

Essex Clinical Commissioning Groups

Business Continuity Management System and Policy

December 2017

Version 1.2

Board / Governing Body Approval

CCG	Approval Date
Basildon and Brentwood CCG	
Castle Point and Rochford CCG	
Mid Essex CCG	
North East Essex CCG	
Southend CCG	
Thurrock CCG	
West Essex CCG	

Version	Date issue/review	Author/Reviewer Name and title	Comment
Version 1.1	December 2016	Maxine Hazle	A section added on succession planning for Essex CCGs
Version 1.2	December 2017	Maxine Hazle	Annual Review

Contents

Table of Contents

Board / Governing Body Approval	2
Contents	3
1 Introduction	5
2 Purpose	5
3 Definitions	6
3.1 Business Continuity Management System	6
3.2 Business Impact Analysis.....	6
3.3 Prioritised Activities	6
3.4 Key Products/Services	6
3.5 Maximum Tolerable Period of Disruption (MTPOD).....	6
3.7 Recovery Time Objective (RTO)	6
3.8 Recovery Point Objective (RPO)	6
3.9 Business Continuity Plans (BCP)	6
4 Policy Statement	7
5 Benefits of Effective BCMS	7
6 CCG Roles and Responsibilities	8
6.1 CCG Executive Board/Governing Body.....	8
6.2 Accountable Officer.....	8
6.3 Emergency Accountable Officer	8
6.4 Head of Emergency Planning.....	8
6.5 Heads of Service / Function Leads.....	8
6.6 CCG Executive Lead for Procurement/Contracting	8
7 Risk Management Strategy	8
7.1 Risk Management Strategy – Figure 1	9
7.2 Risk Identification and Assessment.....	10
7.3 External Risks	10
7.4 Internal Risks	10
7.5 Risk Mitigation.....	10
7.6 Risk Escalation	10

8 Succession Planning.....	11
9 BCM Lifecycle Model	11
9.1 Policy and Programme Management	12
9.2 Embedding Business Continuity.....	12
9.3 Analysis	12
9.4 Design.....	12
9.5 Implementation	13
9.6 Validation	13
9.6.1 Training.....	13
9.6.2 Testing and Exercising.....	13
9.6.3 Review	14
9.6.4 Audit.....	14
10 Document Approval and Control	15
10.1 Document Approval.....	15
10.2 Document Control	15
10.3 Document Publication	16
10.4 Document Retention	16
10.5 Freedom of Information	16
Annex 1 – Business Continuity Self-Assessment Tool	18

1 Introduction

Business Continuity Management (BCM) is a statutory requirement for all Essex Clinical Commissioning Groups (CCG's) to undertake. The Civil Contingencies Act 2004 and the NHS England Emergency Planning Framework 2015 requires the CCG to have a Business Continuity Management System and Policy to ensure that, in the event of a significant service interruption, critical day-to-day functions can be maintained whilst timely recovery and restoration of key services, systems and processes is also achieved.

It is the policy of the Essex Clinical Commissioning Groups to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to maintain essential services and restore normal services as soon as reasonably practicable. The Business Continuity Management System (BCMS) and Policy aims to introduce the concept of BCM to the CCG.

2 Purpose

This policy sets out the general principles and framework for the creation and revision of a Business Continuity Management System and Business Continuity Plans relevant to the business activities of the CCG.

The Essex CCG's Business Continuity Management System and Policy provides a structure through which:

- A comprehensive BCMS is established and maintained;
- Business Impact Analysis and Risk Assessment will be applied to key services and their supporting prioritised activities, processes and resources;
- Key services, together with their supporting prioritised activities, process and resources will be identified
- Plans will be developed to ensure restoration of key services to a minimum acceptable standard following disruption;
- Invocation of business continuity plans can be managed
- Accountable Officers, Chief Operating Officers, Emergency Accountable Officers, and CCG Executive Boards/Governing Body can be assured that the BCMS remains up to date and relevant.

3 Definitions

The following definitions apply to the terms used in this document in accordance with ISO22301 the international standard for Business Continuity.

Business Continuity Management System

'A holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which builds a framework for building organisation resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating assets.'

