

Business Continuity Management Policy and Plan



With you.
For you.



Review and Amend Log

Version No	Date	Review Date	Description of change
1	4/10/16	4/10/17	Complete review of plan following further guidance from NHS England and clearer guidance on role of CCG in system co-ordination
2	08/08/18	08/08/20	Review and update of Business impact Analysis and add Training records and lessons learned
3	March 2020	March 2022	There have been no legislative or policy changes that require amendment to the plan. The Business Continuity plan was reviewed as COVID cases in the UK began to rise and the NHS EPRR level was raised to Level 4. The plan was reviewed to ensure it was fit for purpose, and to prepare for potential consequences of the pandemic which may impact Business Continuity and resilience. No changes were made to the plan.

Contents

FOREWORD	4
SECTION 1: BUSINESS CONTINUITY POLICY AND FRAMEWORK	4
1. INTRODUCTION.....	4
2. DUTIES FOR BUSINESS CONTINUITY AND RECOVERY	6
3. BUSINESS CONTINUITY POLICY AND PLANNING FRAMEWORK.....	7
4. IMPLEMENTING THE BUSINESS CONTINUITY PLAN.....	9
5. TRAINING AND EXERCISING	10
SECTION 2 - BUSINESS CONTINUITY PLAN FOR CCGS	11
6. INTRODUCTION.....	11
7. ACTIVATING THE PLAN	11
8. MANAGING THE PLAN	12
9. SPECIFIC ACTIONS.....	13
10. EXTRAORDINARY EVENTS	15
11. RECOVERY	15
12. EQUALITY IMPACT ASSESSMENT	16
13. IMPLEMENTATION AND DISSEMINATION.....	17
14. MONITORING AND REVIEW ARRANGEMENTS.....	17
15. CONSULTATION.....	17
16. REFERENCES AND BIBLIOGRAPHY	17
17. ASSOCIATED DOCUMENTS	18
18. APPENDICIES	18
APPENDIX A – BUSINESS IMPACT ANALYSIS TEMPLATE	19
APPENDIX B- SUMMARY OF BIA.....	21
APPENDIX C – MANAGER ON CALL ACTION CARD.....	23
APPENDIX D – TRAINING RECORD AND INCIDENT LESSONS LEARNED.....	28

FOREWORD

This document contains both the business continuity policy and framework providing the strategic overview (Section 1) and the business continuity plan (section 2) which summarises the practical steps which will be taken in the event of significant disruption to business continuity.

It should be read alongside the suite of Emergency Planning related policies and plans which include:

- Major incident Plan
- Heat Wave plan
- Pandemic Flu Plan
- Lancashire Joint Escalation Plan
- Lancashire Mass Casualty Plan
- Lancashire MOU with Public Health for Outbreak
- Lancashire Mutual Aid agreement
- LRF Pandemic Consequence plan

SECTION 1: BUSINESS CONTINUITY POLICY AND FRAMEWORK

1. INTRODUCTION

Business continuity planning forms an important element of good business management and service provision. All business activity is subject to disruptions such as technology failure, flooding, utility disruption and terrorism. Business continuity management (BCM) provides the capability to adequately react to operational disruptions, while protecting welfare and safety.

BCM involves managing the recovery or continuation of business activities in the event of a business disruption, and management of the overall programme through training, exercises and review to ensure the business continuity plan stays current and up to date.

For the NHS, BCM is defined as the management process that enables an 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;
- Identify and reduce the risks and threats to the continuation of these key services;
- level of plans which enable the organisation to recover and / or maintain core services in the shortest possible time.

1.1 The Benefits of an Effective BCM Programme

An effective BCM programme within the CCG will help the organisation to:

- Anticipate
- Prepare for
- Prevent
- Respond to
- Recover from

Disruptions, whatever their source and whatever part of the business they affect.

1.2 The Outcome of an Effective BCM Programme

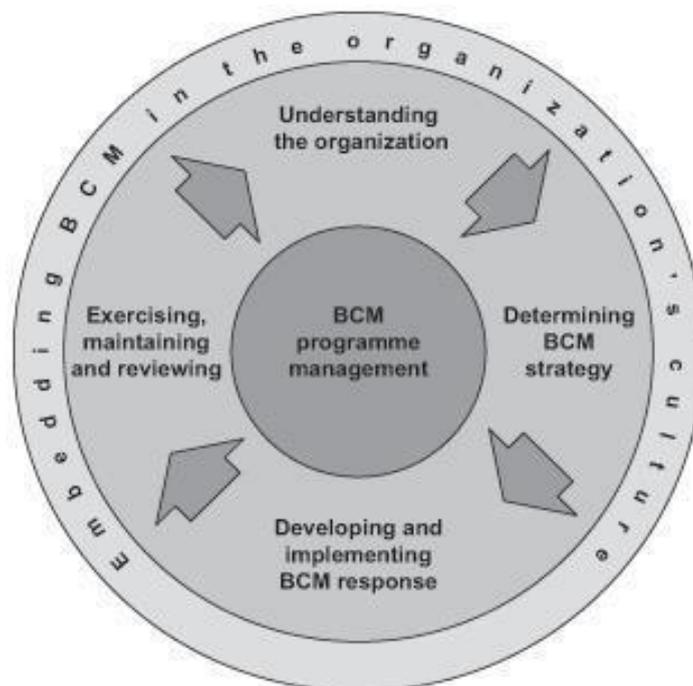
The outcomes of an effective BCM programme within the CCG includes:

- Key products and services are identified and protected, ensuring their continuity;
- The organisation understanding of itself and its relationships with other organisations, relevant regulators or government departments, local authorities and the emergency services is properly developed, documented and understood;
- Staff are trained to respond effectively to an incident or disruption through appropriate exercising;
- Staff receive adequate support and communications in the event of disruption;
- The organisation's supply chain is secured;
- The organisation's reputation is protected;
- The organisation remains compliant with its legal and regulatory obligations

1.3 Elements of BCM Lifecycle

The industry standard, ISO22301 BCM, characterises BCM as a series of six lifecycle elements:

- BCM programme management;
- Understanding the organisation;
- Determining business continuity strategy;
- Developing and implementing BCM response;
- BCM exercising, maintaining and reviewing BCM arrangements;
- Embedding BCM in the organisation's culture



2. DUTIES FOR BUSINESS CONTINUITY AND RECOVERY

This document has been written to align to PAS2015 (framework for health services resilience) and the NHS England Business Continuity Framework.

There are a number of key document that outline and detail the need for NHS organisations to establish a business continuity management system:

- Civil Contingencies Act 2004
- NHS England Emergency Preparedness, Resilience and Response Framework 2015
- NHS England Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

2.1 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at a local level. The Act divides local responders into two categories, imposing a different set of duties on each. Category 1 responders are those organisations at the core of the response to most emergencies and are subject to the full set of civil protection duties. Category 2 organisations are 'co-operating bodies'. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties – co-operating and sharing relevant information with other Category 1 and 2 responders.

All CCGs are listed as category 2 responders.

2.2 NHS England Emergency Preparedness, Resilience and Response Framework

The purpose of this document is to provide a framework for all NHS funded organisations to meet the requirements of the Civil Contingencies Act (2004), the Health and Social Care Act (2012), the NHS standard contracts, the NHS England EPRR Core Standards (2015) and NHS England Business Continuity Framework (2013). The core standards provide the minimum standards which NHS organisations and sub-contractors must meet.

2.3 NHS England Business continuity Management Framework (system resilience)

This highlights the need for business continuity management in NHS organisations. It lists the relevant standards and indicates the guidance organisations need to follow. It promotes joint working arrangements between NHS organisations when planning for and responding to disruptions.

2.4 International Standards for Business Continuity Planning

There are a number of national and international standards relating to guidance for BCM that can be found in:

- ISO 22301 Societal Security – Business Continuity Management System – requirements
- ISO 22313 Societal Security – Business Continuity Management System – Guidance
- PAS 2015 – Framework for Health Service Resilience

This plan currently confirms to the BCM System ISO 22301 requirements.

3. BUSINESS CONTINUITY POLICY AND PLANNING FRAMEWORK

3.1 Aim of Business Continuity Policy and Planning Framework

The policy and planning framework aims to ensure that the principles of BCM are embedded throughout the organisation and provides assurance to staff, members, patients, stakeholders and the local population that key services during a disruption event can continue.

3.2 Objectives of the Business Continuity Policy and Planning Framework

The objectives of the Business Continuity Policy and Planning Framework are:

- To ensure a comprehensive BCM system is established and maintained;
- To ensure key services, together with their supporting critical activities, processes and resources, will be identified by undertaking business impact analysis;
- To ensure risk mitigation strategies will be applied to reduce the impact of disruption on key services;
- To ensure plans will be developed to enable continuity of key services at a minimum acceptable standard following disruption;
- To outline how business continuity plans will be invoked and the relationship with the Major Incident Plan
- To ensure plans are subject to on-going exercising and revision
- To ensure the CCG's Governing Bodies are assured that the BCM system remains up to date and relevant.

3.3 Scope

The BCM system, which includes the Business Continuity Policy and Planning Framework and Business Continuity Plan, addresses those services which are provided by the Teams of the CCG:

- Corporate Affairs (inc IM&T)
- Administration
- Contracting & BI
- Finance
- Communications
- Quality
- Medicines Management
- Service Redesign

3.4 Roles and Responsibilities

Ownership of BCM is required at every level within the CCG.

Each Team must ensure that the business activities of each individual service under its jurisdiction are maintained if this service is identified as critical to the Team's function. Where a service is contracted out, or is dependent on external suppliers, the responsibility remains with the Team to ensure continuity.

Team Leads need to seek assurance that suppliers and contractors also have robust business continuity arrangements in place.

