



Business continuity planning and social care homes



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August 2015

Introduction

Social care providers perform a special role in society, that of looking after the elderly, frail and vulnerable of all ages. With this role comes the special responsibility of ensuring that those individuals entrusted to them receive the highest quality of care and are kept safe from harm.



The quality of that care is consequently monitored by a number of official bodies in England, including the Care Quality Commission (CQC), local government and the NHS England. These bodies rightly focus on the quality of the care given to residents, but they do also turn their attention towards the duty of social care providers to keep people safe and manage risks to individuals and to the service provided.

These duties provide some of the key lines of inquiry for CQC inspections. CQC Inspectors are told to ask specific questions about how risks at service level are identified and managed, and about plans for responding to any emergencies or untoward events¹. The CQC has also put in place a formal requirement for all social care providers to have business continuity planning in place in order to comply with Regulation 9 of the Health and Social Care Act 2008.

Social care homes which provide nursing care and receive NHS funding for some clients may be regarded as NHS funded providers. It is less well known that those who do fall into this category are subject to a more stringent emergency planning regime under the Civil Contingencies Act 2004, and must be in a position to show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients².

This regime is currently subject to a light-touch approach from NHS England, with a focus on the larger, core, NHS funded organisations and making use of a self-assessment framework. However, what has emerged during the course of the research for this white paper is that the Emergency Planning Team at NHS England will eventually be turning their attention to the social care field, and would like to pursue a joined-up approach with the CQC towards testing emergency and business continuity preparations.

We believe that such a development, whilst clearly the correct one in terms of ensuring a joined-up approach by all regulators, will inevitably lead to the higher emergency planning standards of the CCA 2004 becoming accepted, and even a required practice across the whole of the sector. This means that all social care providers, whether NHS-funded or not, need to start thinking about raising their game now in order to be in a position to meet any additional requirements that may be expected of them.

We believe that business continuity planning is an important and under-researched area of social care strategic planning, and that this research will contribute towards learning and best practice in this area. We hope that this learning will help social care providers to lessen the impact of business disruption events, increasing the safety of their clients and reducing the costs to their business. We also hope that it will contribute towards helping social care providers being able to fully satisfy the requirements of the Care Quality Commission and the NHS England on this important subject.

Rickie Sehgal - *Chairman, Crises Control*

¹ Appendix A: Key lines of inquiry: CQC Provider Handbook: Residential adult social care services (March 2015)

² NHS England Core Standards for Emergency Preparedness, Resilience and Response – Version 3 (May 2015)

Executive summary

- Social care providers perform a special role in society of looking after the elderly, frail and vulnerable of all ages. With this role comes the special responsibility of ensuring that those individuals receive the highest quality of care and are kept safe from harm.
- The quality of care is monitored by a number of official bodies in England. These bodies turn their attention towards the duty of social care providers to keep people safe and manage risks to individuals and to the service provided.
- Social care homes which receive NHS funding are subject to a stringent emergency planning regime under the CCA 2004. NHS England would like to see a joined-up approach with the CQC, which will inevitably lead to higher emergency planning standards becoming accepted practice across the sector.
- The cost to a business of a badly-handled business disruption event is a quantifiable business driver. Just as important as this is the need to provide a safe care environment for vulnerable clients, with robust emergency plans.
- Research carried out by the CMI shows that for 36% of organisations, regulatory requirement is a principle driver of BC arrangements. An even greater driver was the needs of existing customers (38%), and the biggest driver of all was an actual crisis or near miss incident (42%).
- The joint top perceived threats from our sample were loss of power and the impact of severe weather, which was mentioned by 42% of respondents. This was followed by fire at 29% and illness, health and safety and an IT outage all at 13%.
- What may have been a surprise to our respondents was the frequency of the business disruption events that they suffered. Almost half of them, for example, suffered from a loss of power during the previous year.
- Nearly one third of our sample told us that their plan would not be easily available if their office IT system was down. One third told they had not used their BC plan in real time to manage an actual disruption event.
- Almost half of our sample told us that they did not have a regular testing process in place. If this reflects wider practice within the sector, this is a serious concern.
- Over 40% of our sample either had no emergency communications system in place at all, or else had a system that would have been outed along with their IT network.
- Two thirds of our sample said that a cloud-based integrated communications platform using a choice of e-mail, SMS and push notifications would be a useful addition to their BC tools.