Business Impact Analysis

'The process of analysing activities and the effect that a business disruption may have upon them'

Prioritised Activities

'Those activities to which priority must be given following an incident in order to mitigate impacts'

Key Products/Services

'Beneficial outcomes provided by an organization to its customers, recipients and interested parties'

Maximum Tolerable Period of Disruption (MTPOD)

'The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable'

Recovery Time Objective (RTO)

'The period of time following an incident within which a product or an activity must be resumed, or resources must be recovered'

Recovery Point Objective (RPO)

'The point to which information used by an activity must be restored to enable the activity to operate on resumption, also referred to as Maximum Data Loss' (Detailed on the NELCSU Disaster Recovery Plan)

Business Continuity Plans (BCP)

'Documented procedures that guide organizations to respond, recover, resume and restore to a predefined level of operation following disruption'

4 Policy Statement

It is the Policy of the Essex Clinical Commissioning Groups to ensure, so far as reasonable practicable, that the key services and prioritised activities, which contribute to the achievement of effective healthcare commissioning and management are protected against potential threats, such as:

- Loss of People (skills and knowledge)
- Loss of Premises (buildings and facilities)
- Loss of Resources (IT, information, equipment, materials)
- Loss of Suppliers (products and services supplied by a third supplier)

This will be achieved by the implementation of an effective BCMS whereby:

- Responsibility for ensuring plans are capable of restoring a minimum acceptable standard of service delivery rests with the Accountable Officer and the Emergency Accountable Officer;
- Supporting departments will provide professional support to improve resilience of prioritised activities and resources that support key services;
- Annual review of CCG business continuity process will be undertaken by the Head of Emergency Planning, providing support and plan development as necessary;
- Business Continuity Plans (BCP) will be exercised in line with the organisations exercise timetable, Department of Health requirements and any applicable service level agreements. Where necessary, modifications will be made to take account of exercise results;
- Contracts with suppliers of critical goods and services will include a requirement for the suppliers business continuity processes to be approved and exercised; and
- All staff will be aware of the plans that affect their service area and role following invocation of business continuity plans.

5 Benefits of Effective BCMS

The policy provides a clear commitment to establish a BCMS that will enable CCG's to:

- Continue to provide key services in times of disruption;
- Make best use of personnel and other resources in times when both may be scarce;
- Reduce the period of disruption to CCGs and their users, partners and stakeholders;
- Resume normal working more efficiently and effectively after a period of disruption;
- Comply with standards of corporate governance;
- Improve the resilience of the CCGs infrastructure to reduce the likelihood of disruption; and
- Reduce the operational, financial and reputational impact of any disruption.

6 CCG Roles and Responsibilities

6.1 CCG Executive Board/Governing Body

The CCG Executive Board/Governing Body are accountable to the public and NHS England for ensuring that a BCM framework is in place to safeguard that in the event of a disruption to services the public continue to receive the best quality and range of services it is reasonably practicable to deliver and that key services are maintained.

6.2 Accountable Officer

The Emergency Accountable Officer holds the board/governing body level responsibility for ensuring the CCG meets its statutory duties through the implementation of an effective BCMS, They have the ultimate responsibility for the CCG, and for business delivery in all situations, including responsibility for approving all Business Continuity Priorities and Objectives.

6.3 Emergency Accountable Officer

The Emergency Accountable Officer (EAO as required under the H&SC Act 2012), has delegated authority (where not also the Accountable Officer) for the strategic implementation of major incident and service/business continuity planning.

6.4 Head of Emergency Planning

The Head of Emergency Planning is the professional lead for business continuity across Essex CCGs and will;

- Review and develop the BCMS (strategy, policies and documents) in line with statutory requirements, standards, best practice and the needs of CCGs;
- Monitor standards and compliance with the policy, through review and audit;
- Provide support and guidance to Emergency Accountable Officers and Heads of Service.

6.5 Heads of Service / Function Leads

Heads of Service and function leads have a responsibility to ensure the provision of:

- Maintained and reviewed Business Impact Analysis;
- Maintained and reviewed Business Impact Analysis and Risk Assessment.
- Staff trained in the departmental response to business disruptions.

