

# Business Continuity Plan

## Version 9

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<b>Authors:</b>	Clare Hedges, Head of Quality & Performance
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<b>Authorised by:</b>	Governing Body, HaRD CCG

**A hard copy of this and the above document can be found in the on-call file. However the on-line version is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and should be checked that the version corresponds with the on-line version.**

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## REVISIONS / AMENDMENTS SINCE LAST VERSION

Date of Review	Amendment Details

## 1. Introduction

The Chief Officer of the CCG has the statutory responsibility for the Emergency Preparedness Resilience and Response arrangements of the CCG under the Civil Contingencies Act 2004 (CCA), Health and Social Care Act 2012, NHS England, Emergency Planning Framework and other central Government Guidance.

The CCG Accountable Emergency Officer (AEO) is responsible for *'ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event'* (Emergency Officers for Emergency Preparedness, Resilience and Response (EPRR) 2012). CCGs must assure their Board, NHS England and Local Health Resilience Partners that suitable arrangements are developed, tested and maintained.

**The Accountable Emergency Office is the Executive Nurse and Director of Quality and Governance.**

### Category of Responder

Category 1 Responders (main NHS providers and NHG England) have a legal obligation under the Civil Contingencies Act 2004 (CCA) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business Continuity Management. Category 1 Responders are also responsible for warning and informing the public in relation to emergencies.

CCGs are Category 2 Responders. This means that the CCG has a legal obligation under the Civil Contingencies Act 2004 (CCA) to support the Category 1 Responders.

The CCG also has a statutory duty to deliver essential functions to meet its commissioning responsibilities for the CCG population. The purpose of this plan is to map these key functions and consider alternative ways of delivery in the short term until normal service is restored. Any long term disruption would need further discussion by the CCG's Governing Body.

For the NHS, business continuity management is defined as the management process that enables a NHS organisation:

- To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation;
- To identify and reduce the risks and threats to the continuation of these key services;
- To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

This Policy has been developed to support the Major Incident Planning process, recognising that a BC scenario could provide the 'trigger' for a major incident response (such as loss of one or more Organisation HQ sites) or, alternatively, a major incident (such as widespread and prolonged flood affecting the ability of staff to travel and work) may require one or more departmental or service BC plan to be invoked.

The Head of Quality and Performance as the BC Manager is responsible for ensuring there is on-going dialogue and collaboration between the BC function and those teams with Major Incident Planning responsibilities.

### Pandemic Flu

As a Category 2 Responder, the CCG has a role in supporting NHS England and providers of NHS funded care in planning for and responding to an influenza pandemic. Please see Appendix A for further information

## 2. Purpose of the Plan

This Business Continuity Plan is intended to help NHS Harrogate & Rural District Clinical Commissioning Group (CCG) overcome any unexpected disaster to its premises at Unit 1&2 Grimald Crag Court, key personnel, or to any important systems that it relies upon in its day to day operations.

In the event of service interruption, this policy sets out the framework for the CCG to:

- Manage and maintain the continuation of critical core functions and services
- Manage the recovery and restoration of normal functions and services

The plan holder (Accountable Emergency Officer) is responsible for coordinating any response under the plan. If the plan holder is unavailable, this duty will fall to the Head of Finance.

Copies of this document, together with copies of the insurance policy and other relevant documents are to be kept by both the plan holder and deputy plan holder at all times, along with a readily accessible copy on site.

### Revision of this document

Responsibility for maintenance of the plan lies with the Accountable Emergency Office. It should be reviewed annually and updated every time there is a change in suppliers, contracts or key staff.

## 3. Scope

### 3.1 Within Scope

This policy relates to the business continuity management of the business functions within the CCG. It addresses those services which are provided by the Teams Directorates of Harrogate and District Clinical Commissioning Group:

- Corporate Services
- Quality and Performance
- Commissioning
- Finance and Contracting
- Medicines Management

### 3.2 Out of Scope

This plan does not outline the arrangements for business continuity management of services and business functions carried out by the CCG's providers and service suppliers, such as:

- Harrogate & District NHSFT
- North Yorkshire County Council
- eMBED
- North of England Commissioning Support
- Harrogate Borough Council
- Tees Esk and Wear Valley NHS Trust
- Other CCGs where Memorandum of Understandings are in place for the hosting of



## 5. Threats to the CCG's Business Continuity

There are a number of potential threats that would impact on the CCG's ability to continue its day to day business functionality.

