

NHS: Care with continuity

What are the realities of implementing business continuity within a care services environment? Rebecca Norton considers some of the likely challenges and how the standard approach can be applied

The Department of Health's NHS Resilience Project is promoting the adoption of the British Standard for Business Continuity Management BS 25999 to build collective resilience. The recent launch of the NHS Standard BS NHS 25999 further strengthens this initiative. But what are the realities of implementation within the NHS and more generally, a care services environment and how different is a care services setting to a 'traditional' office environment?

While the benefits of business continuity management in ensuring continued delivery of critical services are clear in principle, gaining buy-in among staff - particularly front-line staff - where multiple initiatives, targets and drives for change frequently take an already overstretched workforce away from the 'day job', can be an obstacle. An autocratic directive from the top and allocated resource may be all that's required in a commercial environment; however in the care sector, more compelling powers of persuasion may be required to achieve desired results.

This buy-in will be greatly assisted by not only senior management commitment to the implementation of a system but also gaining the same commitment and understanding at the tiers below this level to ensure the resources and people with the right knowledge are involved in the project.

I have found that having the ability to articulate the drivers and lasting benefits of the project (beyond the legal requirement) in a language that staff will understand is essential. Patient welfare is at the sharp end of the care services world and business continuity needs to be explained in this context.

Meaningful BIA

Conducting the business impact analysis (BIA) can be hugely resource intensive. However, a practical, phased approach to the BIA process can still work well while at the same time still gathering the quality of data needed. This avoids the process becoming overly onerous and time-intensive task for the staff involved.

Taking the time to tailor the BIA so that it is expressed in the appropriate language is also important. Where traditional BIAs focus on incremental work area recovery requirements, such as desk spaces, IT and data, this means little to a care home manager, for instance, whose primary focus is on feeding, clothing and care of the patients. While the care sector has become increasingly reliant on systems, staff, their knowledge and day to day essentials such as personal protective equipment remain core. A care services BIA should also consider multiple and community-based working environments, specialist medical equipment and priority items for salvage that may be difficult or expensive to replace. It should also make use of relevant impact criteria e.g. possibly a greater emphasis on threat to human life rather than lost revenue.

Pragmatic site risk assessment

Conducting a site risk assessment (or finding out whether one has ever been carried out) as part of the business continuity programme can be particularly useful in a care services setting. It is not unusual for services to run out of ageing or problematic buildings. A site risk assessment can sometimes reveal a host of issues, such as inappropriate storage of hazardous substance or a

lapse in fire and evacuation rehearsals that could lead to a business continuity incident.

Action-oriented plan development

Care services often encompass a wide geographical area over multiple sites, such as is the case for district nurses, for instance. Thus, the approach to planning has to be applicable to those people whom the plans support. Plans need to be pragmatic and action orientated covering both services and the physical locations.

A useful way of ensuring key areas are covered off is to focus on key scenarios; plan development workshops that explore the response to these scenarios can be an economical and effective mechanism to achieve this alongside gaining plan ownership.

Build on existing strengths

Lastly, it is important to remember that the NHS has a good record of responding well to 'big-bang' events. The last couple of years have seen many care organisations focused on pandemic flu planning. This, coupled with experience gained during periods of snow and flooding, has forced many organisations to examine their continuity priorities. Many NHS organisations will also already have well developed major incident plans and care service staff are often used to dealing with incidents.

With a bit of thought and tailoring, all these strengths can be built upon and applied to a standard business continuity programme with lasting results.

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