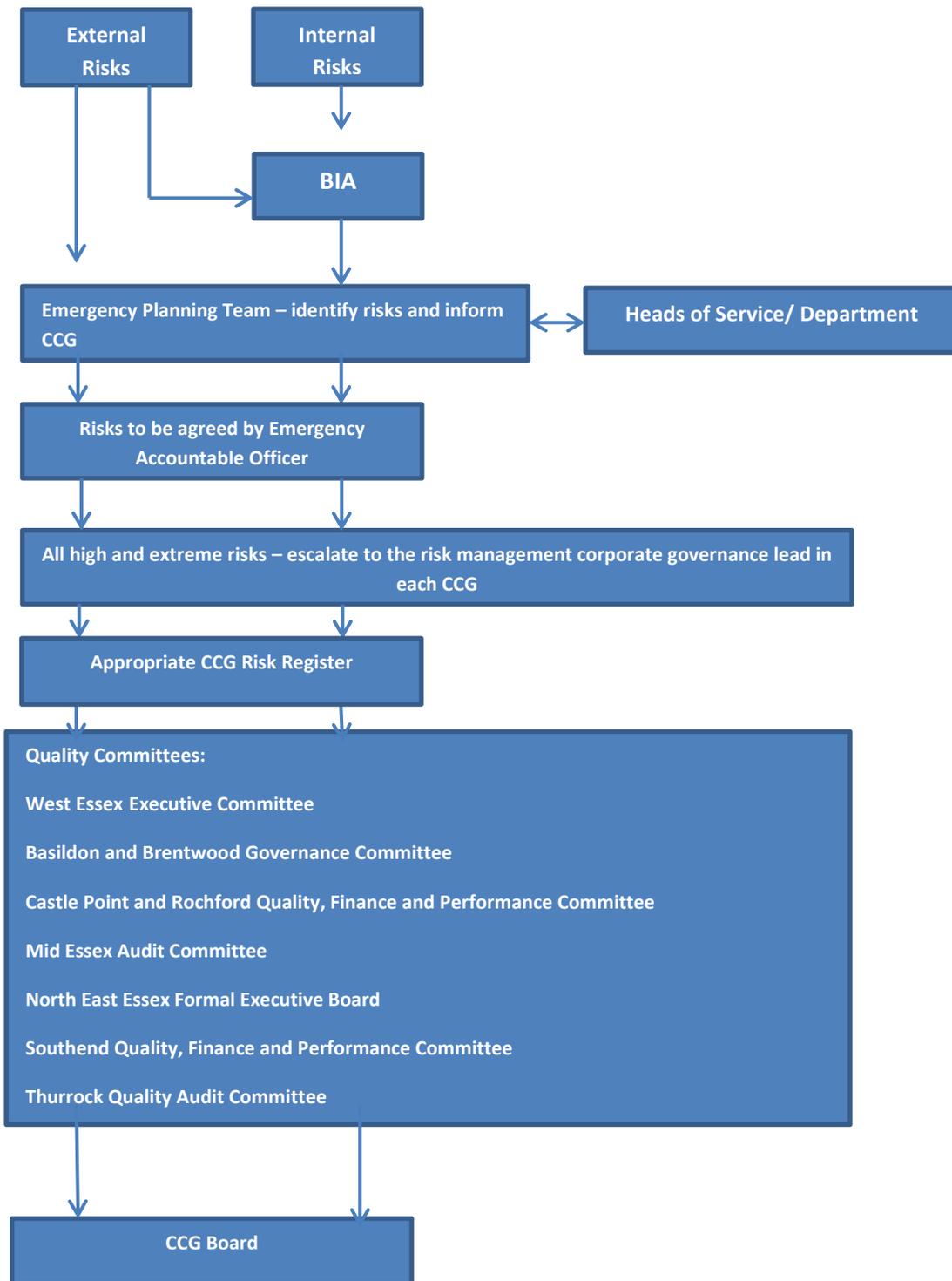
6.6 CCG Executive Lead for Procurement/Contracting

The CCG executive lead for procurement/contracting is responsible for ensuring that suppliers and contractors have suitably robust Business Continuity Plans in place to ensure they can meet their contractual obligations.

7 Risk Management Strategy

In implementing an effective BCMS Essex CCGs will ensure that business continuity processes are integrated within the Risk Management Strategy allowing consistent risk identification, assessment, mitigation and escalation to CCG Executive Boards/Governing Body as follows (Figure 1)

7.1 Risk Management Strategy – Figure 1



7.2 Risk Identification and Assessment

The CCGs Head of Emergency Planning will be responsible for the Emergency and Business Continuity Planning Risk Register, which will detail both generic and site specific risks to Essex CCGS and these risks will be agreed by the Emergency Accountable officers.

The purpose of completing risk assessments and defining choices by allocating mitigating factors is to;

- reduce the likelihood of a disruption to prioritised activities;
- shorten the period of disruption to prioritised activities;
- limit the impact of a disruption to the organisations key services.

