Business Continuity Management within HSCPs and Primary Care

NHS Grampian
November 2019

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Contents

Distribution list

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Executive summary

Report classification

⬤ **Medium Risk**

Total number of findings

	Critical	High	Medium	Low	Advisory
Control design					
Operating effectiveness			3		
Total			3		

Executive summary

Headlines

Audit approach

This review was undertaken as part of the 2019/20 Internal Audit Plan, as approved by the Audit Committee in March 2019. The focus of the review was to consider the extent to which the Aberdeen City Health and Social Care Partnership and Health and Social Care Moray (the HSCPs) have defined, communicated and monitored business continuity management arrangements for primary care providers (PCPs). We also gave consideration to the business continuity management arrangements that are in place at HSCP level specifically, to respond in the event that primary care providers are unable to deliver core services.

To examine consistency of business continuity management (BCM) across primary care providers (PCPs) in the Grampian region, we carried out a series of walkthroughs with personnel charged with undertaking BCM at a sample of PCPs within the Health and Social Care Moray and Aberdeen City HSCP locales. These walkthroughs involved enquiry of staff on their business continuity planning, staff training and on support they have had from the HSCPs on implementation and delivery of effective BCM planning. We also inspected BCM plans and relevant support materials in place at each of the sampled providers.

Key findings

Responsibilities for performing BCM have not been clearly defined between PCPs and HSCPs since the inception of the partnership. As a consequence, efforts by the HSCP to support PCPs in reviewing and providing feedback on BCM arrangements has been limited. Across our sample of PCPs, we noted that business continuity plans are in place but are not necessarily aligned with templates used by the HSCPs that have been previously produced by NHS Grampian. Roles and responsibilities relating to business continuity had been communicated by the HSCPs to GP practices at which we carried out our review, but not to the pharmacies, ophthalmologists and dental practices sampled. A template for business continuity plans was provided to some GPs in our sample by NHS Grampian several years ago, varying between 2011 and 2015. In addition to this a Business Impact Assessment (BIA) form has been sent out to some, but not all, PCPs in July 2019. Overall, management at the practices which formed our audit sample demonstrated awareness in BCM practices but a consistent theme was a lack of formal training provided to staff in the area.

During the course of our review we noted 3 medium rated findings. These were as follows:

- Lack of oversight of business continuity management at Primary Care Providers
- Business continuity management Plans at Primary Care Providers are not reviewed on a regular basis
- Business continuity plans are not periodically tested at primary care providers.

Good practice noted

We noted good practice in business continuity incident testing at Integrated Joint Board level. Both HSCPs have carried out three live testing scenarios in the last 18 months in order to ensure staff are sufficiently prepared in the event of a critical incident or a significant disruption to services. For each of the exercises that has been run by the HSCPs, a debrief and mock post-incident review is used to capture lessons learned and incorporate refinements to the BCP.

In addition to this, although the format of business continuity plans that we inspected were not all aligned with the NHS Grampian BCM templates adopted by the HSCPs, there was generally a high standard of documentation at the nine of twenty Primary Care Providers that responded to our audit enquiry. Plans incorporated the roles of all members of staff and the responsibilities of practices to the wider health community. All BCM templates sampled included an incident flowchart, which instructs staff on the necessary steps to take in the events of specific incidents which may impact business continuity.

Executive summary

Management comments

Aberdeen City Health and Social Care Partnership

Aberdeen City Health and Social Care Partnership want to fully engage in cross system partnership working. This includes NHS Grampian primary care providers and independents and will work closely with all to develop a consistent approach to business continuity planning in the City. We will engage with all relevant parties, exercising plans to encourage all participants to see where their role fits into the wider City response

Health and Social Care Moray

Responsibilities for Business continuity have not been clearly defined between NHS Grampian and the Health and Social Care Partnerships with regard to determination of critical functions and therefore that has led to a lack of clarity for Primary Care Providers.

Background and scope

Background

The objectives of the review were to examine how governance of the primary care providers by the HSCPs ensures that the roles and responsibilities of the PCPs in delivering effective business continuity planning are upheld. We reviewed a sample of 20 primary care providers across Health and Social Care Moray and Aberdeen City HSCP regions and assessed the availability and quality of key business continuity management documentation, as well as user training and other measures adopted to communicate policy within the PCPs. Our sample included GP Practices, Dental Surgeries, Pharmacies and Ophthalmologists which together make up the primary care providers.

