

Utilisation of Business Continuity Plans

Draft Report 2016/17

Liverpool Heart and Chest Hospital

NHS Foundation Trust



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25 YEARS
OF MIAA

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1. Introduction, Background and Objective

The review in relation to Business Continuity was conducted in accordance with the requirements of the 2016/17 Internal Audit Plan, as approved by the Audit Committee.

Business continuity, including processes for recovery and restoration, should be considered by NHS organisations as part of their everyday business processes requiring a corporate response. An organisation's business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect.

The Trust is a Category 2 responder, however, in the event of a major incident that affects multiple stakeholders on the Broadgreen Hospital site, LHCH would assume lead responsibility for management of the incident.

NHS organisations and providers of NHS funded care must have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

The overall objective of the audit was to review the operational effectiveness of the implementation of the business continuity arrangements that are in place across the Trust at a ward / departmental level.

2. Executive Summary

There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However,

Significant Assurance

The following provides a summary of the key themes;

Business Continuity Strategy

The Trust has a Business Continuity Strategy (BCS) in place which is available to all staff via the intranet. The current Strategy was issued in June 2015 after being approved at the Risk Management Committee and has a set review date of May 2018. A three year lifespan is usual but it was noted that should changes be required prior to this date, the strategy would be updated. All such changes would be subjected to formal approval at the Risk Management Committee.

The Strategy includes elements of and complies with Version 3.0 of the NHS England Core Standards for Emergency Preparedness, Resilience and Response and the NHS Commissioning Board Framework.

Business Continuity Plans

The Trust has 31 individual Business Continuity Plans in place and these are categorised in accordance with the approved Strategy. The categories are:

- Mission Critical (category 1 activities) which includes the theatres, wards, Pharmacy, IM&T, Estates and the EPR system.
- Support (category 2 activities) which includes Radiology, Pathology, Outpatients, Supplies, Portering, Finance and Human Resources.

All Business continuity plans are available via the Trust intranet and a hard copy should be available in the individual departments. A copy of the current strategy and each individual plan is also kept in the Major Incident Room in the Trust Executive Offices.

A review of the Business Continuity Plans (BCP) was carried out to determine whether they were in date, approved and in accordance with the Trust strategy. Of the 31 BCPs reviewed it was noted that one was out of date and 5 indicated delays between approval and actual issue of the BCP. A further 3 plans recorded a different category allocation to that stated in the strategy.

It was also noted that for one BCP, the risk matrix used in the plan was wrong which has led to incorrect risk scores being recorded. Instead of using the 5x5 matrix (probability v impact) the scores were simply added. This resulted in 2 instances whereby the score was recorded as 7 (3+4) instead of 12 (3x4). It should be noted that this plan had still received approval by the Medical Governance Committee.

Business Continuity Training & Support

An overview of Business Continuity Planning is included as part of the risk management element of the induction and mandatory training programme. Additionally, information is also given as part of local induction and staff are told where the local BCP is located (in relevant areas that have one). This is tested by the Business Continuity / Emergency Planning Lead when the unannounced localised visits are carried out.

The Business Continuity / Emergency Planning Lead maintains an Emergency Planning Forecast whereby scenario testing is carried out against individual plans according to a rolling timetable which is populated in advance. The review visits include an element of training when required and results in formal feedback being sent back to the relevant manager.



Specific training is recorded as part of the forecast used by the Business Continuity / Emergency Planning Lead and this includes loggist training, lockdown training, Emergency Planning for Executives and on-call managers and communications. The forecast also includes the Table Top Exercises for pandemic flu and the general business continuity test.

Details of all training and review exercises is reported to the Emergency Planning Group which reports to the Risk Management and Corporate Governance Committee.

Governance and Accountability

The Trust has a defined governance and reporting structure in place and the Business Continuity / Emergency Planning lead is the operational lead for the Trust. The main reporting and monitoring group for business continuity is the Emergency Planning Group which is chaired by the Business Continuity / Emergency Planning Lead.

An approved Terms of Reference is in place which has been recently updated (May 2016) and is due for formal review in March 2017. The Emergency Planning Group has an annual workplan in place and meets quarterly. Action plans are issued after each meeting along with minutes and agendas.

Representatives of all key services are included in the membership and the quorum is set as Chair and/or Deputy Chair and 10 members in attendance. The subject of quoracy had been included in the 2014/15 annual report as an issue which stated that attendance at the group was not consistent due to members cancelling at the last minute. This review has noted that for the January 2016 meeting the chair and six members were in attendance and for the meeting held in July 2015 attendance was confirmed as the Chair and 9 members. A review of the minutes for a number of meetings confirmed that agenda items and actions are regularly deferred due to non-attendance of members.

The Emergency Planning Group produces an annual report which is presented to the Risk Management and Corporate Governance Committee which is submitted to the Board of Directors once approved. The 2015/16 report was in draft at the time of review.