Definition – What is business continuity?

“Business continuity management (BCM) is a process that helps manage risks to the smooth running of an organisation or delivery of a service, ensuring continuity of critical functions in the event of a disruption, and effective recovery afterwards.”

“Good BCM helps organisations identify their key products and services and the threats to these. Planning and exercising minimises the impact of potential disruption. It also aids in the prompt resumption of service helping to protect market share, reputation and brand.”

Cabinet Office – Public safety and emergency guidance – February 2013

The regulatory regime

The business continuity and emergency planning arrangements of all social care providers in England are monitored by the Care Quality Commission, which considers the duty of social care providers to keep people safe and manage risks to individuals and to the service provided. CQC Inspectors are told to ask specific questions about how risks at service level are identified and managed, and about plans for responding to any emergencies or untoward events.³ The CQC has also put in place a formal requirement for all social care providers to have business continuity planning in place in order to comply with Regulation 9 of the Health and Social Care Act 2008.

This assessment is conducted by CQC Inspectors, who are required to satisfy themselves that the provider has an adequate business continuity plan in place. However, it does not require a formal compliance statement by the provider, nor does it require a strict regime of testing and training.

Social care homes that provide nursing care and receive NHS funding for some clients are likely to be regarded as NHS funded providers, and so become subject to a more stringent emergency planning regime. The Emergency Preparedness, Resilience and Response (EPRR) Team at NHS England has recently published new guidelines specifying that primary care and community providers are to be regarded as subject to the same emergency planning regime as Category 1 responders under the Civil Contingencies Act 2004, with the highest level of responsibility for emergency response.

³ Appendix A: Key lines of inquiry: CQC Provider Handbook: Residential adult social care services (March 2015)

Key takeaway

In practice this means:

- *Must have suitable, proportionate and up to date plans in place, which set out how they plan for, respond to and recover from emergency and business continuity incidents*
- *Must exercise these plans through a communications exercise every six months, a desktop exercise every year and a live exercise every three years.*
- *They must also have appropriately trained, competent staff and suitable facilities available round the clock.¹*

This regime is enforced through a self-assessment regime, where organisations are required to nominate an accountable emergency planning officer, complete an annual self-assessment and report on this to their management board. The organisation must then submit an annual compliance statement to their Local Health Resilience Partnership.

The EPRR Team has so far focussed mainly on major NHS organisations in terms of testing their compliance with the planning requirements, and only this year has turned its attention to third sector providers such as St John's Ambulance and the Red Cross. They next plan to turn their attention to major independent providers, including BUPA and Virgin Health, and following that, to social care providers.

NHS England is well aware of the differing regulatory approaches to the social care sector and has indicated that they would like to pursue a joined-up approach with the CQC towards testing emergency and business continuity preparations. We believe that such a joined-up approach will inevitably lead to the higher emergency planning standards of the CCA 2004 being accepted, and even a required practice across the whole of the sector.

Key takeaway

We believe that such a joined-up approach will inevitably lead to the higher emergency planning standards of the CCA 2004 becoming accepted, and even required, practice across the whole of the sector.

The EPRR Team have stressed that they are adopting a light touch approach to compliance and want to work with the social care sector to help them implement appropriate levels of emergency planning. However, they have also pointed out that it is strategic planning best practice to have robust business continuity planning arrangements in place in order to ensure the resilience of a business against the impact of disruptive events. The last thing they want to see is either social care providers going out of business or having to rely on the NHS in place of having their own disaster recovery plans in place.