Key business continuity responsibilities are as follows:

- **Chief Officer:** has overall accountability for the successful implementation of business continuity.

- **Accountable Emergency Officer:** has overall responsibility for the successful implementation of business continuity.
- **Chief Finance Officer:** will be responsible for identifying resources for business continuity management systems where necessary and setting up unique cost codes and budget codes to track costs.
- **Managers and Teams:** responsible for drawing up Team business continuity plans and ensuring the successful implementation of contingency arrangements for critical services within their Teams. This may be delegated to a Lead for the Team.
- **Individual employees:** each individual member of staff is responsible for ensuring they are familiar with the Business Continuity Plan and their role within it.

3.5 Business Impact Analysis

Business Impact Analysis (BIA) is the process of analysing business functions and determining the effect that a business disruption might have upon them, and how these vary over time. The aim of BIA is to ensure the CCG has identified those activities that support its key services in advance of an incident, so that robust business continuity plans can be put into place for those identified critical activities.

The strategic aims of the organisation are taken into account when Teams determine critical activities.

3.6 Risk Assessment

The Corporate Risk Register is considered when undertaking impact analysis in order to enable the organisation to understand threats to, and vulnerabilities of, critical activities and supporting resources, including those provided by suppliers and outsource partners.

3.7 Business Impact Analysis Tool

The BIA tool (see Appendix A) assists each Team to identify critical activities / services, maximum tolerable periods of disruption, critical interdependencies and recovery objectives.

The Maximum Period of Tolerable Disruptions (MPTD) is the timeframe during which recovery of systems, processes and activities must be achieved to prevent the risk of a significant impact arising if the downtime is exceeded, i.e. what is the maximum down time which could be tolerated without incurring one or more of the consequences below?

For the purposes of business continuity, the CCG defines a 'significant impact' as any situation that could give rise to one or more of the following situations:

- An unacceptable risk to the safety and / or welfare of patients and staff
- A major breach of a legal or regulatory requirement
- A major breach of a contract, service level agreement or similar formal agreement
- A risk of significant financial impact
- A threat to the reputation of the CCG as a competent NHS organisation

For the purposes of business continuity, the CCG defines the following scale of Maximum Period of Tolerable Disruptions (MPTD):

ESSENTIAL Activities Class 0 MPTD: None Permissible	HIGH PRIORITY Activities Class A MPTD: 24hrs	MEDIUM PRIORITY Activities Class B MPTD: 48hrs	LOW PRIORITY Activities Class C MPTD: 72hrs+
Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hours or more <i>but are required</i> in order to return to normal operation conditions and alleviate further disruption to normal conditions.

3.8 Team BCM Plans

The outcome of each Team's BIA has been used to prepare a business continuity plan (see section 2).

Individual BIAs can be found on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FBusiness%20Continuity%2FBC%20Plan%20update%20and%20BIA%2FBIA%202018%20new%20format>

These are summarised to give a priority list for the recovering activities. This is available in Appendix B.

4. IMPLEMENTING THE BUSINESS CONTINUITY PLAN

4.1 Triggers for Activation of Plan

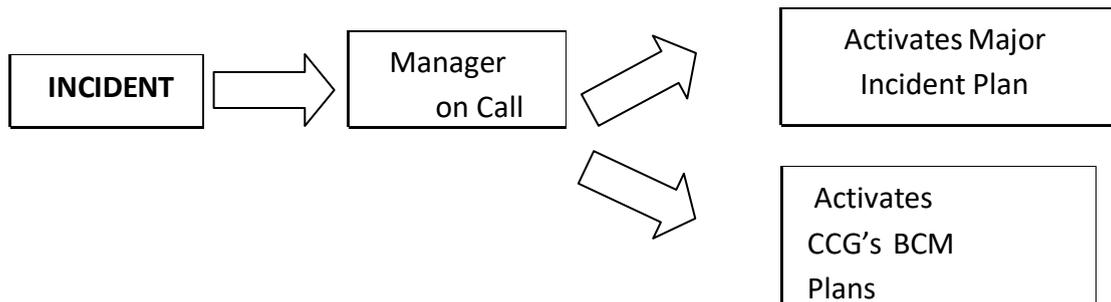
The CCG Business Continuity Plan is likely to be activated in the following circumstances although the list is not exhaustive and the need to activate the plan will be decided by the Manager on Call:

- Loss of access to CCG premises, due to fire, flood or other incident effecting either the CCG premises or the surrounding roads for longer than the MAD
- Loss of amenities that support the CCG premises including power, water or gas for longer than the determined MAD
- Loss of IT access or services for longer than the determined MAD
- Loss of workforce due to outbreak e.g. Flu
- Significant changes in the operating risk level necessitating a change in the operating environment.

4.2 Activating the Plan

The Business Continuity Plan will be activated by the Manager 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 functions will be involved.



4.3 Managing Business Continuity During an Incident

This is detailed in the Business Continuity Plan in Section 2 and is led by the Manager on Call.