Business Continuity Awareness

As part of this review, a survey was conducted across the Trust in order to assess the level of awareness of Business Continuity amongst a cross section of staff and departments. The survey was carried out in one day and the number of staff surveyed was 51 from across a wide range of wards and departments (category 1 and 2 activities).

The survey consisted of 5 questions:



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1. Do you know where to locate your departmental Business Continuity Plan?
2. Do you consider that you are sufficiently aware of or have had adequate training in relation to Business Continuity?
3. Do you know what to do in the event of system failure relating to the EPR system?
4. Are you aware of any incidences either locally or Trust wide where a Business Continuity plan has been invoked?
5. Do you feel confident that your ward / department is ready and able to deal with an incident or threat?

The results of the survey are largely positive but do highlight areas for improvement, especially with regards to training. It should be noted that although the survey was conducted on a random basis, all areas visited were covered under a business continuity plan.

With regards to question 3 which relates to the EPR system, an actual result of 97% positive answers (from the applicable staff) was noted.

The survey results are summarised here:

	1. Do you know where to locate your departmental Business Continuity Plan?				2. Do you consider that you are sufficiently aware of or have had adequate training in relation to Business Continuity?				3. Do you know what to do in the event of system failure relating to the EPR system?				4. Are you aware of any incidences either locally or Trust wide where a Business Continuity plan has been invoked?				5. Do you feel confident that your ward / department is ready and able to deal with an incident or threat?			
	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic
	86	12	2	0	55	43	2	0	59	2	0	39	51	47	2	0	94	4	2	0
Actual %	44	6	1	0	28	22	1	0	30	1	0	20	26	24	1	0	48	2	1	0
Number																				

3. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Critical	High	Medium	Low	Total
0	0	3	1	4

Other detailed findings and recommendations are set out below.

Detailed Recommendations

1. BCP - Administration	Risk Rating: Medium
<p>Operating effectiveness</p> <p>Issue Identified - A review of the Business Continuity Plans (BCP) was carried out to determine whether they were in date, approved and in accordance with the Trust strategy.</p> <p>Of the 31 BCPs reviewed it was noted that one was out of date and 5 indicated delays between approval and actual issue of the BCP. A further 3 plans recorded a different category allocation to that stated in the strategy.</p> <p>Specific Risk - Potential lack of consistency in approach leading to ineffective BCPs being in place.</p> <p>Recommendation - The Trust should issue a reminder to all relevant departments to ensure that all BCPs are in date, issued in a timely manner and are in full accordance with the Business Continuity Strategy.</p> <p>This should include action to ensure that the BCP approval process is fully effective.</p> <p>Management Response (Remedial Action Agreed) – As the Business Continuity Plans are the responsibility of the Divisions and forms part of the Divisional Governance Workplan, the Division's will be reminded to maintain the documents in accordance with the strategy.</p> <p>Responsibility for Action - Area Managers and Divisional Heads of Operations</p> <p>Deadline for Action – 30th September 2016</p>	

2. BCP – Review and Approval	Risk Rating: Medium
<p>Operating effectiveness</p> <p>Issue Identified - It was noted that for one BCP, the risk matrix used in the plan was wrong which has led to incorrect risk scores being recorded. Instead of using the 5x5 matrix (probability v impact) the scores were simply added. This resulted in 2 instances whereby the score was recorded as 7 instead of 12 (3+4). It should be noted that this plan had still received approval by the Medical Governance Cttee.</p> <p>Specific Risk – Incorrect risk assessment scores could lead to ineffective action plans and/or mitigating actions being taken.</p> <p>Recommendation - Action should be taken to review the BCP in place for the Catheter Labs to ensure that the proper risk assessment formula is utilised and to ensure that the correct risk scores are recorded.</p> <p>Management Response (Remedial Action Agreed) – The Business Continuity / Emergency Planning Lead will meet with the Catheter Labs Manager to review and amend the BCP.</p> <p>Responsibility for Action – Business Continuity / Emergency Planning Lead</p> <p>Deadline for Action – 30th September 2016</p>	

3. Governance	Risk Rating: Medium
<p>Operating effectiveness</p> <p>Issue Identified - The Trust has a defined governance and reporting structure in place and the main reporting and monitoring group for business continuity is the Emergency Planning Group which is chaired by the Business Continuity / Emergency Planning Lead.</p> <p>Representatives of all key services are included in the membership and the quorum is set as Chair and/or Deputy Chair and 10 members in attendance. The issue of quoracy had been included in the 2015/16 annual report which stated that attendance at the group was not consistent due to members cancelling at last minute. This review has noted that for the January 2016 meeting the chair and six members were in attendance and for the meeting held in July 2015 attendance was confirmed as the Chair and 9 members. A review of the minutes for a number of meetings confirmed that agenda items and actions are regularly deferred due to non-attendance of members.</p> <p>Specific Risk – Ineffective use of the committee in the emergency planning process.</p>	

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Recommendation – Members of the Emergency Planning Group should be instructed to attend as per the agreed Terms of Reference or if necessary, ensure that an appropriate deputy attends on their behalf.