Business drivers for business continuity planning in social care homes

Satisfying regulatory requirement is an important factor and a worthwhile driver on its own. All of the social care providers that we surveyed confirmed they were aware of the requirement to have business continuity planning in place in order to comply with Regulation 9 of the Health and Social Care Act 2008. In addition to this, all of the providers confirmed that they did have a written business continuity plan in place for their social care homes. A number of them mentioned that in addition to the requirements of the CQC, a number of local authorities regularly asked to see a copy of their plan. In some cases this appeared to be a tick box exercise, but in others more interest was taken by the regulatory authorities and advice was given as to how to build upon and develop BC planning.

However, the cost to a business of a badly handled business disruption event is an immediate and quantifiable business driver. Just as important as this is the need to provide a safe care environment for vulnerable clients, with robust and tested emergency plans.

Key takeaway

The cost to a business of a badly handled business disruption event is an immediate and quantifiable business driver. Just as important as this, to any social care home, is the need to provide a safe care environment for vulnerable clients, through robust and tested emergency plans.

Research carried out by the Chartered Management Institute⁴ amongst 637 of its members established that for 36% of organisations, regulatory requirement was a principle driver of BC arrangements. However, an even greater driver for organisations, at 38%, was the needs of existing customers, and the biggest driver of all, at 42%, was an actual crisis or near miss incident.

These facts suggest that business owners are well aware of the cost to their bottom line and reputation of an extended business disruption event. It is difficult to put actual figures on such a cost as business sizes and the type of disruption event experienced differ greatly. However, individual business owners will have a pretty good idea of what it would cost them to have their operations suspended for a day or for even longer. Your ongoing costs will continue, even if your home is shut for a time. You are likely to incur additional costs for providing an alternative location if the disruption lasts for more than a few hours. And your customers may well not expect to have to pay for a service that does not meet your usual high standards. That is all in addition to the cost of restoring any business critical functions that have been out of action as a result of the disruptive event itself.

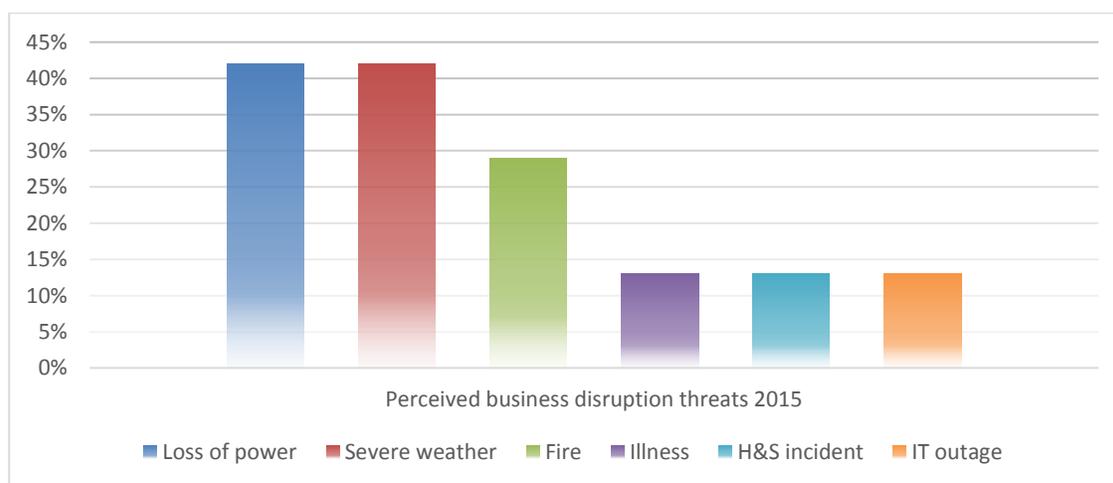
⁴ Weathering the Storm: The 2013 Business Continuity Management Survey (Chartered Management Institute 2013)

Business disruption threats in the sector, perceived and actual

Global research conducted by the Business Continuity Institute for their annual Horizon Scan⁵ suggests that in the health and social care sector, the top three perceived threats for 2015 are unplanned IT and telecoms outages, which 41% of respondents were extremely concerned about, followed by data breach at 35% and human illness at 27%. The top three growing threat trends globally were the potential emergence of a pandemic (likely to be highly influenced by the Ebola outbreak in West Africa) which 64% of respondents mentioned, the use of the internet for malicious attacks also at 64% and the loss of key employees at 56%.

