NHS Buckinghamshire Clinical Commissioning Group

Policy	**Business Continuity Policy**
Version Number	3.0 FINAL
Version Date	September 2019
Review Date	September 2020
Responsible Owner	Director of Governance (Oxfordshire CCG)
Approving Body	Executive Committee
Target Audience	All staff

Document Control – Review and Approvals
This document requires the following reviews and approvals:

Name	Version Approved	Date Approved
Executive Committee	1.0	28.09.17
Executive Committee/Accountable Emergency Officer	2.0	27.09.18 (Committee asked to ratify assurance provided including review by the Senior Management Team and note that final approval and responsibility is with the CCGs Emergency Accountable Officer)
Executive Committee/Accountable Emergency Officer	3.0	22.08.19

This Policy and plan is distributed to designated manual holders and is available on the G drive.

Revision History

Version	Revision Date	Details of Changes	Author
1.0	September 2017	First Iteration of policy	Russell Carpenter, CCG Head of Governance /Board Secretary
2.0	September 2018	Annual review: Updated logo and reference to CCG(s) amended as singular and no longer plural Chiltern DC replaced with Amersham Hospital Addition of policy statement, mutual aid, Brexit, expansion of roles of Accountable Emergency Officer and EPRR lead, updated directorate specific plans	
3.0/3.1	August 2019	Review and update of main document and directorate plans. 3.8 Mutual aid arrangements – noted as unchanged with Oxfordshire CCG Revise of Brexit/EU Exit section. **3.9 EU Exit** The UK has voted to leave the European Union. It is scheduled to depart at 11pm UK time on Thursday 31 October, 2019. Negotiations continue to agree the terms of this departure. However, if there is an October 2019 'No deal' EU Exit scenario, there may be implications for the health and social care system: Quality: Critical Outsourced Activities: Deprivation Of Liberties (assessments) – Buckinghamshire County Council (was Oxford Health) Commissioning and Delivery and Corporate sections merged aligned to interim directorate structure. Localities section removed as these no longer exist following creation of Primary Care Networks from 1 July 2019. Primary Care: addition - Patient Record Management and support functions in relation to primary medical care is outsourced by NHS England to Primary Care Support England (PCSE) Finance: 3 staff members rather than 4 in previous version. Note: difference between v3 (approved by CCG Executive Committee) and V3.1 (published) is that “Brexit” has been amended to read as “EU Exit”	

Links or Overlaps with Other Key Documents and Policies

Document Title	Version and Issue Date
Major Incident Framework /Incident Response Plan	7, August 2019
Surge and Escalation Plan	5, August 2019

Acknowledgement of External Sources

Title / Author	Institution	Link
Civil Contingencies Act 2004	HM Government	http://www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf
Emergency Preparedness Resilience and Response (EPRR)	NHS England	https://www.england.nhs.uk/wp-content/uploads/2015/06/nhse-core-standards-150506.pdf
BCM Toolkit (service resilience)	NHS England	https://www.england.nhs.uk/wp-content/uploads/2016/03/bcm-toolkit-cover-feb16.pdf

Freedom of Information
If requested, this document may be made available to the public and persons outside the healthcare community as part of our commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis
CCGs are committed to treating every individual equally and will not discriminate any groups of people or treat them differently because of their race, gender, disability, age, religion or belief systems or their sexual orientation.

In relation to staff who may have to be relocated to other locations, reasonable adjustments will need to be taken into account, including, but not limited to, accessibility of buildings, I.T. appropriate equipment so that employees can undertake their employment functions, appropriate chairs and lighting. Therefore the needs of staff with reasonable adjustments should be known and wherever possible adhered to. In relation to citizens and response to an emergency, the first priority in regards to equality remains accessibility to a place of safety, thereafter individual needs will be assessed and support provided as and when appropriate.

CONTENTS

Foreword

This document contains both the business continuity policy and framework providing the strategic overview (Section 1 parts 1-4) and the business continuity plan (section 1 parts 5-10) which summarises the practical steps which will be taken in the event of significant disruption to business continuity. This in effect forms the CCG's Business Continuity Management System (BCMS) and so provides evidence of intent to ensure that this is in place and appropriate.

It should be read alongside our:

- Major Incident Plan/Framework
- Surge and Escalation Plan
- On call policy/directory

This document is NOT intended for emergency use, as not all departments may be required to implement business continuity arrangements.

Section One: 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;
- 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.