4.4 Standing Down

When there is no further risk to business continuity from the incident, the Manager on Call together with the Accountable Emergency Officer will declare the event over (stand down).

5. TRAINING AND EXERCISING

5.1 Training

Senior Managers On-Call will be provided with business continuity training appropriate to their role. All other staff will require business continuity awareness training in relation to continuity plans for each service.

5.2 Exercising

Teams will be expected to undertake business continuity exercises on a regular basis. These may take the form of a self-directed exercise by individual services using a scenario, table top exercises facilitated and multi-agency exercises. Exercises can take various forms, from a test of the communications plan, a desk- top walk through, to a live exercise. However, in all cases, exercises should be realistic, carefully planned and agreed with all stakeholders, so that there is minimum risk of disruption to business processes.

5.3 Records

A record of training and exercising undertaken and will be kept so that the organisation has a central record of training undertaken.

5.4 Audit and Monitoring Criteria

The Accountable Emergency Officer is responsible for ensuring policy and guidance on all business continuity arrangements is developed, including the production and maintenance of the CCG Business Continuity Policy which is approved by Governing Body.

The Accountable Emergency Officer is responsible for ensuring the Policy and Plan is reviewed on an annual basis or earlier as a result of changes to legislation or changes to CCGs structure

and / or procedures. Each Team will undertake a two yearly BIA and review the business continuity plan accordingly.

Within the CCG, Accountable Emergency Officer will ensure that annual assurance reports are submitted to the Governing Body outlining the current status of CCG emergency preparedness.

5.5 Continuous Improvement

Business Continuity Plans will be updated in light of feedback from:

- Actual incidents and disruptions to business activities;
- Exercises and audits;
- Re-assessment of risks;
- Organisational, facility or system changes;
- External change including change to partner organisations;
- Management reviews of the effectiveness of the business continuity process.

5.6 Distribution

This Policy and plan is available on CCG Share Point.

SECTION 2 - BUSINESS CONTINUITY PLAN FOR CCGS

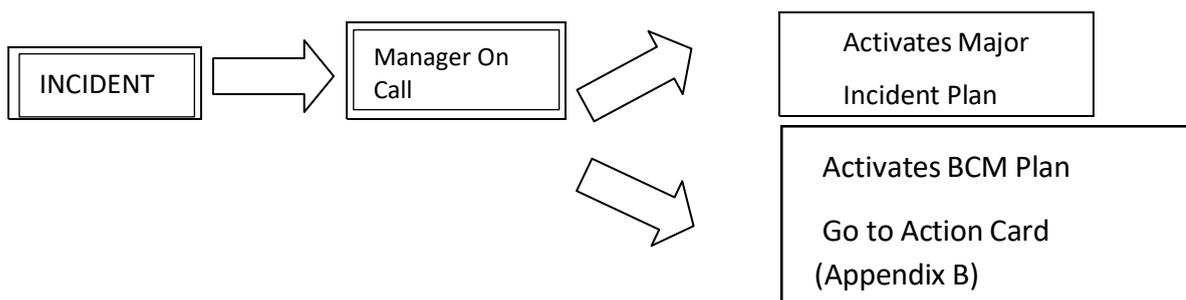
6. INTRODUCTION

This plan should be followed should the need to activate the business continuity plan in the CCG be triggered. It may not be necessary to activate the whole plan and it will be possible to activate certain elements.

7. ACTIVATING THE PLAN

The Business Continuity Plan will only be activated by the Manager 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 functions will be involved. It is also possible that Major incident and BCM plans will be activated together.



The On-Call manager is available by calling S&O switch board out of hours Tel: 01704 547471

Contact details for external agencies are available on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FContacts>

8. MANAGING THE PLAN

8.1 Roles and Responsibilities

The Manager on Call is responsible for activating and coordinating the plan. 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 another senior manager or other suitable delegate. If there is an incident that requires evacuation of CCG premises and the Manager on Call is not on site they should delegate the responsibility to an individual who is on site.

8.2 Action Required

The action card for the Manager on Call should be followed.

Each Team has a comprehensive business impact analysis in place which details the critical functions and key recovery objectives in order to minimise disruption to essential services.

Links to Mutual Aid agreements, Memorandum of Understanding for Pan Flu and other useful Lancashire wide policies can be found on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FLancashire%20plans%20and%20supporting%20docs>

8.3 Incident Management Team

If the incident looks like it may be prolonged it may be necessary to set up an Incident Management Team (IMT) to ensure the CCG critical activities are continued. This may be a teleconference or virtual team

Key individuals involved would be:

- Manager on Call
- Team Lead
- Communications manager

Co-opted members may also be included at the discretion of the teleconference Chair.

8.4 Information Recording

It is important that there is a clear record of decisions taken which should be recorded as a minimum this information will include:

- 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 the decisions made;
- Any review dates of the decision.