Process Governance

There is no formal arrangement relating to BCM between HSCPs and PCPs, partially due to a lack of contractual obligation on the part of PCPs to maintain and provide business continuity management documentation. Roles and responsibilities for staff relating to BCM were outlined in a Business Continuity Detailed Recovery Plan Template which was circulated to some PCPs (principally GP Services) in 2011. Management at these sites have retained and updated this template on an ad hoc basis. For other types of PCPs, namely dental practices and pharmacies, business continuity management was administered solely by the property owner or practice manager, independent of HSCP Guidelines. However in our audit we noted that this did not appear to have a detrimental effect on the quality of the business continuity planning that was in place. Staff at primary care providers are not provided with training in business continuity management.

Business Impact Analysis

Business Impact Analysis (BIA) templates were provided to some PCPs in August 2019 but these have not been consistently rolled out across all PCPs, and the roll out has not been supported with a detailed communications and support plan. In response to this, the PCPs in our sample that had received BIA templates had transferred existing business continuity plans into the template. Practice managers are responsible for maintaining and updating both BCM plans and BIAs, as well as making staff aware of where they can access the plans that are in place. We examined the list of potential threats that were defined within business continuity plans at each of the primary care providers for consistency and determined that the were consistent across the practices. Due to the fact that some BCPs have not been reviewed for several years, it is possible that there are some potential threats that have not been identified.

Business continuity plans and testing

All of the primary care providers in our sample that responded provided a thorough Business Continuity Plan which detailed individual staff roles and responsibilities as well as references to anticipated communications with authorities. Continuity plans that were inspected covered all threats which have been identified by the HSCPs as being threats to critical processes, including but not limited to; contaminated patients, chemical incidents, incapacity of staff, major accidents, terrorism, supply chain shortages, pandemic flu, loss of gas or water supplies, telephone and IT failures. Business continuity plans are updated on an ad hoc basis at the discretion of the practice manager. There is no secondary review of changes made to plans. Staff at each PCP are aware of how to access the relevant plans although are not provided with formal training in actioning BCPs.

Background and scope

HSCP oversight of primary care service provision

Both HSCPs have contingency plans in place to maintain services in the event that specific primary care providers are unable to continue to provide services. The business continuity policy which details the strategies behind this contingency planning was coordinated by the NHS Grampian Head of Civil Contingencies on behalf of the partnerships and last updated in 2017. Business continuity plans at IJB level are subject to live testing scenarios on a regular basis, 3 of which have been carried out in the last 18 months. Findings from these tests are captured and subsequently built into updated business continuity plans. Our audit included a review of documentation detailing these tests and the results that arose from staff responses. Currently, the HSCPs do not formally review business continuity plans at primary care providers. A copy of the plans at each PCP is requested on an annual basis but this is not enforced.

Scope and limitations of scope

For this review, we inspected business continuity planning at HSCP level through interviews with senior members of staff responsible for business continuity and examined plans in place, alongside documentation relating to business continuity tests carried out in the last 3 years and policies and procedures that are communicated to Primary Care Providers. In addition to this we carried out an inspection of BCM practices, policies and documentation across a sample of 20 primary care providers across Moray and Aberdeen City local authority areas.

As part of our review, we enquired at each of our sampled Primary Care Providers whether there had been any threats or incidents relating to Business Continuity in the last 36 months, none were noted.

This review considered BCM processes only in respect of primary care services. Other operations performed by NHS Grampian or the HSCPs were out of scope. While this review considered the availability and content of business continuity management information from privately operated primary care providers as part of our approach, we did not assure specific activities performed by these primary care providers to prepare materials, train staff in how to apply materials and test their effectiveness. The review specifically excluded the Aberdeenshire Health and Social Care Partnership and associated Integrated Joint Board due to a similar scope of work that was recently performed by their Internal Audit function.

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.

Current year findings

1 Lack of oversight of BCM Policies at Primary Care Providers
Operating effectiveness

Finding rating

Rating	Medium

Finding and root cause

While we note that there is no contractual requirement for PCP's to prepare and share BCM materials, for the HSPCs to discharge Civil Contingencies Act requirements, PCP oversight is required. HSPCs have not actively set expectations with Primary Care Providers in relation to Business Continuity Management, and roles and responsibilities for performing BCM activity between the HSCPs and the PCPs are not well defined. As a result, the HSCPs do not have clear visibility over the quality of BCM arrangements at PCPs in their region.