1.1 The Benefits of an Effective BCM Programme

An effective BCM programme within the CCGs helps 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

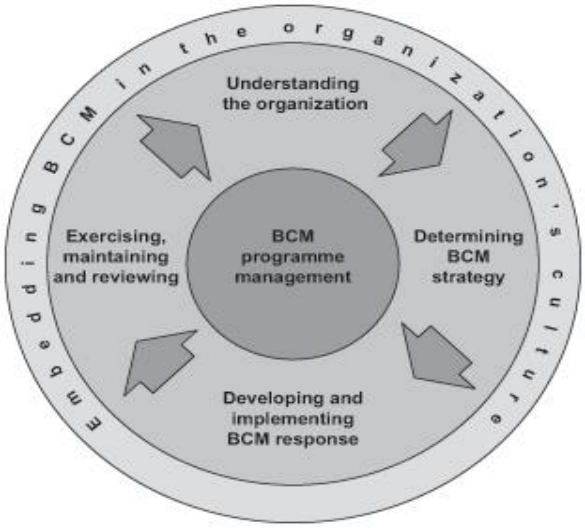
The outcomes of an effective BCM programme within the CCGs include:

- Key products and services are identified and protected, ensuring their continuity;
- The organisations understanding of itself and its relationships with other organisations, relent 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 organisations culture



2 Duties for Business Continuity and Recovery

This document has been written to align to PAS2015 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 Commissioning Board Emergency Preparedness Framework 2013
- NHS Commissioning Board 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 (the Health and Safety Executive, transport and utility companies) 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 – cop-operating and sharing relevant information with other Category 1 and 2 responders.

All CCGs are listed as category 2 responders.

2.2 NHS Commissioning Board Emergency Planning 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 and the NHS CB EPRR Core Standards (2014), NHS CB Command and Control (2013) and NHS CB Business Continuity Framework (2013). The core standards provide the minimum standards which NHS organisations and sub-contractors must meet.

2.3 BHS Commissioning Board 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.

2.5 Policy statement

The CCG duly accepts its statutory duty as a Category 2 Responder under the Civil Contingencies Act 2004 (CCA) and as such will cooperate with Category 1 Responders in order to enhance co-ordination, efficiency and to share information as required, prior to, during and following an incident.

The plan contained within will allow the CCG to continue to provide its core functions during a major incident, as far as practicable and to recover from the additional pressure that an incident may place on an organisation.

In addition to its duties contained within the Civil Contingency Act, both CCGs recognise the EPRR responsibilities as detailed within Section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with its commissioned services meet this responsibility through:

- Building upon the existing strengths of current multi-agency coordination and cooperation which includes local NHS Trusts and other Category 1 Responders;
- Ensuring that responsibilities of the Resilience Forums and Local Health Resilience Partnership enhance any response to emergency arrangements, both during the response and recovery phase;
- Fully integrating with partner agencies' emergency arrangements, in supporting the local health economy;
- Reviewing the state of readiness and operability to extend further, with the assistance of new and improved partnerships, the capability to handle a new kind and potential magnitude of threat;
- Ensuring that plans for business continuity are in place;
- Cultivating a culture within each CCG to make emergency preparedness an intrinsic element of management and operations.

The CCG has a separate Incident Response Plan, surge and escalation plan and Director on call process to manage:

- Major Incident Notifications;
- Surge Management/Capacity Issues.

The On-Call rota is managed by the Director of Commissioning and Delivery, and published, along with all other relevant on call information, via a weekly on-call email circulated to both Tiers of On-Call and Assistant Directors.

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 CCGs Major Incident Plan;
- To ensure plans are subject to on-going exercising and revision;
- To ensure the CCGs Governing body is assured that the BCM system remains up to date and relevant.

3.3 Scope

The BCM system, of which the Business Continuity Policy and Planning Framework is the core part, addresses those services which are provided by the Directorates of the CCGs:

- Governance and Business Processes
- Quality
- Strategy and Transformation
- Delivery and Localities
- Finance

3.4 Roles and Responsibilities

Ownership of BCM is required at every level within the CCGs given its statutory role to discharge this function.

Each directorate must ensure that the business activities of each individual service under its jurisdiction are maintained if this service is identified as critical to the directorate's function. Where a service is contracted out, or is dependent on external suppliers, the responsibility remains with the directorate to ensure continuity. Directorate business continuity leads need to seek assurance that suppliers and contractors also have robust business continuity arrangements in place.

3.4.1 Key business continuity responsibilities

These 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. The Accountable Emergency Officer (AEO), as required under the H&SC Act 2012, is responsible for the strategic implementation of major incident and business continuity planning in accordance with the aims as detailed within section two of this policy. Furthermore the AEO or a nominated deputy has a duty to attend the Thames Valley Local Health Resilience Partnership (LHRP) and the Thames Valley Local Resilience Forum (LRFs)
- **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.

- **Directors**: responsible for drawing up directorate business continuity plans and ensuring the successful implementation of contingency arrangements for critical services within their directorates. This may be delegated to a Business Continuity Lead for the directorate.
- **Managers and Teams**: responsible for successful implementation of business continuity within their area of responsibility.
- **Individual employees**: each individual member of staff is responsible for ensuring they are familiar with the Business Continuity Plan and their role within it.

