### Executive summary

The Business Continuity Working Group oversees the development, maintenance and improvement of the GMC’s business continuity plans and the associated business continuity management system. We continue to work to align these plans with the relevant standard ISO 22301:2012.

This paper summarises the work undertaken by the Business Continuity Working Group since the last report at the Board’s meeting on 18 June 2016 and key activities planned to deliver the 2016-2017 work programme.

### Recommendations

The Performance and Resources Board is asked to note:

- The work of the Business Continuity Working Group.
Background

1. The Business Continuity Working Group (BCWG) is chaired by the Director of Resources and Quality Assurance and reports to this Board annually. This work is necessary to ensure that the GMC can respond effectively in the event of a disruption to normal operations.

Overview of work of the BCWG – our plans

2. The BCWG meets bi-monthly and over the last 12 months has overseen a programme of work to improve the existing plans, enhance response strategies by reviewing past incidents, raise awareness of business continuity across the GMC and further develop a business continuity management system to align with the ISO standard. The GMC has business continuity and pandemic plans in place; both of which have been updated and approved by the BCWG twice in the last twelve months.

3. The Pandemic plan was enhanced with the addition of an annex entitled Infectious Diseases – this mirrors its appearance alongside Pandemic influenza in the Human Disease section of the National Risk Register. This addition provides a planning resource which reflects the approach we took when developing our response to the Ebola outbreak. We have since publication prepared a formal Ebola stand down document in line with best practise and this is at Annex A.

4. All plans, including the Medical Practitioners Tribunal Service (MPTS) Business Continuity Plan are published on the intranet and to the desktops of all staff. Local teams also have plans which are reviewed centrally at regular intervals.

Audit report

5. A review of Business Continuity planning was commissioned and considered by the Audit and Risk Committee at its meeting on 15 September 2015.

6. The audit achieved an overall green assessment reporting that:

   Overall, there is a sound control framework in place to achieve system objectives and the controls to manage the risks audited are being consistently applied. There may be some weaknesses but these are relatively small or relate to attaining higher or best practice standards.

7. The recommendations from the auditors were:

   - Priority 2 – that we ensure that the business continuity exercise plan is designed and maintained.
Priority 3 - that we ensure that staff have read business continuity plans (BCP) and are aware of the BCP Incident helpline number.

The BCWG have approved and regularly monitor a three year rolling programme for exercising and testing. A number of awareness initiatives have been completed including a text message test which included the Incident line number and enhancements to the Business Continuity intranet pages, promoted by Inside Info articles. These actions have completed the recommendations.

**Gap analysis against the standard ISO 22301:2012**

The gap analysis of our documentation against each clause of the ISO 22301:2012 standard was delivered in September 2015 by our business continuity consultants. This provided a detailed report identifying areas fully, partially and not covered. This standard-specific review also concluded that we were very strong in the requirements which cover planning and response and provided further assurance to that provided by the GMC auditors, that we would be able to respond well to a business interruption.

The group has agreed to adopt an approach of incremental improvement to the Business Continuity Management System (BCMS) documentation and processes. As we revise a document or process we will seek guidance from our external consultants to make sure these more closely align with the requirements of the standard.

As the audit report indicated that our current planning was sufficiently robust we are sufficiently assured that during this period of change, only work which adds value need be prioritised at this time. A decision whether to pursue this more rigorously or apply for accreditation will be considered at a future date.

**Work programme for 2016-17**

The work programme was agreed by the group in March and is reviewed at each meeting to ensure that tasks are on target.

The BCWG has a standing agenda item where any incident that has, or could have, interrupted our business, or affected staff welfare is reviewed to see whether there are any lessons to be learned for future planning. Where necessary, actions to reduce any impact are implemented.

The group also discusses any new issues or risks that may arise. As part of this review, we considered the potential impact of the change programme on the Business Continuity planning we have in place. Any risk identified was addressed in the programme of work - specifically the timing of reviews of local plans, tracking the loss of key personnel and the potential requirement to update the central plans more
frequently. Additional awareness raising work will be planned to ensure all new starters are aware of the planning in place, where to find out information and the ways in which we will contact them in the event of an incident.

**Exercise and testing**

15  The exercise and testing programme of work is updated regularly and a highlight report provided to the group. We have already completed an exercise scenario test for the MPTS team and are planning a text message test to all staff in June. A scenario based exercise was facilitated by our consultants in May for the senior management team and the incident management team (Assistant Directors/Heads of Service) to explore the way the two teams would work together to manage a significant incident affecting the GMC. Key learning points have been identified and these will be followed up with consultants to improve communication and clarity of role expectations between the teams. A detailed report and recommendations will be submitted by the consultants shortly.