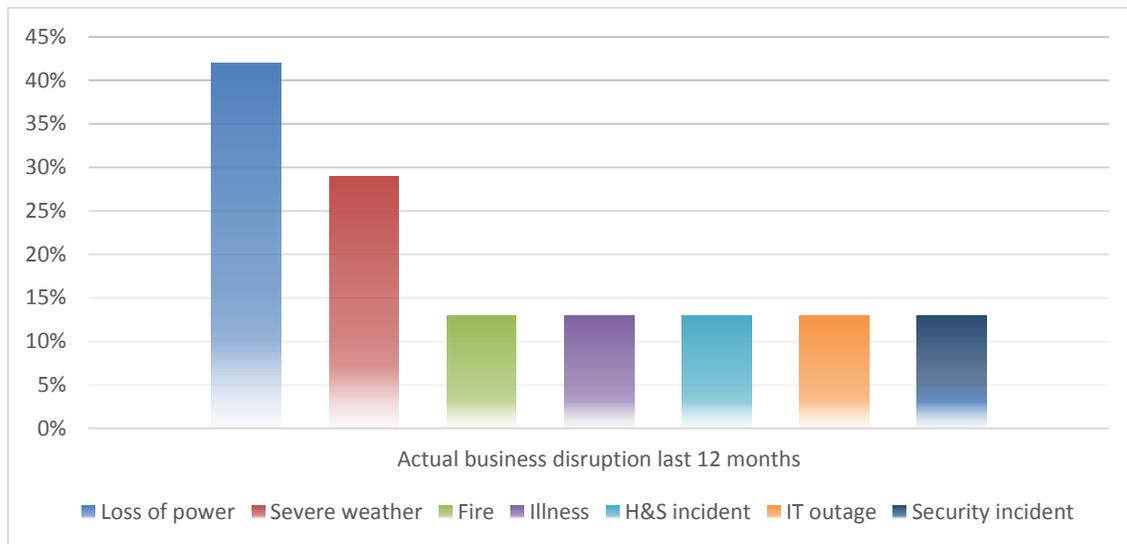
The research we carried out with social care providers in England reflected some of the same concerns but also reflected the more parochial nature of our sample. The joint top perceived threats were loss of power and the impact of severe weather, which 42% of respondents mentioned as in their top three risks. This was followed by fire at 29% and then illness, a health and safety incident and an IT outage all at 13%.

This threat assessment is very likely to reflect the particular vulnerability of social care providers, and their usually elderly clients, to the impact of a power cut on heating and nursing equipment. It will also reflect the bouts of severe weather recently experienced in England and the particular risk posed by fire to elderly clients whose movement in the eventuality of an evacuation is likely to be impaired.



We also asked the same social care providers what, if any, actual business disruption events they had suffered during the previous 12 months. Perhaps not surprisingly, the answers matched those given for perceived risks very closely. The top disruption event had been loss of power, suffered by 42% of respondents, followed again by severe weather suffered by 29% of respondents. The remaining disruption events suffered were illness, health and safety incidents, and IT outages as before, plus security incidents.

⁵ Horizon Scan 2015 (Business Continuity Institute 2015)



What may have been a surprise to our respondents, although we did not specifically ask them, was the frequency of the business disruption events that they suffered. Almost half of them, for example, suffered some kind of loss of power during the previous year. This experience would not be uncommon. Data gathered by information technology research company, Gartner, into the use of emergency notification system showed that across all categories of use, actual use of such systems was far greater than planned⁶.

The research shows that 67% of organisations made use of their emergency communications systems every year for traditional business disruption emergencies such as IT, communications and power failures, against only the 4% that they had anticipated. 51% of organisations made use of their systems for operational crises, such as office closures and equipment maintenance, against the 15% that had envisaged doing so. And 31% used their communications systems for routine fire drills, against only 10% that had planned to do so.

Key takeaway

What may have been a surprise to our respondents, although we did not specifically ask them, was the frequency of the business disruption events that they suffered. Almost half of them, for example, suffered some kind of loss of power during the previous year.