3.4.2 The CCGs EPRR Lead (System Resilience Manager)

This role is responsible for all aspects of operational implementation of the aims of the CCG's EPRR resilience described within the Incident Response Plan and Surge and Escalation Plan. The role reports to the Head of Urgent Care who in turn reports to the Accountable Emergency Officer.

Specific responsibilities include:

- Ensuring that the CCG plans jointly with NHS England, Acute Trusts, Community and Mental Health Providers, Primary Care, Local Authorities and other Category 1 and 2 responders as required;
- Attending the Thames Valley Local Health Resilience Partnership (LHRP) and the Thames Valley Local Resilience Forum (LRFs). The TVLRF will provide a strategic forum for NHS organisations to facilitate health sector preparedness and planning for emergencies.
- Developing and continuously monitoring the EPRR arrangements;
- Ensuring that staff are appropriately trained and have the necessary skills to carry out their role;
- Providing regular updates and reports as required to the Accountable Emergency Officer and CCG Board/Governing Body;
- Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity;
- Represent the CCG at Resilience Forums, NHS EPRR Network meetings and multi-agency EPRR events.

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 CCGs 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 directorates determine critical activities. The Business Impact Assessment for each directorate identified is reviewed at least annually through review of the related section within this plan and related telephone cascade lists.

3.6 Business Impact Analysis Tool

Each directorate has been asked to identify critical activities / services, maximum tolerable periods of disruption, critical interdependencies and recovery objectives.

The Maximum Acceptable Downtime (MAD) is the timeframe during which re 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 CCGs 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 CCGs as a competent NHS organisation

For the purposes of business continuity, the CCGs defines the following scale of Maximum Acceptable Downtimes:

Scale	Timeframe	Rationale
A	**Immediate restart**	Typically used only for clinical and in-patient services where any interruption raises an immediate and unacceptable risk to people
B	**One working day**	An unacceptable risk will arise if this activity is not fully restored within 24 hours
C	**Three working days**	The norm for service recovery - recovery within this timeframe will not jeopardise patient safety or welfare
D	**One working week**	The timeframe for most non-clinical activity
E	**Seven days plus**	Typically training and similar activities that can be suspended without significant impact in the short term

Generally speaking the risks to the function of the CCG is low, and there its assessment is no more than high level. The impact within provider organisations is much greater, and therefore their continuity plans should be much more specific in relation to timeframes for re-instatement. In most cases the activity of the CCG would correspond with scales D and E, which means no more detailed continuity planning than that which is described in Section 3.

3.7 Risk Assessment

The likely risks are 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. Any risks identified through use of the CCG's Integrated Risk Management Framework will be escalated to the Corporate Risk Register where the risk is deemed to meet escalation criteria.

Otherwise, the headline risk in relation to business continuity and risk is identified as follows:

IF the CCG were to lose access to an office or server (for whatever reason)

THEN it may be unable to function for an undefined period of time.

LEADING TO (a) inability to meet its statutory duties and/or discharge statutory functions, (b) out of contact for an undefined period of time for key stakeholders.

The main control and assurance in mitigation of this risk is this Business Continuity Plan – details of scoring related to this risk is given within the CCG's risk management system/software (Verto)

3.8 Mutual Aid arrangements

EPRR guidance indicates that the CCG should have in place detailed documentation on the process for requesting, receiving and managing mutual aid requests. Mutual aid arrangements should exist between NHS funded organisations and also their partner organisations and these should be regularly reviewed and updated.

For the CCG this relates directly to arrangements with other CCGs in order to discharge its statutory functions. This has not been specifically defined in relation to providers, given the CCG's inability to offer mutual aid where, for example, it does not have legal basis to manage patient confidential or identifiable information, nor is it CCG registered in order to substitute to deliver healthcare services. This also reflects the CCG's status as a category 2 responder, compared to providers who are category 1 responders.

However, this is not to say that, during a major incident, the CCG would not offer its assistance to manage an incident to a successful conclusion. This assistance may include resources of any description (staff, equipment, materials and logistics). Providers may request mutual aid from commissioners who are responsible for sourcing, if available, this requirement. Mutual Aid arrangements between providers are the responsibility of those providers.

The following table indicates the CCG's high level mutual aid arrangements (aligned to business continuity risks) in place with NHS Oxfordshire CCG, effective as of 1 September 2018:

Risk	Mitigation
More than 50% of CCG Management Directors unavailable to due to sickness or other unavoidable circumstances	Contingency arrangement for cover managed through regular exec to exec management team meeting. Director on call processes remain separate at present
Loss of office access/server, for whatever reason, though isolated to Amersham and/or Aylesbury data feeds, and/or Jubilee House Oxford	Oxfordshire based primarily (although does apply to all) staff can work from Jubilee House and vice versa through connection to guest Wi-Fi

This remains in place and unchanged in August 2019.

