and/or other organisations as required

6.2. Major illness in volunteers

- Operate system which ensures that there are back-up crew available where required.
- Liaise with customer, service user and/or other organisations as required

6.3. Mass casualty civil emergency

- Seek assistance from or provide assistance to other providers as required.

6.4. Pandemic Illness in General Population

- Seek specialist advice from local NHS organisations and or NHS Direct
- Obtain any PPE required (limited stocks held for pandemic flu)
- Consider increasing stocks of consumables.
- Offer critical equipment to other providers (e.g. ventilators)
- Review core business activities

6.5. Loss of HQ

- Move HQ to another location, possibilities include personal and business properties of the Executive Committee.
- Ensure adequate insurance
- Make insurance claims
- Implement back up data for IT
- Re-direction of telephone service

6.6. Loss of IT infrastructure

- Independent off-site data back up of allowable data by use of USB disks
- Use of personal computers of Executive Committee computers, a distributed network
- Implement back up data for IT
- Re-direction of telephone service
- Use of mobile telephone communications
- To be considered: Use of on-line secure data storage service

6.7. Loss of vehicle(s)



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- A back-up vehicle is available as standard operational procedure.
- Use of volunteers vehicles (where applicable) backed with magnetic signage and removable warning devices which are held in store.
- Hire of vehicle from a specialist provider, e.g. Ambulance Hire Services.
- Loan of vehicle by another provider
- Purchase of replacement second hand vehicle

6.8. Loss of supplies of consumables

- Stores of consumables are held to support planned activities.
- Distributed storage of consumables (vehicles to be stocked and separate storeroom maintained).
- In the event of a major emergency and being required to support the NHS ambulance services locally, then we will fallback on support from the NHS for supply of consumables.
- HFR has a network of suppliers both local and national, all of whom can expedite 24 hour delivery on consumables.

6.9. Loss of utilities

- Move HQ to another location, possibilities include personal and business properties of the Executive Committee.

7. Communications

7.1. As far as is reasonably practicable, HFR will inform relevant organisations of an event that may threaten the ability of HFR to maintain its “critical functions”.

7.2. It must be borne in mind that this information should be passed in order to prevent, reduce, control or mitigate the effects or take action in connection with the Emergency.

7.3. Whilst it is not possible to produce a comprehensive list of the organisations that may need to be contacted there is a core list of partners that must be considered, these include:

- Any organisation whom HFR has a Service Level Agreement with
- Emergency Services
- Local Authorities
- Local Resilience Forum
- Strategic Health Authority (SHA)
- Health Protection Agency (HPA)

8. Policy Consultation

This policy has been circulated to the HFR Executive and Medical Advisor for consultation.

The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

9. Dissemination



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Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

10. Monitoring of Compliance and Effectiveness

Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive.

Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

11. Implementation

The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

12. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

13. References

- Outcomes 4 and 6, Essential standards of quality and safety, Care Quality Commission, March 2010.
- Business Continuity Policy, West Midlands Ambulance Service NHS Trust, October 2009.



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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.