Year 2000

Operational Continuity Planning

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Risk management & contingency planning

- For the continued provision of services it is essential that the risks associated with year 2000 problems are managed
- For any situation where it is not possible to completely eliminate the risk, or where control is outside your organisation, contingency plans will need to be prepared

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Clarification of terms

Very simply…

- **Contingency / Continuity planning**
  - maintaining ordinary service levels usually against internal threats
- **Emergency planning**
  - ensuring ability to respond to extraordinary service demand

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Clarification of terms

...or in more detail…

- **Continuity planning**
  - what the Service will in any case do to prepare to minimise any risks and problems, EVEN IF NOTHING GOES WRONG. This includes having some contingency plans in place, which might never be invoked, IF NOTHING GOES

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Clarification of terms

- **Contingency planning**
  - what the Service will do IF SOMETHING GOES WRONG, usually within local capacity to fix or control
- **Emergency planning**
  - what the Service will do IF SOMETHING GOES WRONG, usually outside local capacity to control or fix, defining each organisation's role in specific major incident scenarios

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Let’s consider...

- Vision “Business as usual”

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You can’t do everything

- Lack of time and other resources
- Magnitude and complexity
- Residual level of risk that cannot be

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You can’t do everything

- Low priority systems not fixed
- Medium priority systems not tested

- Critical systems with errors, because of complexity or oversight
- Impossible to assure interfaces with external organisations

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Primary Engineering Services

- **review and if necessary update current contingency arrangements for failure of primary engineering services which**
  - may be triggered at any time,
  - may have increased probability of failure due to

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Contingency Planning & Utilities

The advice from the centre is that NHS Trusts and Health Authorities should at this time:

- **draw up contingency plans on the assumption that there will be no major long-term failure with infrastructure services after the millennium date**

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Contingency Planning & Utilities

- review and if necessary update current contingency arrangements which may be triggered at any time and which recognise some disruptions to infrastructure services are always a risk, particularly in the winter and over holiday periods.
- await more accurate information on the preparedness of the major utility service providers before making a significant commitment of resources into contingency plans for the risks of major long-term utility service failure.

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Emergency communications

- ROs, EPCU, Home Office, DoH and Telecomms service providers working together to provide ‘emergency’ access to NHS
- contingencies against internal systems failures remain responsibility of local organisation.
- GTPS - Government Telephone Preference Scheme is being reviewed will be administered through Regional Offices with revised eligibility criteria

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Emergency communications

- ACCOLC for cellular phones - advice will be
- ECN - Home Office Emergency Communications Network is under review by DoH and NHS Executive but is unlikely to

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Contingency planning

- Business critical
- Operationally-oriented

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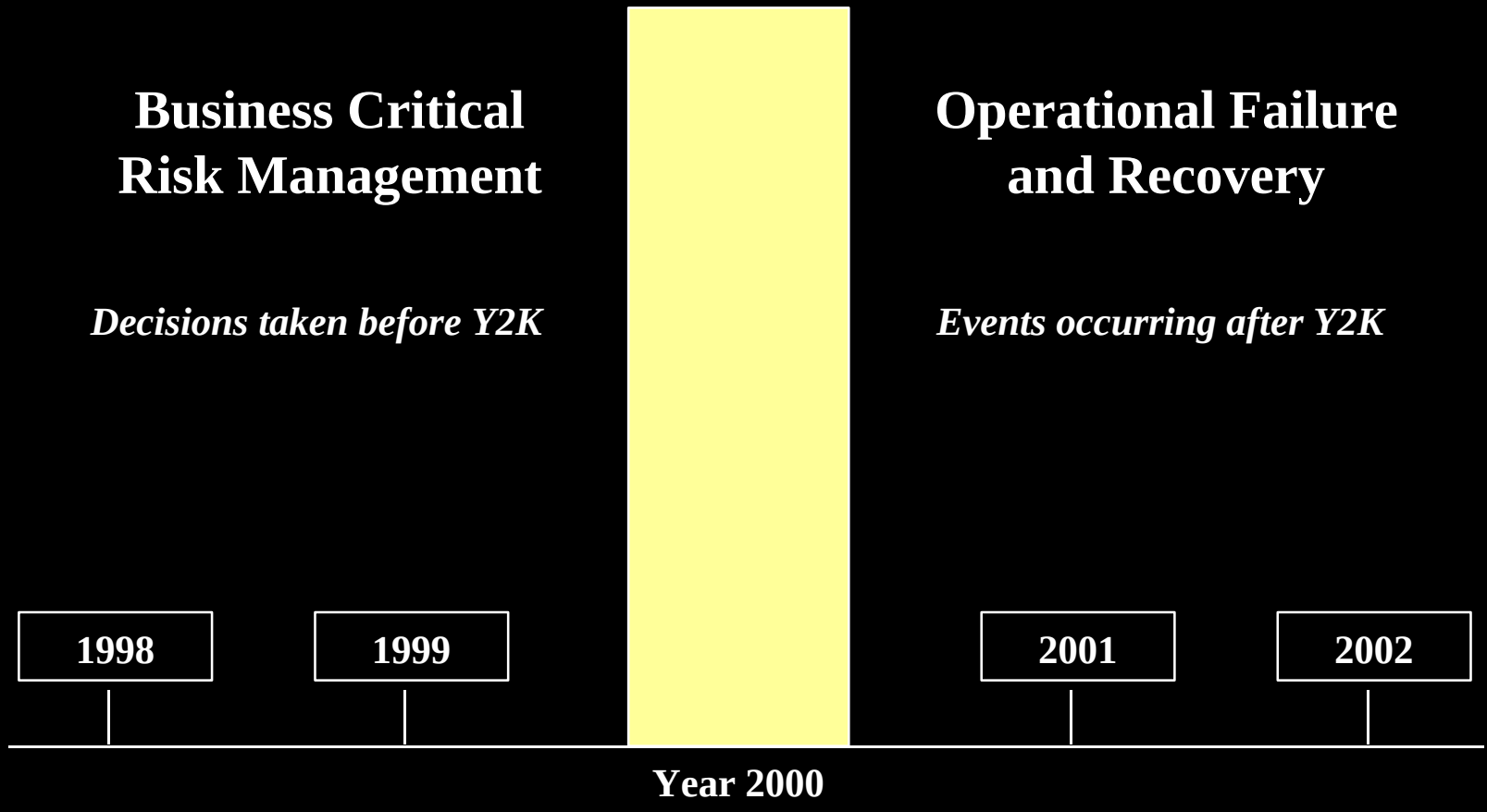
Contingency planning