Given the sharing between the organisations of a single accountable officer, there is no separate signed mutual aid agreement other than the table above. Work is ongoing on ensuring an efficient and effective response that provides clarity on roles and responsibilities in relation to EPRR responsibilities.

3.9 EU Exit

The UK has voted to leave the European Union. It is scheduled to depart at 11pm UK time on Thursday 31 October, 2019. Negotiations continue to agree the terms of this departure. However, if there is an October 2019 'No deal' EU Exit scenario, there may be implications for the health and social care system:

- An impact on sufficient and seamless continuity of supply for imported medicines in the UK arising from border delays.
- Patient safety and patient experience implications arising from delay in issue of medicines on prescription through primary care and in other health settings.
- (financial implications in relation to increased agency and locum costs through shortage of available EU staff linked to uncertainty around the rights of EU nationals
- delays for NHS patients accessing certain treatments

A separate risk though the CCG's risk management system describes controls and assurances in place in relation to the above, including assurances from commissioned providers on their mitigations.

4 Training and Exercising

This section describes the CCG's process to assess and take corrective action to ensure continual improvement to the plan/business continuity management system (BCMS).

4.1 Training

Directors on Call and Directorate Business Continuity Leads will be provided with business continuity training appropriate to their role. Strategic Leadership in a crisis' is mandatory for all staff with on-call responsibilities. Training will be undertaken in line with the annual training and exercise schedule agreed by the CCG and should occur regularly to familiarise staff with Command and Control procedures as is relevant to their role and to ensure there is no erosion of skills.

All other staff will require business continuity awareness training in relation to continuity plans for each service and this will be provided by the staff member's line manager or overarching business continuity lead.

Senior managers are responsible for ensuring that all staff within their department are aware of the training available for Planning and Business continuity and encourage attendance on recommended courses.

Training for other staff will generally focus on contingency where access to offices/buildings is lost rather than front line services which the CCG does not provide. Responsible individuals are identified within team specific sections of the CCG Business Continuity Plan.

It shall be the responsibility of each member of staff to identify a suitable substitute representative and ensure they are trained in accordance with the relevant EPRR functions.

Training compliance is described within an annual report to the Governing Body.

4.2 Exercising

Directorates will be expected to undertake business continuity exercises on a regular basis as are appropriate to their function, which may include table top and multi-agency exercises. Outcomes of exercises undertaken are described within an annual EPRR assurance report to the Governing Body.

Multi agency plans will be separately developed through the Thames Valley Local Health Resilience Partnership (LHRP) and the Thames Valley Local Resilience Forum (LRFs)

4.3 Records

A record of training and exercising undertaken within each directorate as is appropriate to its function will be kept by the Accountable Emergency Officer so that the organisation has a central record of training undertaken.

4.4 Audit and Monitoring Criteria

The Director of Commissioning and Delivery 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 and Plan which is approved by Governing Body (or by another committee under delegated authority).

Key performance indicators:

1. The Director of Commissioning and Delivery 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 the CCG structure and / or procedures.
2. Each directorate will undertake an annual BIA and review the directorate business continuity plan accordingly.
3. Within the CCG, the Director of Commissioning and Delivery will ensure that annual assurance reports are submitted to the Governing Body outlining the current status of the CCG's emergency preparedness.

The EPRR Lead will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis. Examples of external audit tools include:

- Civil Contingencies Secretariat assurance;
- Provision of assurance to NHS England;
- ISO 22301;
- Cabinet Office Civil Contingencies Secretariat National Capabilities Survey

4.5 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.

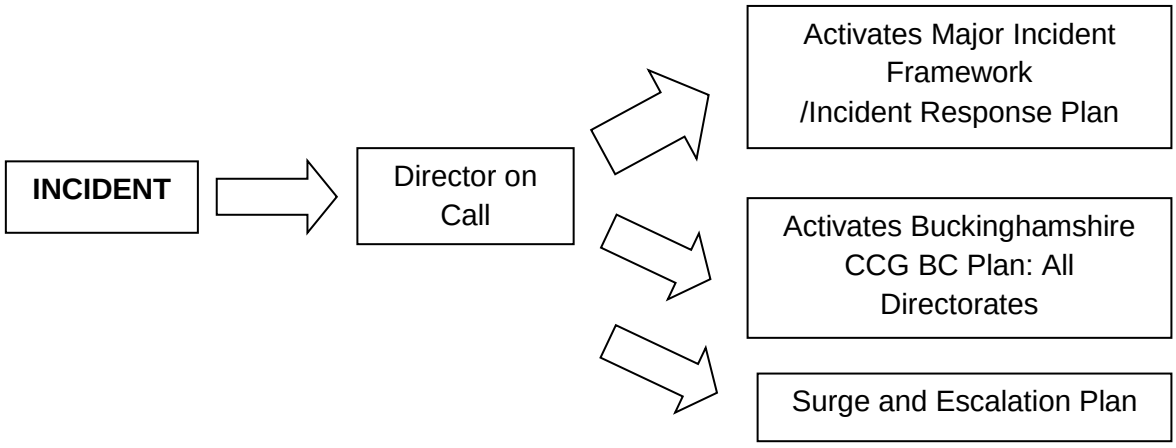
Section Two: Business Continuity Plan for the CCG

5. 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.