We assessed the impact of this through a sample of twenty PCPs. Of the nine respondents:
- only the six GP services had been provided with up to date business continuity planning templates, and as a result the Pharmacy and two Dental Practices that responded have defined their own documentation requirements.
- the six GP surgeries submit business continuity plans to the HSCPs on an annual basis for review, but this is not in place for the three non-GP PCPs.
- feedback is not being provided to GPs that submit their business continuity plans.
- PCPs are not aware of BCM resources to support them in preparing for, or responding to, a business continuity incident.

We did note that Health and Social Care Moray recently offered a workshop for PCP managers on BCM but there was little appetite for the event.

Potential implications

There is a risk that as a result of not setting expectations as to the extent and quality of BCM which is supported through regular feedback, BCM is not practiced to a uniform standard across the PCPs. This could lead to a disparity in services available to the public in the event of a business continuity incident, or an inability to restore services within a reasonable time frame, and could result in reputational damage or government censure.

Recommendation

The partnerships need to work with PCPs to explain the responsibilities of each party for business continuity and how oversight of this at the PCP level is going to be administered by the partnerships. In the short term, the HSCPs should create an identified point of contact or hold drop in sessions on a quarterly basis which combine BCM with other oversight activities relating to provision of primary care. BCM materials should be reviewed by the partnerships to ensure that plans exist for all threats which disrupt critical processes, and feedback and best practices should be shared.

Current year findings

1 Lack of oversight of BCM Policies at Primary Care Providers
Operating effectiveness

Finding rating

Rating	Medium

Management action plan

<u>Aberdeen City Health and Social Care Partnership</u>

The NHS Grampian Civil Contingencies Unit is currently looking to streamline the BCP process to create a uniform template. They will engage with PCP's across the Partnership on the template, explaining the importance of business continuity planning as well as what a robust BCP can do for organisations when required to use them. A meeting of the Practice Managers (as well as other PCP's) will be called to undertake this engagement.

A session with the NHS 2C Practices will first be held on February 20th followed by a wider cross Partnership workshop with all providers on April 20th 2020.

The Business Support Team within the Partnership will be the single point of contact (generic e-mail address). The "writing a BCP" training course on the 11th of November will also be expanded to include reps from PCP's

NHS Grampian is also currently looking at an IT based solution, through web-based software. After completing a 12 stage BIA, the software generates a bespoke BCP, allowing the organisation to have easily accessible, standardised plans.

<u>Health and Social Care Moray</u>

Health and Social Care Moray will work with NHS Grampian Civil Contingencies Unit and other HSCPs to determine the critical functions that impact across whole system and where PCP are involved in delivery of these functions we shall ensure clear communication of roles, responsibilities and expectations and if there are any areas requiring assistance we shall work collaboratively to resolve the issues. Work commences on this at the workshop on 11 November with NHS Grampian Civil Contingencies Unit and timescales will be determined thereafter.

Responsible person/title:

Martin Allan, Jeanette Netherwood

Target date: April 20th, 2020

Current year findings

2 Business continuity plans at Primary Care Providers are not reviewed on a regular basis

Operating effectiveness

Finding rating

Rating	Medium

Finding and root cause

In line with Finding 1, there is no formal expectation set by the HSCPs that business continuity plans are periodically reviewed and updated for changes in the business or its environment in a formal manner.

We investigated the impact of this through a sample of twenty PCP. Of the nine respondents:
- none have carried out a formal review and update of practice business continuity management plans in the last 12 months.
- At four of the six responding GP Services (where the business continuity template had originally been provided by NHS Grampian), there has been no update to business continuity planning documentation since the template had originally been completed following its issue in 2011.
- The pharmacy and two dental practice respondents provided business continuity plans that had been updated on an ad hoc basis for a number of years but had not been formally reviewed by either the practice manager or the HSCPs during this time.

Potential implications

If business continuity plans are not reviewed and updated regularly, changes to critical functions or requirements at primary care providers may not be not identified, leading to an ineffective responses. There is a risk that scenarios culminating in incidents are not complete based on the latest industry and political developments (e.g. the impact of Brexit) or are not critically evaluated for their impact on process requirements. Further, there may not be a defined response to incidents experienced or that current responses in the plans are outdated in terms of technology, process or roles.

From an HSCP perspective, if plans are not being scrutinised locally on a regular basis, limited assurance exists that arrangements are sufficient.