The table below should be used with Appendix B and C:

Appendix B – Staff contact list - should contact or re-directing of phones or auto-replies be required

Appendix C – Cascade System

Any initial communication with staff must include the following information:

1. What the incident is
2. What the cause of the Incident is or may have been (if known)
3. How long the incident is likely to last
4. How the incident is to affect their work and alternative working arrangements
5. What is expected of them during the course of the incident; and
6. Confirmation of how communication should be maintained between them and the Head of Service.

Functions within the CCG have been categorised as critical, essential and routine. The functions by category are described below in Section 6.

Not all services will be deemed critical. The framework will therefore help identify the high, medium and low risk factors so that effort can be applied where it will have most value.

## 6. Critical CCG Activities

<b>CATEGORY 1</b> <b>Critical -</b> <b>resume within</b> <b>24 hours</b>	Emergency Preparedness - Planning and Response
	Oversight, Management and Monitoring of communications and Engagement
<b>CATEGORY 2</b> <b>Essential-</b> <b>Resume within</b> <b>24 – 48 hours</b>	Authorisation of payments to NHS provider organisations
	Authorisation of payments to essential suppliers and independent contractors
	Authorisation of payments to non-essential suppliers and independent contractors
	Financial external returns to NHSE, including monthly finance information and financial plan returns etc.
	Quality and Performance - Statutory/external activity return
	Continuing Healthcare Decision making
	Safeguarding
	Serious Incidents
	Authorisation of payments to NHS provider organisations
	Authorisation of payments to essential suppliers and independent contractors
	Authorisation of payments to non-essential suppliers & independent contractors
	Individual Funding Requests
	<b>CATEGORY 3</b> <b>Routine -</b> <b>Resume as</b> <b>soon as</b> <b>practical</b> <b>(ideally 2</b> <b>weeks)</b>
Freedom of Information request processing	
Maintenance of Assurance Framework and Risk Register	
Manage the business agendas for the CCG Governing Body, Executive Team and subcommittee meetings; minute taking process delivery and supervision	
Overseeing the delivery of the HR, corporate governance and information governance functions of the CSU.	
Corporate Health and Safety	
QIPPs relating to Primary Care	
Primary Care activity / quality	
Service Redesign - Primary Care Element	
Development of QP pathways and establishment of monitoring systems	
Support of Primary Care Contracting	
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.	
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.	
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.	
Key Provider Contract Management meetings Planning and Forecasting	
Ad hoc data analyses	
Management, development and ongoing monitoring of compliance and performance against the quality expectations within main provider contracts, assessment of performance on quality schedule	
KPIs and CQUIN delivery	
Management of the GP Feedback System	
Strategic Planning - coordinating the processes required to deliver strategic and operational plans	
Organisational Development - liaise with team in ACS to enable and monitor delivery of SLA	
Equality and Diversity - liaise with ACS lead to ensure CCG compliance and commitment to this agenda	

## 6.1 Staff safety

Staff safety remains high priority. If it is not safe for staff to be in Unit 1 Grimbald Crag Court or travelling to and from Unit 1 Grimbald Crag Court or on CCG business then staff should remain at home. This decision will be taken by the Director on call or another Director.

In the unlikely event that some staff are not able to travel home due to disruption then they will stay with a colleague where possible or alternative accommodation will be sought.

## 7. Activating the Plan

### Director on Call

Is responsible for activating and coordinating the plan following discussion with the Head of Service on call and other Directors. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario it is possible to delegate the leadership of the business continuity plan to the senior manager on call or other suitable delegate. If there is an incident that requires evacuation of Grimbald Crag Court and the Director on call is not on site they should delegate the responsibility to an individual who is in on site.

### Business Continuity Manager

Is the key link with the Director on-call. They are responsible for ensuring that the business continuity plan is activated and that all staff are kept informed and updated.

### Triggers for activation of plan

The Business Continuity Plan will also be activated by the Director on Call when the major incident plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all teams will need to activate their business continuity plan.

Contact details of staff and key stakeholders are identified in Appendix B

Cascade details can be found in Appendix C

## 8. Action Cards

Action Cards should be used to initially address any potential threat to business continuity. They can be found in Appendix D and cover:

Contact details of staff and key stakeholders are identified in Appendix B

1. Partial loss of staff
2. Complete loss of staff (>40%)
3. Loss of access to Unit 1 or 2 Grimbald Crag Court (or the surrounding business park or roads) for longer than the maximum acceptable downtime.
4. Loss of telephone communication
5. Loss of network connectivity for an anticipated prolonged period
6. Loss of email

7. Loss of electrical supply for longer than the maximum acceptable downtime
8. Loss of gas supply for longer than the maximum acceptable downtime
9. Loss of water supply for longer than the maximum acceptable downtime
10. Loss of security
11. Transportation issues
12. Fuel shortage
13. Adverse weather conditions

It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

## 9. Incident Management Team

If the incident looks like it may be prolonged it may be necessary to set up an Incident Management Team to ensure the CCG critical activities are continued.