6. Activating the Plan

The Business Continuity Plan may be activated by the Director on Call when the Incident Response 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 directorates will need to activate their Business Continuity Plan. It is most likely that the Urgent Care team will activate their continuity arrangements.



6.1 Triggers for Activation of CCG Business Continuity Plan

The CCGs Business Continuity Plan is likely to be activated in the following circumstances although the list is no exhaustive and the need to activate the plan will be decided by the Director of Call.

- Loss of access to Amersham Hospital or The Gateway (due to fire, flood or other incident effecting either Amersham Hospital or The Gateway or the surrounding business parks or roads) for longer than the MAD;
- Loss of amenities that support Amersham Hospital or The Gateway including power, water or gas for longer than the determined MAD;
- Loss of ICT access or services for longer than the determined MAD;
- Significant changes in the operating risk level necessitating a change in the operating environment.

7. Managing Business Continuity during an Incident

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

7.1 Roles and Responsibilities

The Director 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 second on call or other suitable delegate. If there is an incident that requires evacuation of **Amersham Hospital offices or The Gateway** and the Director on Call is not on site they should delegate the responsibility to an individual who is on site.

The Directorate Business Continuity Lead is the key link with the Director on Call. They are responsible for ensuring that the directorate business continuity plan is activated and that all staff in the directorate are kept informed and updated.

7.2 Action Required

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

One or more of the following actions will take effect within one or more departments/functions:

1. Alerted to the need to activate business continuity plan by Director on Call
2. Ensure that Directorate Director knows that business continuity plans are activated
3. Alert directorate staff through cascade system. Follow up phone messages with an e-mail or text to clarify instructions Ensure that all communication and actions are logged accurately throughout the cascade system.
4. Agree with key staff the activities needed and implement
5. Act as the directorate link with the Director on Call
6. Attend any agreed briefings on behalf of the directorate
7. Establish any immediate business needs along with your Director
8. Maintain a log of all decisions / events / action taken
9. Ensure directorate staff are clear of their working arrangements and keep these under review
10. Maintain communication channels with all directorate staff using teleconference / email / intranet
11. Ensure normal business is established as soon as feasible
12. Contribute to the incident debrief run by the Director on Call

7.3 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's critical activities are continued.

The IMT may meet in the Incident Control Centre (ICC) or communicate via telecom.

Key individuals involved would be:

- Director on Call
- Directorate business continuity lead
- NHS South, Central and West Commissioning Support Unit (SCWCSU) Communications manager

Co-opted members may also include NHS Property Services Ltd and Workman FM (Business Park Managers).

7.4 Information Recording

It is important that there is a clear record of decisions taken which should be recorded in the Director on Call log book. 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.

7.5 Finance and Resources

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

7.6 Staff Safety

Staff safety remains a high priority. If it is not safe for staff to be in Amersham Hospital or The Gateway or traveling to and from Amersham Hospital or The Gateway 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.

Overnight accommodation is also available at a number of local hotels.

7.7 Outsourced Activity

The CCG currently outsources a number of activities to SCWCSU. This includes critical activities such as Human Resources and financial services. The business continuity plans for these services have been reviewed. Directorates with lead commissioner responsibilities for critical outsourced activities will capture this in their BIA and service continuity plans.

Other critical outsourced activities include the management of **Amersham Hospital** through Buckinghamshire Healthcare NHS Trust **or The Gateway** to NHS Property Services/Aylesbury Vale District Council. Information Technology support is outsourced to SCWCSU.

Communications support is outsourced to Buckinghamshire County Council.

7.8 Communications

Involvement of the Communications team is key when activating business continuity plans. Communications support should come through the Buckinghamshire County Council Communication Manager on Call and they will be responsible for the consistency of internal and external messages.

Staff messages are especially important and will be primarily through the Directorate business continuity lead or via email to all CCG staff.

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

External communications will be coordinated by the Buckinghamshire County Council Communications Manager on Call who will liaise with colleagues in NHS England South (South Central), acute trust providers and other communications colleagues as appropriate to ensure same message.