Business Critical Risk Management

Decisions taken before Y2K

Operational Failure and Recovery

Events occurring after Y2K



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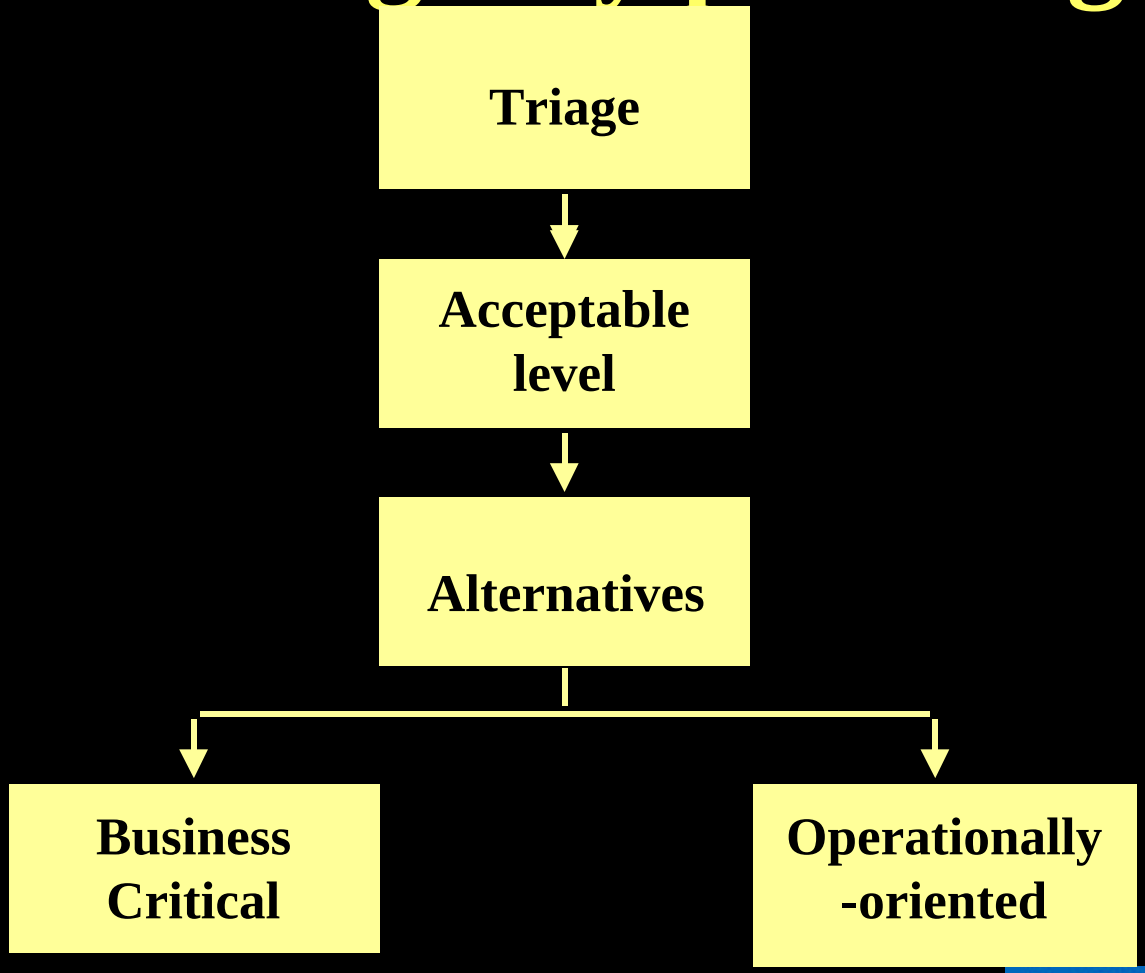
Contingency planning