Recommendation

Business continuity plans should be reviewed and updated on an annual basis with any changes communicated to staff. A copy of the plan should continue to be sent to the HSCPs for centralised review each year.

Current year findings

2 Business continuity plans at Primary Care Providers are not reviewed on a regular basis

Operating effectiveness

Management action plan

Aberdeen City Health and Social Care Partnership

A single point of contact generic e-mail address will be used to collate the BCP's and that the Partnership's Civil Contingencies BCP Sub Group undertake the review. In terms of timeline, the PCP's will use the revised templates and workshop to submit a revised BCP.

Health and Social Care Moray

We shall work with our PCPs to ensure that they provide assurance that they can meet the expectations of continuation of the identified critical functions and shall review their arrangements annually whilst providing opportunities for them to take part in table top exercises to test their arrangements.

Responsible person/title:

Martin Allan, Jeanette Netherwood

Target date: May 2020

Finding rating

Rating	Medium

Current year findings

3

Business continuity plans are not periodically tested at PCPs

Operating effectiveness

Finding rating

Rating	Medium

Finding and root cause

In line with Finding 1, there is no formal expectation set by the HSCPs that business continuity plans are periodically tested. None of the nine respondents in our sample of 20 PCPs stated that they carry out periodic testing of any scenarios detailed in their business continuity plans. Staff receive no formal training in implementing the BCMs and are, in almost all cases, made aware of the existence of the document but not required to read it. As a result, it is unlikely that staff are familiar with their responsibilities under different business continuity scenarios as defined in the plans.

We did note that from an HSCP perspective, plans are regularly tested and the results inform the continuous improvement of the business continuity arrangements.

Potential implications

There is a risk that PCP staff using business continuity plans in a live incident are not familiar with their responsibilities and do not perform them effectively.

A failure to carry out periodic testing of procedures could create a situation where issues with plans are only identified in the event of an actual incident or threat. The broader impact of this is a delay in critical services being re-established in the event of an incident.

Recommendation

PCPs should be required to carry out annual testing of business continuity plans through tests involving staff employed at the practice. Findings from these tests should be documented and built into plan improvements on a regular basis. All staff should receive training in BCM to some extent upon joining and should be provided with updated copies of business continuity plans whenever there are any alterations or improvements made to the procedures.

Current year findings

3

Business continuity plans are not periodically tested at PCPs

Operating effectiveness

Finding rating

Rating	Medium

Management action plan

Aberdeen City Health and Social Care Partnership

A Partnership wide exercise (including Primary Care) will be facilitated by both Aberdeen City Council's Emergency Planning Officer and NHS Grampian's Civil Contingencies Unit to test the preparedness of the Partnership in an incident-as discussed with Emergency Planning Officer. The Partnership has taken part in Aberdeen City Council and NHS Grampian run exercises, however a Partnership specific exercise will focus attention on the preparedness of Primary Care within a wider Partnership wide system. The exercise will be held in the first quarter of 2020.

Health and Social Care Moray

PCP will be provided with guidance on the expectations from Health and Social Care Moray with regard to critical functions and we will encourage participation at table top tests and training events. A programme of events will be circulated to PCPs for 2020/21 and a workshop will be carried out to focus on activation, response and communication processes with PCPs.

Responsible person/title:

Martin Allan, Jeanette Netherwood

Target date: 31 March 2020

Appendices

Appendix A: Basis of our classifications

Individual finding ratings

Critical	>	A finding that could have a:

Critical

> A finding that could have a:
> - **Critical** impact on operational or
> - **Critical** monetary or financial statement impact or
> - **Critical** breach in laws and regulations that could result in material fines or consequences or
> - **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.

High

> A finding that could have a:
> - **Significant** impact on operational performance or
> - **Significant** monetary or financial statement impact or
> - **Significant** breach in laws and regulations resulting in significant fines and consequences or
> - **Significant** impact on the reputation or brand of the organisation

Medium

> A finding that could have a:
> - **Moderate** impact on operational performance or
> - **Moderate** monetary or financial statement impact or
> - **Moderate** breach in laws and regulations resulting in fines and consequences or
> - **Moderate** impact on the reputation or brand of the organisation