8 Specific Actions

8.1 Loss of Access to Amersham Hospital or The Gateway

In the event of disruption to business operations at Amersham Hospital or The Gateway, it is expected most staff would work from home until they were relocated to alternative accommodation, in the first instance the other main office base. 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.

Office	Primary evacuation	Secondary evacuation
Aylesbury office location	Front stairs to visitor car park	Rear stairs around rear of building to visitor car park
Amersham Hospital office location	Stairs immediately to side of office entrance to front staff car park	Through front reception area of Trust Executive offices via main corridor or via BHT Child Health team

Additional points:

1 At the Aylesbury office staff are aware if they exit via the rear stairs from the second floor to exit immediately through the rear fire exit and not cross internally the ground floor to the front exit of the building.

In the unlikely event that the normal evacuation points are not available, staff should wait until further information is provided:

1. In Amersham Hospital office as far away as possible from the building as is safe
2. In Aylesbury at the very rear of the visitors car park next to the usual staff car park

In conjunction with Directors and directorate business continuity leads, the Director on Call would seek to ensure that essential staff members from each directorate were promptly relocated.

Other staff will be relocated once suitable accommodation can be identified and prepared. This may take between one to twelve weeks and in the interim each directorate will need to identify staff members who may be able to work from home and ensure that communication with staff is maintained.

8.2 Loss of Utilities to Amersham Hospital or The Gateway

The following disruption to utilities in **Amersham Hospital** or The Gateway could affect CCG business:

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

In this situation, the respective council teams would work with their facilities teams to ensure utilities are restored as soon as possible. In necessary staff will be advised to work from home.

8.3 Technology Failure

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

- If a network switch goes down, SCWCSU will replace under SLA usually within 4-6 hours.
- If the print server goes down this would usually be for 24-48 hours depending on fault.

If the print server fails at one office site then alternative arrangements are in place to ensure that desktops and laptops are set up to print to the other office site. In the unlikely event both print servers fail then staff will use electronic only until service restored (given aim to ensure minimum paper consumption).

Additional servers are based off site providing back up and access to files if those servers at Southgate House (Devizes, Wiltshire) are no longer available.

These file servers are covered under SCWCSU IM&T SLA and would usually be up and running again within 48 hours with files backed up every night. The CCG has no local server storage.

Loss of power to Amersham Hospital or The Gateway or difficulty in access would mean:

- Staff who work from laptops may have residual battery power for a short time;
- Staff with virtual private network (VPN) on their laptops would be able to access their drives and folders provided internet access is available and could email documents to those that don't have VPN;
- If access to Amersham Hospital or The Gateway is limited for an extended time, it is possible to set up VPN remotely via SCWCSU.

8.4 Reduced Staff Levels

If staff levels were reduced below 75% the directorate business continuity lead would redeploy staff to support critical functions. If staffing levels reduced to below 30% further reorganisation of directorate staff and discussions with other directorates would be undertaken to ensure adequate support for CCG critical activities.

9 Extraordinary Events

9.1 Fuel Shortage

The Governance team and business continuity leads hold information on which staff rely on personal cars to reach either site. 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 are able to access their work emails from home via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi if they have a home personal computer with internet access. Staff members with access (via VPN) to files stored on the network will email work files to staff members with no access to the network.

If there is a need for staff to work for prolonged periods of time at home then it is

possible for SCWCSU to set up VPN remotely. This would be coordinated by the directorate business continuity leads.

9.2 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.

9.3 Industrial Action

In the event of industrial action where staff levels are affected, the Director on Call together with the directorate business continuity leads will reprioritise the critical activities and these functions will be the focus of the workforce.

9.4 Pandemic Flu

In the event of pandemic flu where staff levels are affected, the Director on Call together with the directorate business continuity leads 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.

10 Recovery

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 / ICT 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

10.1 Standing Down

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

10.2 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 plans and provide any further training required.

Section Two: Directorate Specific Plans

11.1 Medicines Management

Updated: August 2019
Next Update: August 2020

Critical Activities

Activity	Person(s) Responsible
Telephone, internet and email systems in order to continue prescribing function	Associate Director Medicines Management and Long Term Conditions as member of Formulary Management Group (FMG) and other relevant committees

No other databases or systems used by the function are deemed business critical.

- EPRR Lead

EPRR	Andrea Hollister, Medicines Optimsation Lead

Critical Outsourced Activities
None; though a number of medicines management related functions/tasks are commissioned by NHS England and other organisations on our behalf which the function has access to. In addition, loss of access to these systems may at any time affect the wider health and social system, but not the CCG in isolation.

Accommodation and Relocation
The core team members for relocation in this Directorate are:

- After default to other office, most could work from home or work from other NHS sites. The nearest person in the team who can walk checks office security.