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Contingency planning

- High level audit of services
  - Business Critical Systems
- High level inventory
- Dependencies
- Impact of failure
- Prioritisation
- Acceptable level of service
- Alternatives

Triage

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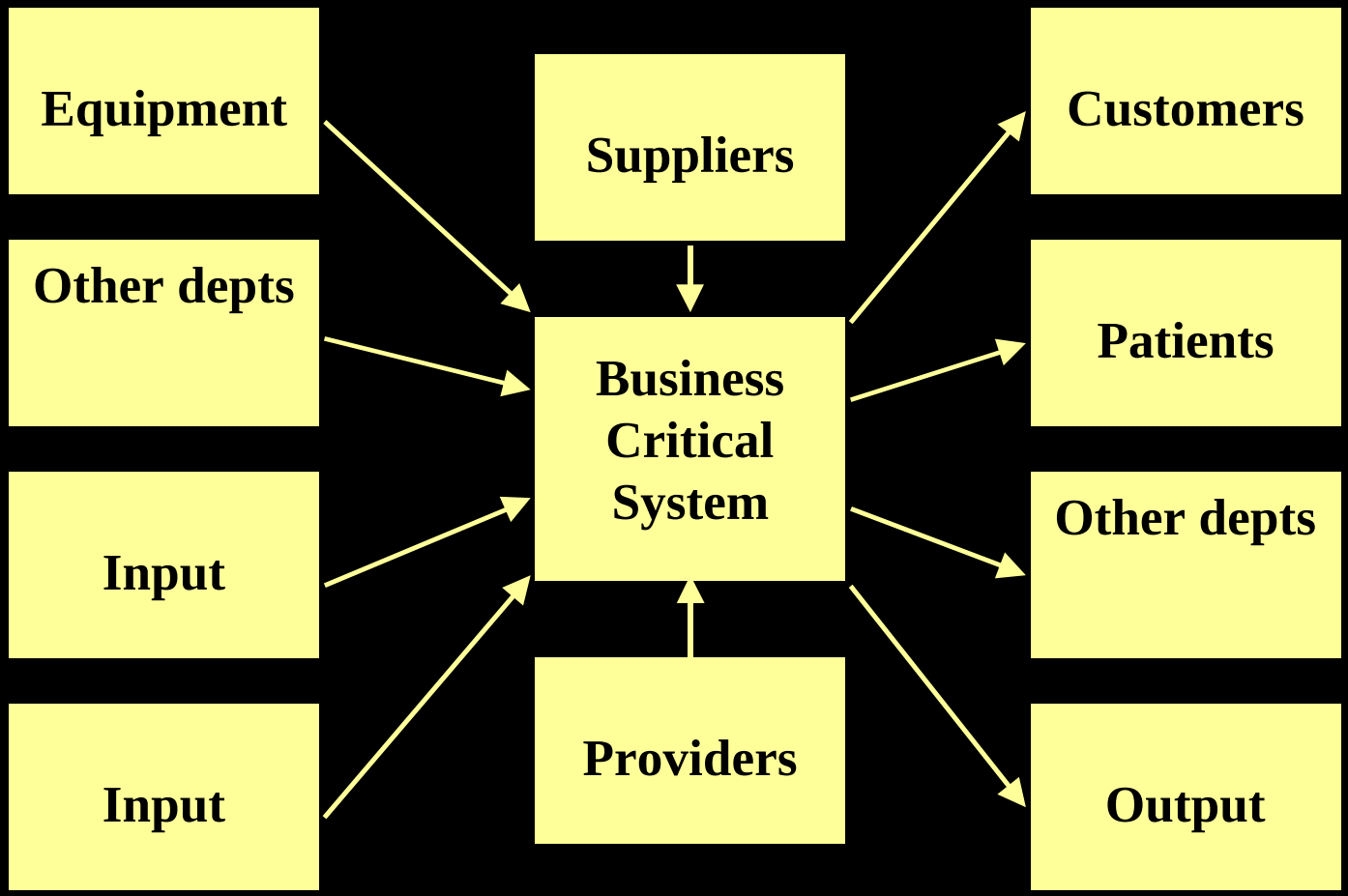
Dependencies