Risk identification and assessment will focus on two main areas;

7.3 External Risks

External risks which may impact prioritised activities will be developed by the Head of Emergency Planning using the Home Office and Council held;

- National Risk Register;
- Regional Risk Register; and
- Community Risk Registers

Risks identified from National and Community Risk Registers will be assessed using the worst credible case scenario. In addition the BIA process may identify external risks.

7.4 Internal Risks

Internal risks which may impact prioritised activities should be included within the BIA to establish;

- The impact using the descriptors of the Corporate Risk Register;
- Mitigating factors; and
- Residual risk score

7.5 Risk Mitigation

The Head of Emergency Planning and Head of Service/Department will be responsible for implementing risk mitigation to reduce the likelihood and/or impact of risks identified, with further assessment of any residual risk. Risk mitigation will be agreed by the CCG Emergency Accountable Officer.

7.6 Risk Escalation

The Emergency and Business Continuity Risk Register will be approved as per Section 10 Document Approval. All high and extreme risks will be escalated to the risk management corporate governance lead in each CCG to ensure inclusion on the CCGs Risk Register as deemed necessary.

7.7 Review of Risks

The Emergency and Business Continuity Planning Risk Register will be reviewed quarterly by the Head of Emergency Planning or when required to record newly identified risks, unless a risk requires more frequent review.

The Head of Emergency Planning will review high or extreme risks on a six monthly basis with the risk management Corporate Governance lead in each CCG to ensure that appropriate links are made to the CCGs own risk management processes as necessary.

8 Succession Planning

Succession Planning is a process to help the CCG to be prepared to fill openings created by retirements or unexpected departures and also to be prepared to meet the demands for additional corporate leaders resulting from growth. With no strong succession plan in place there is an increased risk that the CCG is not prepared with the best-suited replacement in the event of unexpected departures of a top executive, this could hamper the decision making ability of the CCG and may disrupt operations.

Each of the Essex CCGs has a different approach to Succession Planning. The approach for each CCG is detailed in their individual Business Continuity Plan. If the CCG has no Succession Plan in place and no action plan in place to develop a Succession Plan this will be identified as a risk in section 4 of their Business Continuity Plan.

9 BCM Lifecycle Model

The process being used within the CCG's is based on the Business Continuity Model outlined in The BCI Good Practice Guidelines 2013. The BCM Lifecycle shows the stages of activity that an organisation moves through and repeats with the overall aim of improving organisation resilience.



Generic Life Cycle

9.1 Policy and Programme Management

Is at the start of the Business Continuity Management (BCM) lifecycle. It is the Professional Practice that defines the organisational policy relating to Business Continuity (BC) and how that policy will be implemented, controlled and validated through a BCM programme.

This includes:

- Assigning responsibilities for implementing and maintaining the BCM programme within the CCG's;
- Implementing business continuity in the CCG's – including the design, build and implementation of the programme; and
- The ongoing management of business continuity – including regular review and updates of business continuity arrangements and plans;

9.2 Embedding Business Continuity

Is the Professional Practice that continually seeks to integrate Business Continuity into day to day business activities and organisational culture.

This will be achieved through:

- E-mail bulletins
- Pages on intranet
- Staff Development Sessions

9.3 Analysis

Is the Professional Practice within the BCM Lifecycle that reviews and assesses an organisation in terms of what its objectives are, how it functions and the constraints of the environment in which it operates. The use of business impact and risk assessments (see below) to identify critical services, evaluates priorities and assesses risk to service delivery.

- Business Impact Analysis (BIA) – identifying the critical processes and functions and assessing the impacts on the CCG if these were disrupted or lost. BIA is the crucial first stage in implementing BCM, and helps measure the impact disruptions on the organisation.
- Risk Assessment – once those critical processes and functions have been identified, a risk assessment can be conducted to identify the potential threats to those processes **(detailed in section 7)**

9.4 Design

Design is the Professional Practice within the BCM lifecycle that identifies and selects appropriate strategies and tactics to determine how continuity and recovery from disruption will be achieved.

The CCG's approach to determining BCM strategies will involve:

- Implementing appropriate measures to reduce the likelihood of incidents occurring and /or reduce the potential effects of those incidents
- Taking account of mitigation measures in place
- Providing continuity for critical services during and following an incident

- Taking account of services that have not been identified as critical

9.5 Implementation

Is the Professional Practice within the BCM Lifecycle that executes the agreed strategies and tactics through the process of developing the Business Continuity Plan (BCP).