Working off site
Most staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
Most staff members are able to work remotely via Virtual Private Network (VPN)
NHS mail is also available on any PC/laptop via internet browser
www.nhs.net

Fuel Shortage
All members of staff are able to get to work via public transport, bicycle or on foot. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or “Head of” and therefore also “Director on Call”, will ensure that telephone

cascade arrangements are in place to maintain communication (Associate Director Medicines Management and Long Term Conditions).

11.2 Finance

Updated: September 2019
Next Update: September 2020

Critical Activities

Activity	Person(s) Responsible
Payment of staff / invoices	Deputy Chief Finance Officers

Critical Outsourced Activities
The payment of staff and suppliers and performance reporting is outsourced to Central and West CSU. Their business continuity plans have been shared and reviewed by the CCGs.

Accommodation and Relocation
All members of the Directorate are able to work off site.

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
4 staff members are able to work remotely via Virtual Private Network (VPN)
NHS mail is also available on any PC/laptop via internet browser www.nhs.net

Fuel Shortage
3 members of staff are able to get to work via public transport, bicycle or on foot. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or “Head of” and therefore also “Director on Call”, will ensure that telephone cascade arrangements are in place.

11.3 Corporate Team (incorporating Chief Officer, Deputy Chief Officer, Planned Care, Commissioning and Delivery and integrated joint commissioning).

Updated: September 2019
Next Update: September 2020

Critical Activities

Activity	**Person(s) Responsible**
Leadership	Chief Officer, Deputy Chief Officer (mainly)
Commissioning oversight and approval of adhoc clinical commissioning and individual funding requests (including CHC)	Deputy Chief Officer
System Resilience	Director of Governance (Oxfordshire CCG) through interim directorate structure effective as of 19/07/19
Director On Call rota; team effort enacts the process to switch the mobile phone used for Director on Call to and is diarised accordingly. Phone remains in Amersham Hospital office permanently on charge.	??
Staff management	Director of Commissioning and Delivery

- EPRR Lead

EPRR	Director of Governance (Oxfordshire CCG) (as also named Accountable Emergency Officer)

Critical Outsourced Activities

Corporate:
The following services are outsourced to South, Central and West CSU: Human Resources, Freedom of Information, Contract Management, Business Intelligence, IM&T

The following services are outsourced to Buckinghamshire County Council: Communications

The following services are outsourced to TMI Systems: Verto (PMO software)

Landline telephones are outsourced to Mitel, mobile telephones to Vodafone. Their business continuity plans have been shared and reviewed by us.

Commissioning:
The following organisations are critical for the provision of healthcare to Buckinghamshire residents:

1. Buckinghamshire Healthcare NHS Trust
2. Oxford Health Foundation Trust
3. South Central Ambulance Foundation Trust
4. Buckinghamshire County Council
5. NHS England South (South Central)
6. Hertfordshire Partnership NHS Foundation Trust
7. SCWCSU
8. EMIS
9. System One TPP
10. System C and the Graphnet care alliance

Providers 7-10 are relevant from perspective of providing infrastructure for primary care IT systems, GPIT, shared records, care flow, secure messaging and alerting, and population health analytical capability.

All NHS providers are required to meet the Emergency Preparedness, Resilience and Response Assurance Framework core standards. Business Continuity plans will be requested and assessed periodically. These core standards are not applicable to other third parties who are responsible for their own arrangements. The following services are also outsourced to SCWCSU CSU:

- Business Intelligence (for performance reporting purposes)
- Contract Management
- Payroll

The following services are outsourced to Oxford Health NHS Foundation Trust:

- Continuing Healthcare – Decision Support Tool assessments Frimley (aka Wexham Park) (Buckinghamshire Healthcare NHS Trust run in-house)

The following services are outsourced to Oxford Health NHS Foundation Trust

- Approval of Request funding for Out of County Repatriations

The following services are outsourced to Buckinghamshire County Council:

- Approval of Request funding for Acquired Brain Injury and other non-commissioned activity (virtual panel process; staff can utilise county council accommodation)
- Approval of funding for mental health S117, delegated only to threshold of £1500 per week, above that escalated to CCG for funding decision.
- Integrated Commissioning Executive Team Joint Management Group arrangements for S75 funding.
- Continuing Healthcare – placement and contract management, individual patient agreements (with delegated financial authority up to £2k per week, above that threshold escalated to CCG for funding decision)

Accommodation and Relocation
The core team members for relocation in this Directorate are:

Corporate:

- Chief Officer
- Deputy Chief Officer

- Office Manager

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
Seven staff members are able to work remotely via Virtual Private Network (VPN)
NHS mail is also available on any PC/laptop via internet browser
www.nhs.net

Fuel Shortage
All members of staff are able to get to work via public transport, bicycle or on foot. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or "Head of" and therefore also "Director on Call", will ensure that telephone cascade arrangements are in place.