Appendix A: Basis of our classifications
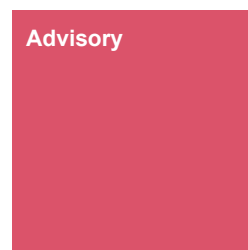
Individual finding ratings
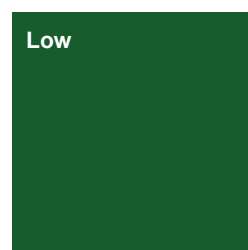
Low	A finding that could have a:
	• **Minor** impact on the organisation's operational performance or
	• **Minor** monetary or financial statement impact or
	• **Minor** breach in laws and regulations with limited consequences or
	• **Minor** impact on the reputation of the organisation

Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points		Report classification	Option A	Option B	Points
Critical	40 points per finding		🟢	Low risk	Satisfactory	6 points or less
High	10 points per finding		🟡	Medium risk	Satisfactory with exceptions	7 – 15 points
Medium	3 points per finding		🟠	High risk	Needs improvement	16 – 39 points
Low	1 point per finding		🔴	Critical risk	Unsatisfactory	40 points and over

Appendix B: Terms of reference

Scope

NHS Grampian recognises the risk associated with business continuity programme governance (rated medium), business continuity testing (rated medium) and business continuity training (rated high) through the civil contingencies risk register. As part of this review we will consider NHS Grampian's assessment of inherent and residual risk (taking into account relevant controls) to ensure effective visibility of the risk to the Executive and Trustees.

The sub-processes, risks and related control objectives included in this review are:

Sub Process	Objectives	Risks
Process governance	Roles and responsibilities for business continuity management have been clearly defined and communicated by the IJB to primary care providers. Policies and procedures have been developed for primary care provider use, are accessible to end users and are periodically reviewed. Primary care providers receive training in how to apply IJB BCM policy. Compliance with policy (including the proportion of primary care providers maintaining business continuity plans) is tracked and monitored by the IJB.	Due to poor governance, key BCM activity is not performed or is performed inconsistently by primary care providers. Primary care providers are not aware of BCM resources to support them in preparing for, or responding to, a business continuity incident.
Business impact analysis	Business impact analysis assessments are performed across all primary care providers periodically. Standards and guidance are provided by the IJB to assist functional areas in performing BIA, which is structured to include personnel, physical premises, third party, IT and communication, and medication requirements. Primary care provider processes are classified according to their level of criticality, and recovery point and time objectives are defined for each process performed. Completed BIAs prepared by primary care providers are reviewed by the IJB to ensure consistency and completeness A list of potential threats is defined and considered by the primary care provider for their potential impact on requirements supporting critical processes. This list includes pandemic influenza, seasonal illness, and potential supply chain disruption due to Brexit.	Critical functions or requirements at primary care providers are not identified, leading to an ineffective response to business continuity incidents. Scenarios leading to business continuity incidents are not complete, or are not fully and critically evaluated for their impact on process requirements. This means that there is not a defined response to incidents experienced or that it is not applicable.

Appendix B: Terms of reference

Sub Process	Objectives	Risks
Business continuity plans	At a primary care provider level, business continuity plans exist for all threats which disrupt critical processes, as determined by the BIA, and provided detailed steps for restoring business-critical requirements. Roles and responsibilities are defined within the primary care provider BCP, including authority to declare or end a business continuity event. Staff at the primary care provider are trained in how to access and use the relevant BCP. BCPs are periodically refreshed and reviewed in line with the update of BIAs.	BCPs are not used by primary care provider staff during a business continuity incident. BCPs that exist are not aligned with incidents experienced.
Business continuity testing	BCPs are periodically tested by primary care providers in line with the criticality of the potential continuity event, according to a defined test script. Testing involves participation at all levels of the organisation, including third parties where appropriate. The results of testing are captured and incorporated into a BCP improvement plan.	Improvements identified through testing the BCP are not built into the next iteration of the plan. Primary care provider staff using BCP in a live incident are not familiar with their responsibilities and do not perform them effectively.
Business continuity incidents	For all business continuity incidents experienced by the primary care provider, post-incident review is used to capture lessons learned and incorporate refinements to the BCP.	Adverse results from continuity events are repeated.
IJB oversight of primary care service provision	Business impact analysis has been performed by the IJB for the event that individual or multiple primary care providers are unable to provide core health services. Contingency plans exist to define how the IJB will identify that primary care providers cannot provide services, and how service to the public will be restored. Plans are tested and refreshed based on lessons learned through testing or continuity events experienced.	The IJB is unable to restore service within a reasonable time frame, leading to reputational damage or government censure.

Appendix C: Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken this review subject to the limitations outlined below:

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment 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

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other changes; 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 endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we 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.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.

Thank you

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