**Document review**

16  Updated documents are submitted to the group for review and the BCWG has approved a reworked Terms of Reference document, which is at Annex B. Minor additions include a note about the nomination of deputies and the use of management review to check that the BCMS is effective.

17  We are not aware of any equality and diversity considerations that relate to this paper. There are no resource implications raised by this paper.
Ebola: Stand down

Background

1 In March 2014 Guinea reported that Ebola had killed 59 people; later that month, there were reports of two deaths in Liberia among people who had been to Guinea. In May the World Health Organisation (WHO) confirmed that Ebola had reached Sierra Leone. In June 2014 we started to research about the nature of the disease and evaluate the potential impact this may have on GMC activities and. It was apparent that the highest risk group were health professionals so it became prudent to undertake more specific risk assessment.

2 By mid-October 2014 steps were taken to quantify any specific raised risk posed by candidates attending the Clinical Assessment Centre (CAC) for testing or doctors coming for appointments by assessing the countries from which our visitors qualified. We also continued to review all the advice from Public Health England and the World Health Organisation (WHO).

3 Directors Registration and Revalidation and Resources and Quality Assurance were involved in discussions about potential practical arrangements we could put in place. The senior management team were provided with a briefing paper.

4 Airport screening was introduced at Heathrow on 14 October 2014 and extended to other entry points shortly afterwards. GMC was invited to become part of the Department of Health (DH) Ebola Communications and Engagement Stakeholder Group set up by the Ebola Stakeholder Group on 31 October 2014 and we were represented by Stephanie McNamara. The first meeting took place on 7 November 2014.

5 Standards representatives also attended a separate DH Ebola strategy group.

6 A news item was put up on the external website on 24 October 2014 and an Inside info link on 26 October 2014.
As the risk reduced, Public Health England reduced the level of airport screening in July 2015 so that only returning health workers were actively screened with other passengers being required to self-refer based on the guidance posters.

We monitored the various relevant sites throughout the outbreak to assess the changing threat levels and best available advice.

**Specific actions taken locally**

- Reception staff were provided with flow chart and guidance based on the Public Health England guidance for returning students for educational bodies. This also gave advice how to deal with isolating a potentially infected person.
- Our clinical fellow, a specialist in public health medicine, also provided face to face training to front line staff to provide reassurance on the level of potential risk and assist in reducing staff anxiety.
- The public advice posters issued by Public Health England were placed on reception desks and leaflet produced which could be issued to visitors.
- Intranet pages with specific Ebola information were created with links to relevant external sites and GMC documentation in December.
- Registration services emailed advice to CAC candidates and potential visitors.
- Regular review meetings were set up to include managers responsible for Registration services (including the clinical fellow), Facilities, Human Resources and communications. Initially weekly, then each fortnight, and then monthly – the group reduced to Facilities and Registration services managers only.
- Guidance was provided to the CAC following a candidate who became unwell. This was not Ebola related but as there was uncertainty the advice in place has now been issued to the CAC team.
- The Registration team ceased sending emails providing advice to CAC candidates and potential visitors in October 2015. The notices were left in reception.

**Stand down – general guidance on timing**

- Reassess the level of risk to establish the appropriate timing for the gradual reduction of additional measures put in place:
  - Agree specific trigger points such as:
    - Outbreak declared over in all affected overseas locations – e.g. 42 days for Ebola after the last case but there is likely to be a further period of enhanced surveillance
  - Screening at local ports/airports ceased
  - Local Public Health advice
  - Review WHO advice
- Review Foreign and Commonwealth Office travel advice.
- Get approval to stand down all measures from an appropriate level of management i.e. proportionate to any residual risk.
- It is always harder to stand down than to escalate.

**Decision**

Based on the current best information available to us and the guidance above, which was approved as part of the Infectious Diseases annex to the Pandemic Plan, it has been proposed that we remove the only remaining response in place – the posters in reception.

**Rationale**

- The WHO has declared the Ebola outbreak over on 14 January 2016:
  
  The WHO stated: *this date marks the first time since the start of the epidemic 2 years ago that all 3 of the hardest-hit countries—Guinea, Liberia and Sierra Leone—have reported 0 cases for at least 42 days. Sierra Leone was declared free of Ebola transmission on 7 November 2015 and Guinea on 29 December.*

  They also cautioned that vigilance needs to be maintained in these countries and that there are likely to be isolated outbreaks but that detecting and breaking every chain of transmission will continue to prevent new outbreaks.