The Business Continuity Plan ensures that actions are considered for:

- The immediate response to the incident
- Interim solutions or maintaining an emergency level of service, leading on to reinstating full services

9.6 Validation

Is the Professional Practice within the BCM Lifecycle that confirms that the BCM Programme meets the objectives set in the BC Policy and that the organisations BCP is fit for purpose.

This will be achieved through:

9.6.1 Training

Those individuals undertaking roles and responsibilities within business continuity or an incident must undertake appropriate training for their function in line with the 'National Occupational Standards'.

Training will be undertaken in line with the annual training and exercise schedule agreed by CCG Executive Boards/Governing Body; this should occur regularly to familiarise staff with command and control procedures and to ensure there is no erosion of skills. Training records will be used as documented evidence of the completion of relevant and suitable training as per the Business Continuity Training programme document.

9.6.2 Testing and Exercising

Plans developed to allow organisations to respond efficiently and effectively, must be tested regularly using recognised and agreed processes such as table top, command post or live exercises.

Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.

Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident. Exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by CCG Executive Boards/Governing Body and in line with NHS England 'Emergency Planning Framework (2015)' which defines the process and timescales for exercising. This includes a minimum expectation of a communications exercise every six months, a table top exercise ever year, and a live exercise every three years, in addition to any activation.

A post exercise report will be written to summarise the test/exercise and to highlight areas of best practice and for improvement, with lessons identified. Post exercise reports will follow the Document Approval Process (Section 14.1) before being submitted to the Local Health Resilience Partnership (LHRP), NHS England Midlands and East Local Team and shared with any external agencies as required.

9.6.3 Review

The business continuity management review programme is the process by which Essex CCGs will undertake annual review of and continual improvement to the BCMS.

Annually in quarter 2 the Head of Emergency Planning will undertake a full EPRR and Business Continuity Management review including a full review against the EPRR national standards in conjunction with NHS England. The Head of Emergency Planning will produce an annual report which will be approved via the process set out in 9.1.

The purpose of the review is to ensure the effectiveness and management of BCMS and to set the Emergency Planning Work Plan for the coming financial year.

The annual report, summarising the findings of the review will be shared with NHS England and the Local Health Resilience Partnership as evidence of continual.

The Head of Emergency Planning will also produce and submit as per 9.1 an additional update report in quarter 4. In addition the Head of Emergency Planning will meet as a minimum 6 monthly (Q1 and 3) with the CCGs Emergency Accountable Planning Officers to discuss BCM.

The Emergency Planning Team will provide information to internal/external audit in relation to the Business Continuity functions as required.

9.6.4 Audit

The Business Continuity Management system will be audited in line with the CCG's Audit Plan, the period between audits will not exceed two years and this timescale will be factored into the CCGs Audit Plan. The Audit process will include:

- Defining the audit scope
- Defining the audit approach
- Reviewing the information gathered by the BCM activities
- Identifying gaps in the content and level of information gathered
- Obtaining and comparing relevant documentation, such as, BIA's
- Reference secondary sources such as, guidance, standards and legislation
- Providing a draft audit report for discussion
- Providing an agreed audit report incorporating recommendations
- Providing an agreed remedial action plan, including timescales
- Providing a monitoring process to ensure the action plan is implemented

The Emergency Planning Team will undertake a self-assessment of the BCMS annually with each Essex CCG utilising the NHS England Core Standards and ISO22301 Business Continuity Self-Assessment Tool (Appendix one). The outcomes from the self-assessment will be produced in a report and submitted as per the governance process in section 9.1.

10 Document Approval and Control

10.1 Document Approval

All documents within the BCMS will be subject to the following formal approval, ratification and review process. All documents relating to Business Continuity will be circulated for comment to the CCG EAOs before subsequent approval by the CCG Board/Governing Body via the following Committees:



Approval of documents within Committee, Board and Governing Body Meetings must be reflected within the minutes taken.

Documents will be required to be reviewed annually from the date of ratification, unless otherwise stated, or sooner should there be a change to business process or services which affects the arrangements outlined within the document.