The team should meet in Boardroom 1 or communicate via teleconference. Key individuals, or their deputies, involved would be:

- Chief Officer
- Accountable Emergency Officer
- On-call Head of Service
- Head of Quality & Performance
- Communications Manager
- Co-opted members may also include facility management from NHS Property Services and eMBED IMT lead.

## 10. Communication

Each member of SMT will keep a copy of this business continuity plan so that it can be actioned as and when necessary from any location.

Communication to staff will be via the following means, as decided to be the most appropriate and effective:

- Emails (if available) to work nhs.net accounts
- Telephone (if available) to either their work, home or mobile numbers as appropriate
- Information and updates on the intranet website (if available)
- Team meetings
- Monthly staff briefing

Please see Appendix B for staff contact details. **Please note: Personal mobile numbers are only to be shared after discussion with a Director**

### Cascade Notification

Notification of staff will operate in a cascade system where by notification is made via direct line management routes. Please see Appendix C.

### Telephone Numbers

A telephone cascade list with work, home and mobile numbers for staff will be held by Senior Managers. A central list of all staff will be held securely with the HR records and included in this plan. It will be the responsibility of the Admin Team Leader to ensure this is kept up to date.

## **11. Record Keeping**

It is important that there is a clear record of decisions taken which should be recorded on the log pages in Appendix D

As a minimum this information will include:

- The time of the incident
- The nature of the decision;
- The reason for the decision;
- The date and time of the decision;
- Who has taken the decision;
- The extent of consultation and advice from external stakeholders;
- Who has been notified of decisions made;
- Any review dates of the decision.

## **12. Finance and resources**

If necessary a separate cost centre will be set up with a budget in agreement with the Chief Finance Officer. The Scheme of Delegation will apply.

## **13. Recovery Process & Lessons Learned**

Recovery from an incident or event is as equally important as the business continuity management process. It is important that recovery is a managed and coordinated process led by the Emergency Accountable Officer.

After the recovery process is complete a lessons learned session should be undertaken and the business continuity plan updated to reflect any lessons learned.

## Appendix A – Flu Plan

NHS England Gateway: 06448 03 February 2017

### **Guidance on the roles and responsibilities of Clinical Commissioning Groups (CCGs) in preparing for and responding to an influenza pandemic**

The Health and Social Care Act (2012) places a statutory duty on each Clinical Commissioning Group (CCG) to “*take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency*”. Similar duties are imposed on each NHS provider as a term of their contracts with the CCGs to provide NHS services.

In addition, the Civil Contingencies Act (CCA) 2004 places a statutory duty on emergency frontline responders to prepare, respond and recover from significant incidents and emergencies. There is also an expectation that CCGs, as Category Two responders under this legislation, will collaborate, coordinate and cooperate in planning for and responding during an incident. To this end, CCGs have a role in supporting NHS England and providers of NHS funded care in planning for and responding to an influenza pandemic.

The NHS England Emergency Preparedness Resilience and Response (EPRR) Framework (2015) requires each NHS funded organisation to have a nominated Accountable Emergency Officer (AEO) responsible for ‘ensuring that the organisation is properly prepared and resourced for dealing with an incident’. In conjunction with local A&E Delivery Boards, CCGs must assure their Governing Body, NHS England and Local Health Resilience Partnership (LHRP) that suitable arrangements are developed, tested and maintained for responding to an influenza pandemic.

Detailed below is guidance for CCG AEOs and EPRR leads on their role in influenza pandemic preparedness and response, and to support CCGs in identifying their high level priorities towards this. Wider multi-agency and health resilience partnership will also find this guidance useful. More detailed guidance will be developed and circulated as necessary, as part of health economy wide pandemic influenza documentation.