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Producing a Plan

- Ensures that, in the event of failure of a system or piece of equipment, an agreed level of service can be maintained
- Provides means of managing the residual level of failure accepted by the organisation during the preparation

Strategy

- **What is an emergency?**
- **Risk assessment**
  - What could go wrong?
    - Systems
    - Nature of failure
  - Potential impact
  - Acceptable level of residual risk

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Producing a Plan

Essential features

- **Strategy**
  - Overall strategy
  - Period of unavailability, e.g.
  - Minimum operational requirement
  - Stance re: reduction of activity etc

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Producing a Plan

Essential features

- **Policies**
  - On-call arrangements
  - Overtime payments
  - Health & safety requirements

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Producing a Plan

Essential features

- **Triggers**
  - When is an emergency an emergency?
  - Who makes the decision?
  - How will everyone know?
  - When will it end?
  - How will it be recorded?

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Producing a Plan

Essential features

- **Triggers**
  - When do the hazards become critical?
  - Maximum period of unavailability/ minimum
  - Actions/alternatives to meet compliance
  - Timescales

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Producing a Plan

Background Information

- **Existing risk assessments**
  - Plans and drawings
  - Dependencies
  - Safety precautions
  - Current contingency arrangements
  - Available resources
  - Level at which to “pitch”

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Producing a Plan

Background Information

- **Ownership**
- **Impact on levels of care**
- **Evaluation**
- **Impact on fire safety**
- **Impact on other technical services**
  - electricity
  - water
  - medical gases
  - etc. ...

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Producing a Plan

Responsibilities and Roles

- **Reporting structure**
- **Contact details**
- **Communicating to everyone else**
- **Commitment**
- **Interdisciplinary**
- **Clinical department contingencies**

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Producing a Plan

- For each service on which a BCS is dependent, create an operationally-oriented contingency plan
- Lack of time and resource may limit the number of plans, so they should be compiled in priority order

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Producing a Plan

1 The Business Critical System

2 The dependency

3 Who has compiled the plan?

4 The date it was compiled

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5.

What is the required level of input of the dependency?

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6.

What would be the impact if this level of the dependency was not available?

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7.

How would you know if the dependency had failed? (What would trigger you to take action?)

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8.

If this dependency fails, will anything else fail as a direct

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9.

What would you do if the dependency had failed? (What is your alternative?)

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10.

Is your alternative vulnerable to the same risk as the

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11.

What things need to be in place for the alternative to work?

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12.

Who would make the decision to put the alternative into action?

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13.

What actions would actually be taken, and by whom?

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14.

How long could you carry on in

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15.

If the dependency is still not available, and you can no longer continue in the interim state, what is your next course

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16.

What things need to be in place for this second alternative to

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17.

How long would it take to put the second alternative into action?

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18.

What would trigger off putting the second alternative into

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19.

Who would make the decision to put the second alternative into action?

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20.

What specific actions would actually be taken, and by whom?

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21.

How would you find out that the dependency is available again?

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22.

Would you have to do anything else to get your system working again?

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23.

Who would make the decision move from the alternative back to the normal way of running?

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24.

What specific actions would be taken, and by whom?

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25.

What checks would be required?

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26.

Are there any training requirements in order to be able to operate the above alternatives?

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Before we forget...

- Major Incident Planning - The NHS
- available at COIN:

  http://www.open.gov.uk/doh/coinh.htm

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Communication/awareness

- Awareness of the project from top to

- Communication to all affected by plan
- Co-ordination of different strands
- Media/public/other bodies

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Training & practice

- Ensure all affected parties are trained in
- Pay particular attention to those who will have responsibilities beyond their usual
- There is no substitute for practice!!

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Summary

- Not a “quick fix”
- Benefits should outweigh costs
- Health and safety obligations
- Readiness

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Web Sites

- **NHS Executive**
  - http://www.imc.exec.nhs/2000
- **NHS Supplies**
  - http://www.imc.exec.nhs/2000/supplies
- **Scottish NHS**
  - http://www.show.scot.nhs.uk/y2k/2000/home.htm
- **MDA**
  - http://www.medical-devices.gov.uk/db9704.htm

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