8.5 Finance and Resources

The CCG will have a cost code available to senior CCG staff for use in an emergency, which will allow for an audit trail of the cost of a response. It will be the responsibility of the Chief Finance Officer for the CCG to put in place the management arrangements of the cost centre and budget codes and how finance for emergency response and unexpected costs can be tracked

accordingly.

8.6 Staff Safety

Staff safety remains a high priority. If it is not safe for staff to be on CCG premises or traveling to and from CCG premises or on CCG business, then staff should remain at home. This decision will be taken by the Manager on Call or Accountable Emergency Officer.

In the unlikely event that some staff are not able to travel home due to disruption then alternative arrangements should be sought.

Overnight accommodation, in exceptional circumstances, may be required – arrangements to be discussed and agreed with the relevant Senior Manager.

8.7 Outsourced Activity

The CCG currently outsources a number of activities to M&LCSU. This includes critical activities such as Human Resources and IT infrastructure & support. These need to be considered as part of the Business Impact Analysis completed by teams.

Other critical outsourced activities include the management of Hilldale and the overall Ormskirk Hospital Site.

8.8 Media Communications

Involvement of the Communications team is key when activating business continuity plans. Communications support should come from the Head of Communications & Engagement and they will be responsible for the consistency of internal and external messages.

Staff messages are especially important and will be primarily through email to all CCG staff, Team meetings or Skype teleconference.

When there are long periods of time when staff are working from home then consideration will be given to daily teleconferences to ensure staff are kept up to date with events and can liaise over business critical activities.

Contact numbers for the Senior Team are held on an on-call leaflet. A copy can be found on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FContacts>

External communications will be coordinated by the Communications Team who will liaise with colleagues in NHS England, acute trust providers and other communications colleagues as appropriate to ensure the same message is communicated. These contact details are also on Share Point following the link above.

9. SPECIFIC ACTIONS

9.1 Loss of Access to CCG Premises

In the event of disruption to business operations at Hilldale it is expected most staff would work from home or will be relocated to alternative accommodation.

All staff are aware of evacuation points in the case of a fire alarm and this should be the first port of call for all staff so that the fire marshals can ensure staff are accounted for.

If necessary, the Manager on Call/Senior Management Team would seek to ensure that essential staff members are promptly relocated.

Alternate accommodation would need to be sourced in conjunction with NHS Property Services and Local Health Partners. However, Railway Road Surgery is the second base in the Major Incident Plan.

Other staff will be relocated once suitable accommodation can be identified and prepared. This may take some time and in the interim staff members may be able to work from home and ensure that communication with staff is maintained.

9.2 Loss of Utilities to CCG Premises

The following disruption to utilities in CCG premises could affect CCG business:

- Water outage;
- Power failure – gas for heating and hot water;
- Air conditioning failure
- Telephone failure

In this situation, NHS Property Services would ensure utilities are restored as soon as possible.

If necessary, staff will be advised to work from home.

9.3 Technology Failure

Technology support is provided to the CCG from the CSU. There is a service level agreement (SLA) which ensures that any system failure is quickly resolved:

- If a network switch goes down, the CSU will replace under SLA usually within 4-6 hours. However Office 365 is available on the cloud via internet.
- If the print server goes down this would usually be for 24-48 hours depending on the fault.
- The On Call number for IT issues: 01254 226900

If the print server fails then alternative arrangements are in place to ensure that desktops and laptops can be set up to print direct. This would be done by the CSU under the SLA.

Servers are based off site providing back up and access to files and are covered under the CSU and would usually be up and running again within 48 hours with files backed up every night. Office 365 means that all files are saved on the cloud and can be accessed from the internet and from any web enabled device.

Loss of power to CCG premises or difficulty in access would mean:

- Staff who work from laptops may have residual battery power for a short time
- Staff can work from anywhere with an internet connection because Office 365 is cloud based
- Staff should keep in touch using Skype for Business

9.4 Reduced Staff Levels

If staff levels were reduced below 75% the relevant Senior Manager would redeploy staff to support critical functions. If staffing levels reduced to below 30% further reorganisation of staff

and discussions with other Teams would be undertaken to ensure adequate support for CCG critical activities.

10. EXTRAORDINARY EVENTS

10.1 Fuel Shortage

If personal cars are not available those staff that can travel by foot, bicycle or public transport (if available) will be expected to do so.

All staff in the CCG are able to access their work emails and files using Office 365.

If there is a need for staff to work for prolonged periods of time communications should be maintained and staff should utilise Skype for Business.

10.2 Severe Weather

In the event of severe weather which prevents staff from being able to travel to work, the arrangements for working remotely would be the same as for fuel shortages. Staff safety should be considered at all times.

10.3 Industrial Action

In the event of industrial action where staff levels are affected, the Manager on Call will reprioritise the critical activities and these functions will be the focus of the workforce.

10.4 Pandemic Flu

In the event of pandemic flu where staff levels are affected, the Manager on Call will reprioritise the critical activities and these functions will be the focus of the workforce. Planning and assumptions for pandemic flu are based on a worst case scenario of 50% of staff being absent from work. Mutual aid agreements are in place across the Local Resilience Forum.