11.4 Quality

Updated: September 2019
Next Update: September 2019

Critical Activities

Activity	**Person(s) Responsible**
Participation as necessary at Safeguarding Adults Board/Safeguarding Children Board	Associate Director of Nursing and Quality Safeguarding Lead – Children Safeguarding Lead – Adult
Child Death Overview and Scrutiny	Associate Director of Nursing and Quality Safeguarding Lead – Children
SI management including provider panels	Associate Director of Nursing and Quality Head of Quality Quality & Patient Safety Manager x 2

Critical Outsourced Activities
Deprivation Of Liberties (assessments) – Buckinghamshire County Council
Complaints – SCWCSU

Accommodation and Relocation
All team members can work from home.

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-

na/auth/url_8/welcome.cgi
8 staff members are able to work remotely via Virtual Private Network (VPN)
NHS mail is also available on any PC/laptop via internet browser
www.nhs.net

Fuel Shortage
2 members of staff are able to get to work via public transport, bicycle or on foot. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will struggle to undertake critical activities independent of access to networked computers. No activity is sufficiently critical to need a separate contingency, were this to happen whilst waiting for access to be restored in the event of loss.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or "Head of" and therefore also "Director on Call", will ensure that telephone cascade arrangements are in place.

11.5 Primary Care

Updated: September 2019
Next Update: September 2020

Critical Activities

Activity	Person(s) Responsible
The continuation of primary care medical services	Associate Director of Primary Care

Critical Outsourced Activities
GP payments are outsourced to NHS England (Capita)
GPIT is outsourced to SCWCSU
Patient Record Management and support functions in relation to primary medical care is outsourced by NHS England to Primary Care Support England (PCSE)

Accommodation and Relocation
The core team members for relocation in this Directorate are:

- All could work from home

All members of the directorate are able to work off site

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
All staff members are able to work remotely via Virtual Private Network (VPN)
NHS mail is also available on any PC/laptop via internet browser
www.nhs.net

Fuel Shortage
In the event of a fuel shortage all staff members could work from home via VPN. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or "Head of" and therefore also "Director on Call", will ensure that telephone cascade arrangements are in place.

11.7 Urgent Care

Updated: August 2019
Next Update: September 2020

Critical Activities

Activity	Person(s) Responsible
Winter Resilience 1. Winter weekly situation reports to NHS England 2. Winter monitoring (via Buckinghamshire Healthcare NHS Trust daily reporting system and weekly look forward meetings with system partners)	Head of Urgent Care System Resilience Manager/Urgent Care Team
System Resilience 1. Daily system calls and situation reports to NHSE and system partners 2. Review of medically fit for discharge lists (daily) 3. Review of all patients at Buckinghamshire Healthcare Trust across all wards daily to identify next steps in patient's journey 4. Review of patients with a long length of stay weekly 5. Senior review of all patients at Buchinghamshire Healthcare Trust via Multi Agency Discharge Events (MADE) once a month	Head of Urgent Care System Resilience Manager/Urgent Care Team

Critical Outsourced Activities
Urgent Care Data Dashboard/warehousing outsourced to Buckinghamshire

Healthcare NHS Trust
Medically fit for discharge process outsourced to Buckinghamshire Healthcare NHS Trust

Accommodation and Relocation
The core team members for relocation in this Directorate are:

- None all could work from home

All members of the directorate are able to work off site

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
Four staff members are able to work remotely via Virtual Private Network (VPN).
UC team all have mobile phones so can be contacted directed – especially in times of escalation
NHS mail is also available on any PC/laptop via internet browser
www.nhs.net

Fuel Shortage
Four members of staff are able to get to work via public transport, bicycle or on foot. They can also work remotely either in own home or via some other NHS facilities.

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or "Head of" and therefore also "Director on Call", will ensure that telephone cascade arrangements are in place.

11.8 Long Term Conditions, ill-health, prevention and self-supported care

Updated: September 2018
Next Update: September 2019

Critical Activities

Activity	Person(s) Responsible
None	

Critical Outsourced Activities
None

Accommodation and Relocation
The core team members for relocation in this Directorate are:

- None all could work from home

All members of the directorate are able to work off site

Working off site
All staff have access to emails remotely via https://ras.cscsu.nhs.uk/dana-na/auth/url_8/welcome.cgi
Four staff members are able to work remotely via Virtual Private Network (VPN).
UC team all have mobile phones so can be contacted directed – especially in times of escalation
NHS mail is also available on any PC/laptop via internet browser www.nhs.net

Fuel Shortage
1 can get to Aylesbury by Train
2 can get to Amersham: 1 x Foot & 1 x Bus

Technology Failure – Access to Network
The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information
The Business Continuity Lead for the Directorate, who will also be the most senior Director or “Head of” and therefore also “Director on Call”, will ensure that telephone cascade arrangements are in place.