#### **Before a pandemic, each CCG will:**

- identify an executive lead (likely to be the AEO) to lead the CCG’s pandemic preparedness activities
- undertake business continuity planning for pandemic influenza
- participate in relevant groups to discuss, plan, share best practice and exercise
- have a robust communications plan for managing communications with all stakeholders during a pre-pandemic period
- work with commissioned service providers in planning for surge in relation to elective work and the possible financial implications if there is ongoing disruption to normal services during an influenza pandemic including the recovery phase
- participate in appropriate assurance processes to ensure commissioned services have adequate pandemic plans in place
- work with NHS England to support local preparedness activities

**During a pandemic, each CCG will:**

- support the national pandemic response arrangements as outlined in Department of Health (DH) and NHS England pandemic influenza guidance
- participate in discussions with NHS England, NHS Improvement and local providers regarding any proposed or actual changes to services, targets, tariffs, performance standards etc., whilst maintaining safe patient care at the forefront of any decisions
- maintain robust 24/7 on-call arrangements , particularly with respect to surge and responding to major incidents
- work with commissioning colleagues, providers and partners to lead the local health economy response, e.g. through proven surge capacity arrangements, appropriate mutual aid of staff and facilities, and supporting the management of local clinical queries
- activate the CCG pandemic influenza communications plan and participate in local communications activities
- participate in the multi-agency response to ensure a comprehensive local response
- enact business continuity arrangements as required to maintain critical activities
- maintain local data collection processes including completion and submission of situation reports and participation in teleconferences as required
- participate in timely and proportionate debriefs to ensure sharing and adoption of best practice
- implement a process to collate financial and contractual impact information from commissioned providers

**After a pandemic, each CCG will:**

- implement appropriate recovery arrangements to ensure the recovery of their own services and commissioned services as soon as appropriate
- maintain preparedness for a future wave of pandemic activity, or further significant system activity
- contribute to local, regional and national post-pandemic debriefs and implement the recommendations from subsequent reports
- acknowledge staff contributions
- review and update plans, contracts and other arrangements to assess the impact of the pandemic and reflect lessons identified
- provide recovery updates to the public and stakeholders through locally coordinated communications activity
- collate and review financial and contractual impact information from commissioned providers and respond accordingly

**Practical support**

A range of options are available to CCGs in undertaking the activity required to develop pandemic response arrangements. These include:

- the LHRP, a statutory group which oversees health economy-wide pandemic planning activities
- the Local Resilience Forum (LRF), a statutory multi-agency forum
- working across joint representative boards and through relationships with NHS England, local health partners, and members of the wider resilience partnership
- the Public Health England (PHE) pandemic influenza off-the-shelf-exercise available through [exercises@phe.gov.uk](mailto:exercises@phe.gov.uk) to test local arrangements

**For more information on pandemic influenza preparedness and response, please refer to [www.england.nhs.uk/ourwork/epr/pi/](http://www.england.nhs.uk/ourwork/epr/pi/) and [www.gov.uk/guidance/pandemic-flu](http://www.gov.uk/guidance/pandemic-flu).**