There is a [West Lancashire Pandemic Flu plan](#), and this outlines arrangements for command and control and escalation procedures in the event that staffing is severely affected.

11. RECOVERY

11.1 During the recovery period, the emphasis will be on getting services back to normal. It may be that it is easier for some services to return to normal and others will remain restricted depending on the incident.

The following should be considered during the recovery phase:

- Reduced availability of staff;
- Loss of skill and experience;
- Uncertainty, fear and anxiety of staff;
- Public displacement and disorder in hospitals;
- Breakdown of community support mechanisms;
- Disruption to daily life (for example effect on transport systems, schools);
- Disruption to utilities and essential services;
- Disruption to internal / IT services / communication systems
- Build-up of infected waste;
- Contaminated areas;
- Disruption to supplies;
- Management of finances;

- Stopping and starting targets;
- Change in competitive position;
- Reputation damage
- Organisational fatigue;
- Economic downturn

11.2 Standing Down

When there is no further risk to business continuity for the incident, the Manager on Call together with the Accountable Emergency Officer will declare the event over (stand down).

11.3 Debrief

In order to identify lessons learned, a series of debriefs post incident are seen as good practice:

- Hot debrief: immediately after incident and incident responders (at each location);
- Organisational debrief: 48-72 hours post incident;
- Multi-agency debrief: within one month of incident;
- Post incident debrief: within six weeks of incident.

These will be supported by action plans and recommendations in order to update CCG plans and provide any further training required.

12. EQUALITY IMPACT ASSESSMENT

Because there have now been a significant number of judicial review (process under which unlawful action is subject to review by the courts) cases concerning equality duties, it is possible to identify some general principles which the courts will apply when they are considering a case of this nature. However, the courts have the authority to develop or modify these principles as new cases come before them.

From the cases to date, it is clear that the equality duties are taken very seriously by the Courts. They stress:

- the need to consider equality issues thoroughly in the context of the duties before any significant individual decisions are made or any policy is introduced or subject to significant change
- equality impact assessments may provide important evidence as to whether the public authority has complied with its duties.
- that a public authority should refer to Equality Act guidance and codes of practice explicitly and keep records of its decision making. If it departs from the code or guidance, there must be clear reasons to do so.
- if another organisation or person is carrying out a function under guidance by the public authority, the responsibility for ensuring that the general duties are met remains with the public authority
- the duties apply not just to decision-makers but also to those who implement them

The Equality Analysis Checklist initial screening was used to determine the potential impact this policy might have with respect to the individual protected characteristics. The checklist result indicated that this policy will not require a full Equality Analysis Assessment as there is no significant or disproportionate impact against any protected characteristic or at risk group.

13. IMPLEMENTATION AND DISSEMINATION

West Lancashire – Business Continuity
Plan Version 1.0 October 2016

It will be arranged for all ratified policies to be added to the CCG Website and staff will be notified of all policy activity through the CCG's Staff Bulletin and Share Point.

14. MONITORING AND REVIEW ARRANGEMENTS

This policy shall be reviewed bi-annually or as and when incidents or national guidance deem it to no longer be 'fit for purpose'.

15. CONSULTATION

The Business Continuity Policy is an internal policy to the CCG and as such does not require consultation with the public / service users. However, Staff at the CCG have contributed to the plan by completing Business Impact Assessments and suggesting contingency arrangements for their specific functions.

16. REFERENCES AND BIBLIOGRAPHY

1. Cabinet Office (2004), The Civil Contingencies Act [online]. London [viewed 20th April 2018]. Available from: http://www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf
2. NHS England (2015 a), NHS England Emergency Preparedness, Resilience and Response Framework v2.0 [online]. London [viewed 20th April 2018]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-rr-framework.pdf>
3. Cabinet Office (2012 a). Emergency preparedness Guidance on part 1 of the Civil Contingencies Act 2004, its associated regulations and non-statutory arrangements [online]. London [viewed 03/08/2018] Available from <https://www.gov.uk/government/publications/emergency-preparedness>
4. Cabinet Office (2013). Expectations and indicators of good practice set for category 1 and 2 responders [Online]. London [viewed 03/08/2018]. Available from : <https://www.gov.uk/government/publications/expectations-and-indicators-of-good-practice-set-for-category-1-and-2-responders>
5. NHS England (2015 b). NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) V 3.0 [online]. London [viewed 03/08/2018]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2015/06/nhse-core-standards-150506.pdf>
6. Cabinet Office (2003). The role of Local Resilience Forums: A reference document V2 [online]. London [viewed 27th April 2018]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/62277/The_role_of_Local_Resilience_Forums- A_reference_document_v2_July_2013.pdf