Management Response (Remedial Action Agreed) – A reminder as to the conduct and attendance levels for the Emergency Planning Group will be issued.

Responsibility for Action – Director – Research & Informatics

Deadline for Action – 30th September 2016

4. Awareness / Training

Risk Rating: Low

Operating effectiveness

Issue Identified - The results of the survey are largely positive but do highlight areas for improvement, especially with regards to training. It should be noted that although the survey was conducted on a random basis, all areas visited were covered under a business continuity plan.

Specific Risk – Reduced assurance that staff have received training or possess a general level of awareness of the business continuity agenda.

Recommendation - The Trust should consider issuing information to all staff to raise awareness of the Business Continuity Arrangements. This could take the form of a screen shot reminder on the intranet, notices in staff bulletins or by direct communication via leaflets attached to payslips.

Management Response (Remedial Action Agreed) – Agreed. Arrangements will be made for information to be made available using screen shots on the Trust network and also via the general bulletins.

Responsibility for Action – Business Continuity / Emergency Planning Lead

Deadline for Action – 30th September 2016

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.

Appendix A: Terms of Reference

The overall objective of the audit is to review the operational effectiveness of the implementation of the business continuity arrangements that are in place across the Trust at a ward / departmental level.

The following sub-objectives have been identified:

- The Trust has a Business Continuity Plan in place that sets out how it will plan for, respond to and recover from significant incident or losses of services. The response plan will be approved, up to date and reviewed and updated on a regular basis;
- Comprehensive corporate and departmental / ward business continuity plans are in place and these are reviewed and updated on a regular basis;
- An accountable officer has been identified and nominated to be responsible for the co-ordination and oversight of the business continuity arrangements;
- Business Continuity response plans are tested on a regular basis and an exercise programme is in place to capture and share lessons identified;
- Staff have been suitably trained, and are provided with on-going training and support in relation to the business continuity arrangements; and
- The Board is kept informed of developments in respect of business continuity and preparedness

Limitations inherent to the internal auditor's work

We have undertaken the review of Business Continuity Plans, subject to the following limitations.

The audit is restricted to reviewing business continuity (on a sample basis) and as such did not encompass an audit of all areas of the Business Continuity Plan at the Trust.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment of controls relating to the Business Continuity Planning process is that at June 2016. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Data Protection and Freedom of Information

All documents acquired or created by us during the course of this assignment remain the property of the client.

MIAA are, thus, considered as a data processor rather than a data controller and are not, therefore, directly subject to the requirements of the Data Protection Act. No information relating to this, or any other, assignment will be directly disclosed to a third party by MIAA in response to a subject access request. Any requestor will be advised that they should approach the client.

These principles will also be applied in respect of any request for information relating to this, or any other, assignment under the Freedom of Information Act.

Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> the efficient and effective use of resources the safeguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> has a low impact on the achievement of the key system, function or process objectives; has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

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Liverpool Heart and Chest Hospital

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Report Distribution

Name	Title	Report Distribution
Jane Tomkinson	Chief Executive	Final
Dr Mark Jackson	Director – Research & Informatics	Draft & Final
Claire Wilson	Chief Finance Officer	Final
Helen Martin	Business Continuity / Emergency Planning Lead	Draft & Final

Discussion Meeting held with

Name	Title	Date
Helen Martin	Business Continuity / Emergency Planning Lead	June 2016

Review Completion

Action	Planned Date	Actual Date
Fieldwork Starts	June 2016	June 2016
Discussion Document to Client	June 2016	June 2016
Responses by Client	June 2016	June 2016
Final Report	June 2016	June 2016



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Liverpool Heart and Chest Hospital

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Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

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Utilisation of Business Continuity Plans

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Appendix C: Survey Detail

	1. Do you know where to locate your departmental Business Continuity Plan?				2. Do you consider that you are sufficiently aware of or have had adequate training in relation to Business Continuity?				3. Do you know what to do in the event of system failure relating to the EPR system?				4. Are you aware of any incidences either locally or Trust wide where a Business Continuity plan has been invoked?				5. Do you feel confident that your ward / department is ready and able to deal with an incident or threat?			
	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic	Yes	No	Not Sure	Not Applic
Actual %	86	12	2	0	55	43	2	0	59	2	0	39	51	47	2	0	94	4	2	0
Number	44	6	1	0	28	22	1	0	30	1	0	20	26	24	1	0	48	2	1	0

