

Policy/Procedure/Guideline**Business Continuity Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical, Governance
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 6 months**Identifiable Document Code:** PTUK027**Last Review:** April 2020**Next Review:** October 2020

POLICY AWARENESS	
People who need to know this policy in detail	PTUK Board, Senior Management
People who need to have a broad understanding of this policy	Operational managers, Control room staff
People who need to know this policy exists	All staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1.0	New Policy	New Policy
01/10/2016	1.0	Review	No changes required

Policy location:Main Policy Folder in Control Room and Crew Room
On PTUK Server

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1.0 Introduction

Business Continuity is a critical part of the strategic planning for Patient Transport UK (PTUK). PTUK will maintain a business continuity management system that safeguards its people and enables PTUK to deliver an acceptable level of service to its customers at all times. The system takes in t account PTUK operational objectives and obligations. Planning will be proportionate to the risks identified and the cost/benefits of mitigation. This policy aims to ensure a formal, coordinated, consistent and cost effective approach is applied to all Business Continuity activities throughout PTUK.

2.0 Purpose

This policy applies to all members of staff employed by PTUK and to all products and services that support identified critical functions of PTUK Ambulance Service.

These critical functions are subject to an annual review by the Clinical Governance & Risk Board:

- Emergency Services
- Non-Emergency Patient Transport
- Training Academy

Where products and/or services are outsourced, PTUK will take steps, so far as is practically can, to ensure that key suppliers and outsource partners also have effective Business Continuity arrangements in place along with exercising and maintenance programmes.

3.0 Duties

3.1 Business Continuity Board

The PTUK Business Continuity Board is chaired by the Chief Operating Officer supported by the Financial Director and other Directors as required. The group has strategic responsibility for Business Continuity Management Processes to ensure alignment with PTUK strategic aims and objectives.

3.2 Business Continuity Management Team

The Business Continuity Management Team (BCM) is directly responsible for business continuity across PTUK.

The group agrees the exercise planning and audit schedule and considers any business continuity risks. The group will meet as determined by its Chair but at least twice annually.

The group reports through its Chair to the Chief Operating Officer.

The BCM is Chaired by the Managing Director; its core membership being:

- Chair-Managing Director
- Operations Director
- Head of I.T.
- Fleet Manager
- Purchasing Manager
- Governance & Compliance Officer
- Minute taker

3.3 Departmental Planning

Every Department will maintain a Business Continuity Plan which will include a Business Impact Analysis and a Response and Recovery Plan.

They will identify all urgent/critical activities and plan appropriately for recovery of urgent/critical activities within their department. These urgent/critical activities may or may not directly or indirectly impact on an PTUK critical function. Planning scope and recovery options will vary for each urgent activity depending on the immediacy and extent of impact of that activity on an PTUK critical function. Departments will have an awareness of PTUK emergency plans, which they will take in to account in their own planning. They will also identify staff and the skills to assist other Departments as required during a Business Continuity event.

4.0 Business Continuity Activation Plan Activation

The trigger for the activation of Business Continuity Plans will be an incident which causes one or more of the following:

- Total or partial loss of the workplace
- Total or partial loss of personnel
- Total or partial loss of electrical power, computer systems, telephony or other resource, with no reasonable expectation of it being restored in the short term.

Any member of staff who reasonably believe that an incident has occurred whereby any of the trigger points shown above have, or are likely to occur, shall immediately notify their superior and/or the on call Duty Manager.

Business Continuity Plans can be activated at three levels; Departmentally, Individual Site or Companywide. It is better to activate a plan early to prevent an incident escalating into a crisis than to fail to act. For this reason any manager has the authority to activate their Departmental Plan.

The PTUK Managing Director will in all cases be consulted and make the decision to activate the Business Continuity Management Team. It is better to be proactive in activating the team rather than not making decisions. Plans will be formulated to deal with Business Continuity Incidents and Recovery at Operational and Strategic levels.

5.0 Emergency or Major Incidents

Following declaration of an Emergency or Major Incident, the BCM may be initiated to fully consider Business Continuity Implications, initiate containment and start recovery planning.

6.0 Resource Escalation Action Plan

Business Continuity Planning will support arrangements contained in the Resource Escalation Action Plan (REAP).

7.0 Consultation and Communication with Stakeholders

7.1 This policy will be distributed to all Board Members, Operational Managers and Control staff involved in the organisational processes of service delivery. All PTUK staff and customers are entitled to view this policy on request.

7.2 Printed copies of this policy will be kept in the Human Resources department and in the main policy folders in the crew room and control room of each ambulance station.

7.3 An electronic copy of the latest version and older versions of this policy are available in the policies folder on the server.

8.0 Definitions

- BCM - Business Continuity Management Team
- REAP – Resource Escalation Action Plan
- BCB – Business Continuity Board

9.0 Process for Monitoring Compliance

Annual audits to establish the accessibility, understanding and implementation of the PTUK Business Continuity Policy.

10.0 Appendices

Appendix 1 Equality Impact Assessment Tool

Appendix 2 Checklist for the Review and Approval of Procedural Documents

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 - Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	No	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	01/04/2020
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	01/04/2020
Signature			