## **2. Key Organisation Contact Numbers**

**Use Mobile devices to call so that identifiable numbers are logged. Switchboards have no Caller ID.**

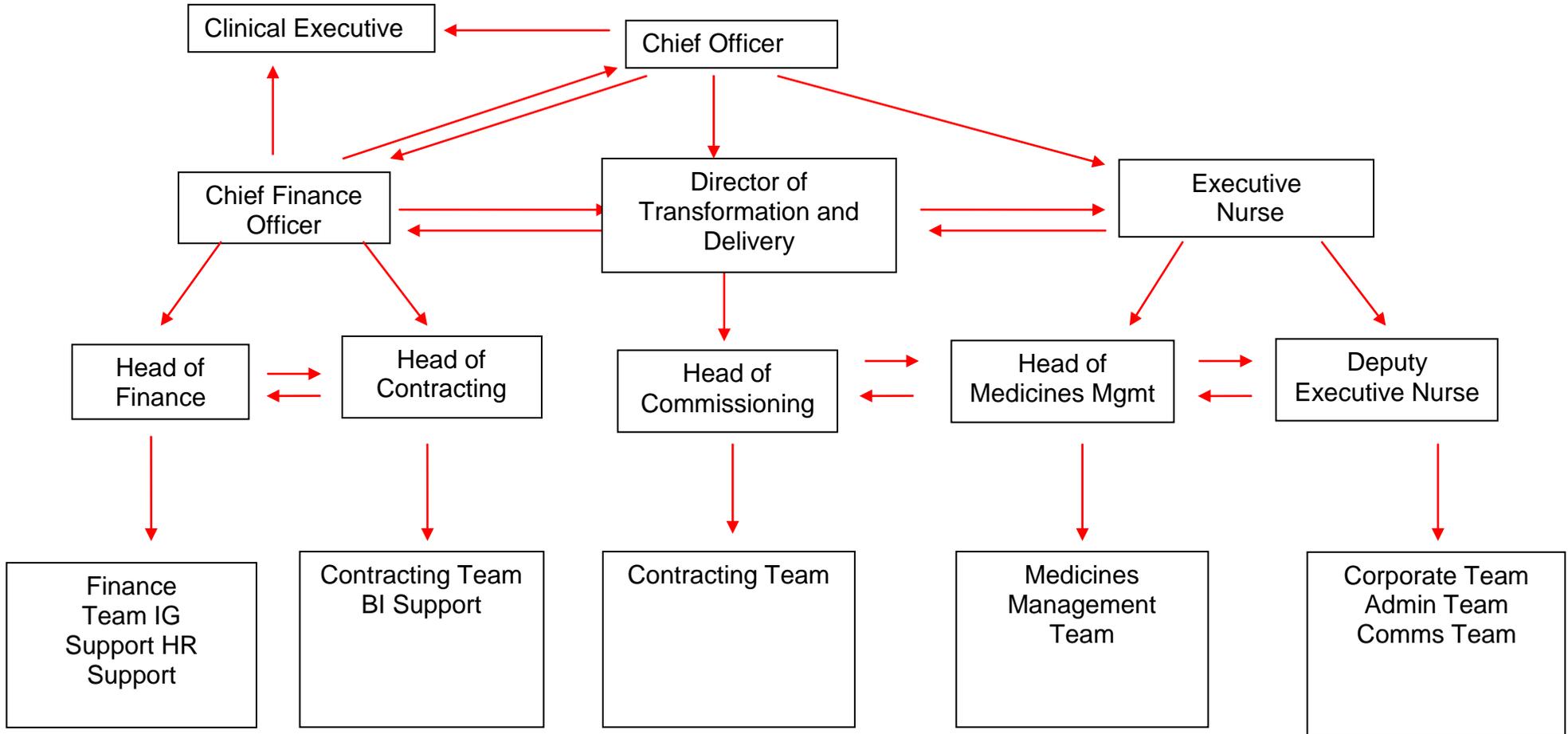


#### **4. Staff Contact List (By Cascade Group)**

## **5. GP Emergency Contact Details**

**Confidential – For Emergency Use Only - Do not distribute**

## Appendix C – Cascade System



## **Appendix D – Action Cards**

**Any actions taken should be documented on these forms and kept for reference and debriefing following the restoration of normal business.**

# 1. Partial Loss of Staff

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

### To be continued until:

Staff return to work or formal appointment of successors

Agency staff recruited to fill gaps

### Notes:

## 2. Complete or Near Complete (e.g. pandemic flu)

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

### To be continued until:

Staff return to work or formal appointment of successors

Agency staff recruited to fill gaps

### Notes:



### 4. Loss of Telecommunications

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Telephone communications are restored or temporary offices are sourced

**Notes:**

## 5. Loss of Network Connectivity

NB this will affect e-mails and telephones

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Network connectivity is restored or temporary offices are sourced

**Notes:**

## 6. Loss of Email

**NB: Information Governance rules still operate and as such consideration should be given before providing such alternative methods**

**See Appendix B for Contact Numbers**

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Network connectivity is restored or temporary offices are sourced

**Notes:**

## 7. Loss of Electrical Supply

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Electrical supply is restored or temporary offices are sourced

**Notes:**

# 8. Loss of Water Supply

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Water supply is restored or temporary offices are sourced

**Notes:**

**9. Loss of Security**

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

To be continued until:

Notes:

## 10. Loss of Transportation

Due to the location of the CCG's offices, reliance on public transportation is minimal and so it is unlikely such an event will have a major impact.

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Public transportation is restored

**Notes:**

# 11. Fuel Shortages

Actions will be dependent upon the timescale, nature and severity of the situation.

See Appendix B for Contact Numbers

Contingency Measure	Actioned?	
	Sign	Time

### To be continued until:

Fuel shortage is over.

An impact assessment may be undertaken to determine critical travelling in line with any central government / NHS England guidance. Key staff required for front line working may be issued with permits for fuel.

### Notes:

**12. Adverse Weather Conditions**

**Particularly flooding and snow.**

Actions will be dependent upon the timescale, nature and severity of the situation.

**See Appendix B for Contact Numbers**

Contingency Measure	Actioned?	
	Sign	Time

**To be continued until:**

Normal travel conditions restored

**Notes:**