10.2 Document Control

All documents will be subject to document control to ensure the most up to date version is in use as follows:

Sequence	Explanation	Example
DRAFT	First draft version of the document (should be followed by the date last updated)	DRAFT 4 May 13
1.0	First published version of the document.	Version 1.0
X.X DRAFT	Subsequent version of the document in draft format (should be followed by the date last updated)	Version 1.1 DRAFT 4 May 13
X.X	Subsequent version of the document published with minor amendments	Version 1.1
X.0	Subsequent version of the document published after	Version 2.0

	annual review or major amendment	
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10.3 Document Publication

Documents will be made available to all staff via the internal CCG website.

It is the policy of Essex CCGs to make Emergency Planning, Resilience and Response documents publically available via the public CCG website with information redacted as per Section 15.0 Freedom of Information.

Those individuals with business continuity responsibilities such as named roles within the plan and on call directors will receive an electronic copy of all newly published documents or versions via email from the Head of Emergency Planning.

Stakeholders and partner agencies requiring copies of the EPRR documents will receive them electronically via email from the Head of Emergency Planning.

10.4 Document Retention

Electronic copies of all previous versions of documents will be retained for 7 years. All documentation will be reviewed before destruction to ensure it may not be required for any forthcoming/subsequent enquiry.

10.5 Freedom of Information

The Freedom of Information Act 2000 gives the public a wide-ranging right to see all kinds of information held by the government and public authorities. Authorities will only be able to withhold information if an exemption in the Act allows them to. As such a publically available version of this document will be made available. In line with Government and NHS Document Protection Markings some information (confidential and sensitive) will be redacted from publically available versions.

Annex 1 – Business Continuity Self-Assessment Tool

Essex Clinical Commissioning Groups - Business Continuity Measurement Tool

Business Continuity Self Assessment Measurement & Monitoring Tool		Section	State			
			Current	Essex ave.	Ideal	Adequate
Version 1.0 There are six sections of this self assessment spreadsheet to complete. To be completed annually by each Essex CCG in conjunction with the Emergency Planning Team.		A - Understanding the Organization	0	24.2	28	23
		B - Determine BC Strategy	0	24.5	28	23
		C - Develop & Implement BC Response	0	27.9	28	23
		D - Embedding BC in the Culture	0	16.8	28	23
		E - Exercising, Maintenance & Review	0	26.3	28	23
		F - BC Management & Leadership	0	23.2	28	23
		Total	0	142.8	168	138
			range ==>	26-30	21-25	
Section A - Understanding the Organisation		Score	Comments & evidence			
ISO22301 section 8.2						
A1	Is there a documented method for determining the impact of any disruption on the function (known as a BIA) ?		3 - Yes, 0 - No			
A2	Has a formal Business Impact Analysis (BIA) been carried out across the function ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never			
A3	Has your function identified and prioritised the key services it delivers ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all			
A4	Have the activities which support each key service been identified with associated resources, information, people and dependencies?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all			
A5	Has your function identified how quickly each delivered service needs to be recovered by level and time period (recovery time objectives) ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all			
A6	Has the BIA report been signed off by function Top Management ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never			
A7	Is there a documented risk assessment method to determine the impact of threats and vulnerabilities on the function ?		3 - Yes, 0 - No			
A8	Has your function completed a risk assessment (RA) for its BC risks and those of its suppliers ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never			
A9	Has your function identified treatment measures which are in accordance with its objectives and are appropriate for its BC risks ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never			
A10	Has the BC Risk Assessment been signed off by function Top Management ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never			

Essex Clinical Commissioning Groups - Business Continuity Measurement Tool

Section B - Determine BC Strategy		Score	Comments & evidence
ISO22301 section 8.3			
B1	Is there a documented BC strategy which enables the function to continue to provide its key services ?		3 - Yes, 0 - No
B2	Does the strategy identify ways of maintaining the staff and skills necessary to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B3	Does the strategy identify ways of providing the applications necessary to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B4	Does the strategy identify ways of providing the premises necessary to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B5	Does the strategy identify ways of providing the information necessary to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B6	Does the strategy identify ways of providing the supplies necessary to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B7	Does the strategy identify ways of using alternative suppliers to continue to deliver the key services during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B8	Does the strategy identify ways of managing relationships with key stakeholders during a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
B9	Has the strategy been reviewed and revised ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never
B10	Has the BC Strategy been signed off by function Top Management ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never
Section C - Develop & Implement BC Response		Score	Comments & evidence
ISO22301 section 8.4			
C1	Have you developed an organised response structure and process that will enable an effective response and recovery from disruptions?		3 - Yes, 0 - No
C2	Have roles and responsibilities of all personnel involved in a BC response (including the Function BC Management Team) been documented and agreed?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C3	Does the plan(s) have clear criteria and triggers on which it is activated?		3 - Yes, 0 - No
C4	Does the function plan integrate with the Corp BC plan in supporting service plans to deliver the outcomes required by the BC strategy ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C5	Does the plan contain internal and external contact details needed to effect a		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C6	Does the plan contain a structured checklist of actions and tasks required ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C7	Does the plan include the resources with allocated timeframes required for business continuity and recovery ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C8	Are the plans subject to version and security access control ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C9	Has the function identified nominated roles / managers to manage each phase of a disruption ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
C10	Do plans detail interactions with internal and/or external clients, partners and the media ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all