⁶ Gartner's Magic Quadrant for US Emergency Mass Notification Services 2014

Preparedness

It is one thing having business continuity arrangements in place on paper, which all of our survey respondents did, as they are required to do by the CQC, and quite another to be completely prepared to handle a real life disruption event.

One question that arises immediately is whether your BC plan would be easily available to those who needed it if your office IT system was unavailable, as it is likely to be under a wide range of scenarios such as a fire, flood, or power outage. Almost one third of our sample told us that their plan would not be easily available in such circumstances.

Key takeaway

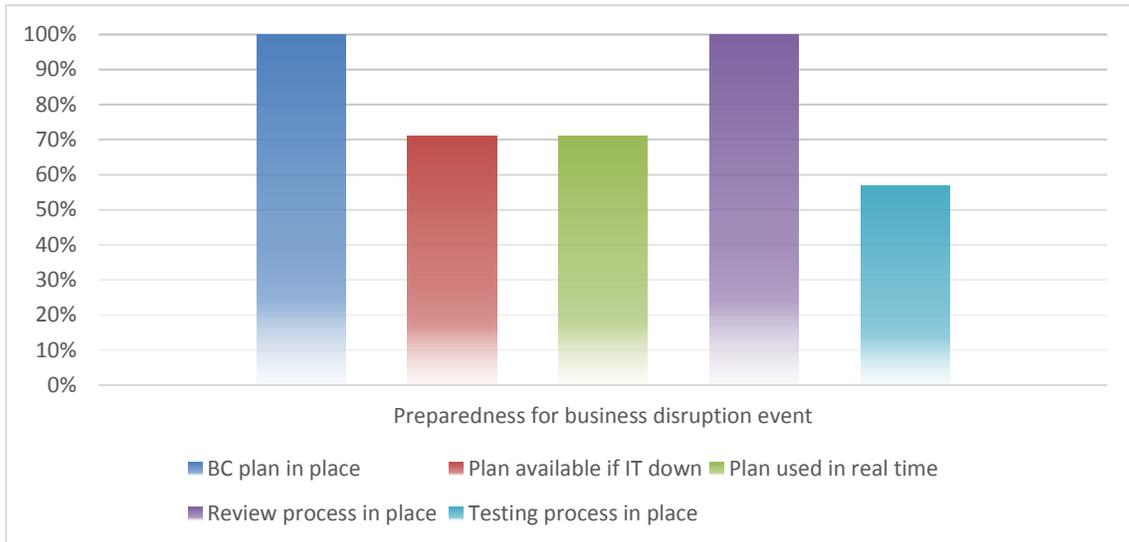
Would your BC plan would be easily available to those who needed it if your office IT system was unavailable, as it is likely to be under a wide range of scenarios such as a fire, flood, or power outage. Almost one third of our sample told us that their plan would not be easily available in such circumstances.

We also asked them whether they had used their BC plan in real time during an actual business disruption event. Of those who had suffered such an event, almost one third told us that they had not used their BC plan in real time to manage it. This perhaps not such a surprise, many BC plans are written with policy and insurance considerations in mind and end up being very unwieldy documents that are not much use in real time when the pressure is on and what is really needed is a very succinct list of critical actions that needs to be undertaken.

In order to be really useful during an actual disruption event, a BC plan needs not only to be concise and well written, but also fully up to date. So we asked our social care providers whether they did indeed have in place a scheduled review process for their BC plan. They all did.

The final step in being fully prepared for a BC event is to have a regular testing and exercising process in place to practice your response. This is something that is not currently required by the CQC, but a rigorous and regular exercising regime is required by NHS England as we have already discussed for those care providers who receive NHS funding.

So we asked our social care providers whether they had in place a regular testing process for their business disruption response. We did not ask whether they were in receipt of NHS funding. Almost half of our sample told us that they did not have such a testing process in place. If this reflects wider practice within the sector, and there is nothing to indicate that it does not, this is a serious concern.



Communication

Finally, we addressed the question of emergency communications, to see whether our social care providers were fully equipped to communicate with staff, clients and stakeholders during a business disruption event.