- The Foreign and Commonwealth Office no longer advise against all but essential travel to Guinea, Liberia and Sierra Leone.

- Medecins sans Frontieres who were the main front line care providers prior to the escalation of the outbreak and were pivotal in raising the profile of the Ebola outbreak are also content that the lessons have been learned. They report that the position is better in a number of respects to support a better response to any further outbreak. *(Source: Ebola Crisis update – 14 January 2016 on their website.)*

- We will continue to monitor relevant guidance for any indication that the position has changed.

*Relevant information sources*

- [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice)


13 - Update from the Business Continuity Working Group

13 - Annex B

Business Continuity Working Group: Terms of Reference

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Introduction
1 The purpose of this document is to formalise the roles and responsibilities of the Business Continuity Working Group (BCWG).

Background
2 We have a Business Continuity Policy which sets out the framework within which the GMC develop sustainable business continuity plans and will align our existing plan to the ISO22301:2012 standard. This is achieved through the development and maintenance of a Business Continuity Management System (BCMS) involving a process of continual improvement. This planning is necessary to ensure we can respond effectively in the event of a disruption to normal operations.

3 The BCWG provides management direction and support during the creation of the BCMS and its subsequent development and maintenance. The work of this group will enable the GMC to be assured that appropriate actions will be taken in the event of unplanned business interruption and that potential threats are reviewed.

4 The objective is to develop a formal set of documentation to support this systematic approach to the management of the business continuity process. A BCMS establishes, implements, operates, monitors, reviews, maintains and improves business continuity planning.

5 The plans themselves are a documented collection of procedures and reference material which are created and maintained in readiness for use in an incident. The management system is to provide assurance that these plans are fit for purpose.

Scope
6 This document details the terms of reference of the BCWG, its composition and its role in the BCMS.

Responsibilities
7 The Director of Resources and Quality Assurance is responsible for Business Continuity issues and will take responsibility for the BCWG ensuring it operates in accordance with these Terms of Reference. The BCWG is accountable to the Performance and Resources Board and the Director will refer matters as necessary. This board comprises the Chief Operating Officer, Directors and representative Assistant Directors.

8 The GMC Facilities Project Manager responsible for business continuity will ensure that this document is relevant and up to date and be known as the Business Continuity Manager (BC Manager) in business continuity documentation. The BC Manager will manage all document control.
The Business Continuity Working Group

Membership

The BCWG will include representatives from all business areas but the primary group are those who are responsible for functions where critical activities or support to those activities has been identified. The membership includes:

- Director of Resources and Quality Assurance: Chairperson
- AD Information Systems
- Head of Facilities
- AD Human Resources
- Head of IS Operations
- AD Registration and Revalidation
- AD Strategy and Communications
- AD Fitness to Practise
- AD Education and Standards
- AD MPTS
- GMC Facilities Projects Manager (in role as BC Manager)

Where the member is unable to attend a nominated deputy will attend on their behalf.

Meetings

The BC Manager will ensure the minutes are taken and circulated with an agenda to all attendees. The group will meet bi-monthly.

Responsibilities of the BCWG

The Business Continuity Working Group supports the business continuity management framework in operation under ISO 22301:2012. The key responsibilities of the group include the following points and align with the Plan, Do, Check, Act lifecycle of the management standard:
Plan

- Develop business continuity policies, strategies, plans and procedures
- Develop a reporting schedule for the management reviews and audits

Do

- Ensure that business continuity policies, strategies plans and procedures are implemented.
- Support the BC Manager responsible for coordinating the implementation of business continuity
- Ensure that all staff are aware of the BCM Policy
- Horizon Scan so that any emerging risks, issues or changes to legislation, regulation and interested party management can be incorporated into the necessary parts of the BCMS
- Ensure that all necessary roles for the development, maintenance and review of the BCMS are allocated and training is given
- Identify all critical suppliers and ensure their BC arrangements are reviewed
- Implement a safe and secure documentation storage medium for the BCMS

Check

- Approve business continuity policies, strategies, plans and procedures.
- Review status reports covering business continuity implementation, exercising, training, post-incident reports, risk management and corrective actions
- Using the Management Review check that the BCMS remains effective and report the finding to top management

Act

- Implement corrective actions arising from implementation, risk management, post-exercise reviews, post-incident reviews, management reviews and internal audit
- Recommend changes to policies, strategies, plans and procedures based on business continuity incidents and changes in risks.
- Promote and manage continual improvement of the BCMS process
Document Control

Version History

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