17. ASSOCIATED DOCUMENTS

Response plans are held centrally on Share Point

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning>

- Business Impact Analysis for each function
- Major Incident Plan

- Heat Wave plan
- Lancashire Joint Escalation Plan
- Lancashire Mass Casualty Plan
- Lancashire MOU with Public Health for Outbreak
- Lancashire Mutual Aid agreement
- LRF Pandemic Consequence plan

18. APPENDICIES

Appendix A – Business Impact Analysis Template

Appendix B – Summary of BIA for Prioritisation

Appendix C - Manager on Call Action Card – Activating the BCP

Appendix D- Summary of Training and Incident Lessons Learned

APPENDIX A – BUSINESS IMPACT ANALYSIS TEMPLATE



Service Name		
1	Name of Author:	
2	Job Title of Author:	
3	Author telephone and e-mail:+	
4	Date:	
5	Business Continuity Lead:	

ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD))

6	ESSENTIAL Activities Class 0 MPTD: None Permissible	HIGH PRIORITY Activities Class A MPTD: 24hrs	MEDIUM PRIORITY Activities Class B MPTD: 48hrs	LOW PRIORITY Activities Class C MPTD: 72hrs+
	Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hours or more <i>but are required</i> in order to return to normal operation conditions and alleviate further disruption to normal conditions.
	<i>List activities</i>	<i>List activities</i>	<i>List activities</i>	<i>List activities</i>

LOCATION OF SERVICE(S)

7	Name and description of building/service and location:	
	Alternative location of usual work location is lost:	
	Estate Provider(s) and Contact Details	

STAFFING RESOURCES

8	Essential Positions & Clinical and non-clinical skills required to maintain activities:	
	Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:	
	Location of staffing contact details:	

INTERNAL SUPPLIERS

9	List internal services which your activities rely upon		
	Service	Service Classification	Contact Details

EXTERNAL SUPPLIERS

10	List external suppliers which your activities rely upon (include utility suppliers)		
	Supplier	Contact Numbers (in hours & Out Of Hours)	Other relevant information

--	--	--	--

IT REQUIREMENTS

11	Business Critical Software Applications	
	IT Failure	

COMMUNICATION REQUIREMENTS

12	Business Critical Communication Systems/Hardware	
	Loss of Communications	

EQUIPMENT REQUIREMENTS

13	List equipment that you regard as activity critical.			
	Equipment	Provider	Contact	Alternative Provider (if Appropriate)

MEDICATION REQUIREMENTS

14	List Medication (including Medical Gases) that you regard as activity critical.			
	Medication	Provider	Contact	Alternative Provider (if Appropriate)

RECOVERY TIME OBJECTIVES

15	Activity	Recovery Priority (1 being highest priority 4 being lowest)	Classification of Service	Maximum time Period to recovery (in hours)

FINANCE

16	Full Replacement Costs of Business Critical Infrastructure – buildings and utilities	
	Replacement Costs of Business Critical Equipment (consider availability and time to deliver)	
	Additional Staff costs (consider availability of skill set requirements)	
	Punitive charges – fines/penalties/compensation	

APPENDIX B – SUMMARY OF BIA FOR PRIORITISATION

This appendix summarises the Business Impact Assessments completed by each of the CCG functions. This summary has been collated to assist the Senior Manager on-call when responding to business critical incidents and to help with the prioritisation of activities for recovery.

All Class C activities can be tolerably delayed for +72hours and therefore are not listed here, but will be re-instated as part of return to business as usual.

Maximum Period of Tolerable Disruption (MPTD)	Activity	Comments
ESSENTIAL Activities Class 0 MPTD: None Permissible	Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	
Communications	All Communications Activities	Most of the functions within the Communication and Engagement team would be classified as 'class 0'. This is because the function would be heavily relied upon to assist other services and to cascade messages during a major incident. <u>Requires</u> Telecommunications and IT
Finance	Immediate payment in order to deliver a service and/or to have sufficient cash to continue operating.	Care homes are the most vulnerable entities in this regard. <u>Requires:</u> Telecommunications and access to Financial systems/IT
Quality	Responding to Urgent Care pressures/surge/escalation	<u>Requires:</u> Telecommunications
Quality	Response to Infection outbreaks	Local response would need to be available, including communications and monitoring. <u>Requires:</u> Telecommunications and IT
Medicines Optimisation	Prescribing Hubs	This is a patient facing functions and patients will need to be able to access this service for their prescriptions <u>Requires:</u> Telecommunications and IT Access to Practices or alternative venue
Medicines Optimisation	Reactive medication reviews relating to patients discharged from hospital to care homes or homes	This service helps supports patient discharged from hospital to ensure the medicines are correct and optimised. <u>Requires:</u> Telecommunications and IT Access to Care homes