Essex Clinical Commissioning Groups - Business Continuity Measurement Tool

Section D - Embedding BC in the Culture		Score	Comments & evidence
ISO22301 reaction 4			
D1	Has the function a documented process for identifying and delivering BCM awareness ?		3 - Yes, 0 - No
D2	Has a method for measuring Business Continuity awareness been developed?		3 - Yes, 0 - No
D3	How frequently is the level of Business Continuity awareness within the function reviewed ?		3 - in last 12 months, 2 - in last 2 years, 1 - in last 3 years, 0 over 3 years or never
D4	Is there a documented method in place to ensure that industry good practice is implemented and cascaded within the function ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
D5	Has the function a documented process for identifying and delivering BCM training requirements for employees who have a defined BCM role ?		3 - Yes, 0 - No
D6	Do senior managers demonstrate an awareness to the staff of why BC is important and needs to be implemented?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
D7	Has the function a documented process for evaluating the effectiveness of BC training ?		3 - Yes, 0 - No
D8	Do employee contracts include BC responsibilities in job descriptions?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
D9	Have employees who are expected to respond in an emergency been trained to undertake their nominated roles ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
D10	Does the function embed their BCM arrangements with their suppliers and partners through contract management ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
Section E - Exercising, Maintenance & Review		Score	Comments & evidence
ISO22301 reaction 5			
E1	Does your function have a current documented exercise programme ?		3 - Yes, 0 - No
E2	Does this exercise programme cover technical, logistical, administrative & procedural components ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
E3	Are different kinds of exercises used to review plans which are appropriate to the identified risks and single points of failure ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
E4	Do top management agree the scope and objectives of the exercise programme ?		3 = Yes 2 = Usually 1 = Sometimes 0 = Never
E5	Are post exercise reports produced with an action plan for remedying issues identified ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
E6	Does your function have a documented procedure for updating and maintaining plans?		3 - Yes, 0 - No
E7	Are business continuity plans updated within agreed timescales ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
E8	Do the plans get updated with changes identified through exercises ?		3 = Yes 2 = Usually 1 = Sometimes 0 = Never
E9	Are BCM policy, guidance and recovery arrangements reviewed on a regular basis ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
E10	Are changes to BCM policies, strategies, plans and solutions distributed to key personnel ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all

Essex Clinical Commissioning Groups - Business Continuity Measurement Tool

Section F - BCM system, lifecycle & leadership		Score	Comments & evidence
ISO22301 reaction 9			
F1	Has your function updated a documented BCM system / lifecycle ?		Corporate responsibility
F2	Is there a function Top Management champion of the BCM system / lifecycle who is accountable for BCM implementation ?		3 - Yes, 0 - No
F3	Has an individual been appointed to implement and maintain the BCM programme ?		Corporate responsibility
F4	Has Top Management provided adequate resources to enable the function to establish and improve the BCMS ?		Corporate responsibility
F5	Does Top Management ensure that relevant BC roles are assigned and communicated within the function?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
F6	Are BCM documents available to all relevant staff ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
F7	Are internal audits of the BCM system / lifecycle conducted at planned intervals to check its implementation and effectiveness ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
F8	Are Top Management provided with BC performance reports to enable progress to be monitored and managed ?		3 - Yes, monthly 2 - Yes, quarterly 1 - Yes, annually 0 - Never
F9	Does Top Management review identify areas which require improvements and associated preventive and corrective actions ?		3 = Yes 2 = Mostly 1 = Partially 0 = Not at all
F10	Is there a regular management review of the BCM system to ensure it addresses high priority risks identified within your function ?		3 - Yes, monthly 2 - Yes, quarterly 1 - Yes, annually 0 - Never
BC Measurement Tool Essex CCGs v1.0			

BCM Current State Assessment