Consider need to inform client families in a range of circumstances. You will have an evacuation plan to relocate to another nearby place of temporary residence. Next of kin need to be informed of this. They will want to know what has happened to their relative and where they are located.

Firstly, we asked them whether they had in place an emergency notification system in place to contact staff, residents, relatives and other stakeholders during a business disruption event. Just over two thirds did have a system in place, but almost one third did not.

Of course such a communications system is only useful if it is available at all times, so we also asked whether this system would be available if they suffered a loss of power to their IT network. 13% of our sample told us that their communications system was dependent upon their own servers not being out of action. In total this means that over 40% of our sample either had no emergency communications system in place at all, or else it would have been taken out along with their IT network.

For many of our social care providers, their emergency communications system was either the mobile phone network or work e-mail, which is hosted on their own servers and therefore at risk. So we asked our sample whether a cloud-based integrated communications platform using a choice of e-mail, SMS and push notifications would be useful to them during a business disruption event. This would mitigate the risk of their servers being put out of action and ensure that they had a range of channels to reach staff, clients and stakeholders. Unsurprisingly, over two-thirds of our sample said that this would be a useful addition to their BC planning and communications tools.

Key takeaway

We asked our sample whether a cloud-based integrated communications platform using a choice of e-mail, SMS and push notifications would be useful to them during a business disruption event. Over two-thirds of our sample said that this would be a useful addition to their BC planning and communications tools.

Recommendations for social care providers

- **Make sure that you have a BC plan which is fit for purpose** - The social care provider sector seems to be ahead of many other industries in having BC plans in place across the board, largely because of the demands of the regulatory authorities. This does mean that the process can become something of a tick box exercise, with a plan in place but not really written with reality in mind. Make sure that your plan is fit for use when an event strikes by creating a series of shorter action plans that fit each of your major threat scenarios. This will make it much more likely than they will be used in real time.
- **Make sure that your BC plan, and action plans, will be available to you under all circumstances** – Having a well written plan in place is absolutely no use to you if you cannot access it in an emergency because your IT servers have been taken out by the flood, fire or power failure. This is easily achieved by making sure that your plan is hosted in the cloud and can be accessed on all mobile devices.
- **Review your risk register to make sure that it covers all of your possible threats** - Many risk registers are based entirely on past experience and cover only events that have already happened to an organisation. This is likely to leave you vulnerable to more unpredictable events. In addition to power outages, severe weather and fire, you should also consider the impact of a low-level viral illness and security incidents such as a resident going missing or a hostile intruder on your premises.
- **Consider the benefits of a cloud based multi-channel communications platform** – An emergency communications platform is essential to successful incident management, but it is only useful if it is available at all times. This means that it needs to be cloud hosted, to avoid any problem with IT servers. Having a multi-channel system, with phone, e-mail, SMS and push notifications, means that stakeholders can choose which channels they prefer and the message is guaranteed to get through somehow.
- **Make sure that you have a testing and exercising programme in place** – This should include a mixture of virtual, desktop and live tests and exercises. Having such a programme in place is standard BC good practice and greatly increases the chances of an effective incident response. It is also likely to become a requirement for the whole social care provider sector if NHS England and the CQC do pursue a joined up approach to emergency planning.

Methodology

This white paper has used mixed method research, including a number of primary qualitative interviews with Directors and Owners of social care providers and with senior officials from the NHS England EPPR Team, along with relevant secondary quantitative research from respected sources in this field including the Business Continuity Institute and the Chartered Management Institute. Contact details were collected for all participants who were interviewed, but these details have not been linked in any way with the results.

Author

Tim Morris has worked in the field of corporate communications and disaster recovery for over 20 years. His roles have included the 24/7 press office at New Scotland Yard and being the Head of Communications and Community Engagement at Sussex Police. He has been personally involved in responding to a number of major incidents including the Southall rail crash, the Heathrow Terminal One fire and the terrorist bombing of Canary Wharf. He has lectured and conducted research in the field of communications in a variety of academic settings. He is a Director of Rhetor Communications www.rhetor.co.uk



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