HIGH PRIORITY Activities Class A MPTD: 24hrs	Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	
Quality	Responding to Care home Pressures and issues e.g. home closures	Especially were the Homes need support to prevent closure and/or were a closure is expected and communications and co-ordination is required <u>Requires:</u> Telecommunications and IT
Quality	Responding to Safeguarding issues	Long delays in response could impact investigations/response. <u>Requires:</u> Input from Safeguarding Team based in Chorley House, telecommunications and IT
MEDIUM PRIORITY Activities Class B MPTD: 48hrs	Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue	
Finance	Most Finance functions	To enable invoice payment and cash flow for suppliers <u>Requires:</u> Telecommunications and access to Financial systems/IT
Quality/Service redesign/corporate affairs	Responding to Complaints	There is a timeframe for response <u>Requires:</u> Complaints team at MLCSU based at Jubilee House, telecommunications and IT
Quality	Responding to IFR/CHC Panels	This could impact patient care and therefore should be re-instated to prevent significant delay <u>Requires:</u> IFR/CHC team at MLCSU based at Jubilee House, telecommunications and IT
Service Redesign/Business Intelligence/Corporate services	Responding to NHS England requests	Returns etc <u>Requires:</u> Telecommunications and IT
Service Redesign	Responding to Primary Care digital requests for support	In particular e-referrals help and assistance <u>Requires:</u> Telecommunications and IT
Corporate services	Responding to FOIs	There is a time limit for response <u>Requires:</u> FOI team at Jubilee House, telecommunications and IT

APPENDIX C - MANAGER ON CALL ACTION CARD – ACTIVATING THE BUSINESS CONTINUITY PLAN

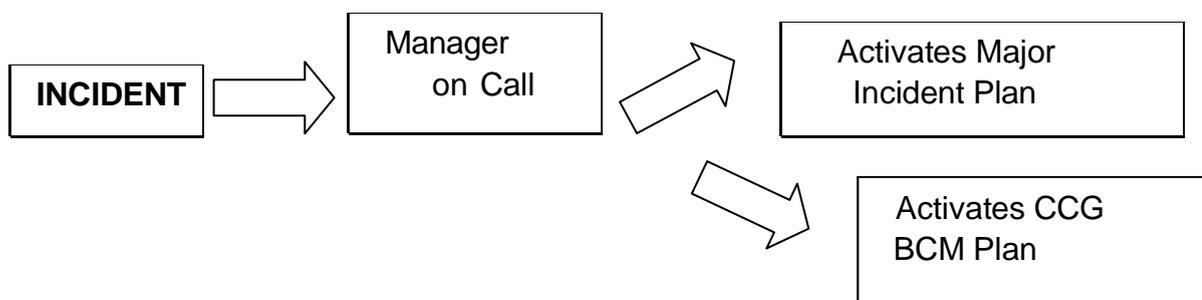
Activating the Business Continuity Plan

For Action by the CCG Manager on Call

Scope

The Business Continuity Plan will be activated by the Manager 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 functions will need to be involved.

Activating and escalating business continuity plans



Number	Actions:	Time Completed
	Responsible for activating the Business Continuity Plan for the CCG and ensuring all Teams take the necessary actions	
1	Set up a meeting / teleconference with Team Leads/SMT	
2	Ensure communications cascade and advise all staff of arrangements / where to report	
3	Determine key activities needed and implement recovery plans	
5	Notify key contacts. This will include <ul style="list-style-type: none"> • NHS England • Midlands and Lancashire Commissioning Support Unit • Local Providers • NHS Property Services 	
6	Ensure establish immediate business needs, escalating as appropriate	

7	Maintain a log of all decisions / events / action taken using a Loggist if necessary	
9	Ensure working arrangements for staff including moving key staff to another facility is considered	
10	Establish a communication plan both internally and externally with the Communications Manager on call	
11	Lead the organisation on the restoration of services to normal levels of delivery	

Teleconference facilities are available via SKYPE, but also the CCG's has a teleconference facility - DIAL: 08444 737 458 PIN: 509552

Useful contact lists for internal and external on-call managers can be found on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FContacts>

Related policies and plans for Lancashire and system, including MOUs and Mutual Aid agreements can be found on Share Point here:

<https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FLancashire%20plans%20and%20supporting%20docs>

APPENDIX D – SUMMARY OF TRAINING AND INCIDENT LESSONS LEARNED

Training record

Date	Training	Attendee	Comments
31 st May 2018	On-call Managers Training – Additional date	All on-call Managers 8a and above	Contact lists and on-call managers pack were amended following this training
15 th May 2018	On-call Managers Training	All on-call Managers 8a and above	Contact lists and on-call managers pack were amended following this training
January – Feb 2017	Table top exercise – Adverse Weather	All CCG staff	Amendments to contact lists and incident room equipment
December 2020	Influenza Outbreak Management – training	All on-call Managers	Flow diagram circulated to on-call managers and provider

Incident Lessons Learned

Date	Incident description	Comments
May 2017	NHS Cyber Attack	<p>Be-brief actions:</p> <p>Set up a What’s App contact group for on-call and key personnel to ensure consistent messages are received by all</p> <p>The GP practice emergency contact list was merged with Admin contact list and amended to include additional numbers</p> <p>The CCG contributed to Trust and NHS England de-briefs</p>