

**This document is uncontrolled once printed.**  
**Please check on the CCG's Intranet site for the most up to date version**

# **BUSINESS CONTINUITY MANAGEMENT PLAN**

## DOCUMENT CONTROL

<b>Type of Document</b>	Policy
<b>Document Title</b>	Business Continuity Management Plan
<b>Description:</b>	This Business Continuity Management Plan supports the EPRR Policy and is required to provide the Governing Body with reasonable assurance that the CCG is meeting its obligations with regards to business continuity.
<b>Location:</b>	S:/Lambeth Share/Lam/CCG/Governance and Development/Governance/Policy/
<b>Published version no.</b>	2.1
<b>Publication date</b>	December 2014
<b>Review date</b>	December 2015
<b>Author name, job title and contact details</b>	Marion Shipman Assistant Director Governance and Quality <a href="mailto:Marion.shipman@nhs.net">Marion.shipman@nhs.net</a> 020 3049 4467
<b>Consultation Body / Persons</b>	Executive Directors Lambeth CCG
<b>Consultation date</b>	November 2014
<b>Approval and Ratification Body</b>	Integrated Governance Committee
<b>Approval and Ratification Date(s)</b>	17 December 2014
<b>Readership / Audience:</b>	All staff working for, and on behalf of the CCG
<b>Information Governance Class (Restricted or unrestricted)</b>	Unrestricted

## Version / Change History

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Approving Committee / Group</i>	<i>Reason</i>
0.1	29/4/2014	Marion Shipman		Initial draft version for consultation
2.0	28/11/14	Josh Tarling (SECSU)		Updated against EPRR Core standards and revised BIA documents
2.1	14/1/14	Marion Shipman		Updating grammar and names of individuals. Loggist details now kept within the incident room cupboard along with CCG Team BCPs

## Consultation History

<i>Consultation Body / Persons</i>	<i>Area of expertise</i>	<i>Date sent</i>	<i>Date returned</i>	<i>Comments / Changes made</i>
Andrew Parker, Director of Governance and Development	EPRR lead for LCCG	3/12/13	6/12/2013	Minor amendments – policy is in line with NHSE requirements and similar CCG Business Continuity Management policies.
Una Dalton, Director of Governance and Development  Executive Directors Lambeth CCG	Accountable Emergency Officer  Directors	5/12/2014	15/12/2014	Discussed at Management Team 15/12/2014. This is a new document developed to provide the Governing Body with reasonable assurance that the CCG is meeting its obligations with regard to business continuity.

## CONTENTS

LAMBETH CCG BUSINESS CONTINUITY INCIDENT MANAGER ACTION CARD.....	6
Actions to be carried out following declaration .....	7
1 Introduction.....	19
1.0 Organisational Context .....	19
1.2 Aim.....	19
1.3 Objectives .....	19
2 Scope of Document.....	19
4 Key Functions and Resource Requirements .....	20
4.1 The following key functions or roles of the CCG would need to continue in case of a business continuity incident .....	20
4.2 The most critical functions in the case of a business continuity incident .....	21
4.3 Potential resource requirements .....	21
5 Roles and Responsibilities .....	21
6 Governance Arrangements .....	22
6.1 5.1 Business continuity management .....	22
6.2 5.2 Governance plan updating.....	22
7 Incident Response .....	22
7.1 Incident Identification.....	22
7.2 Triggers and Incident Declaration .....	23
7.3 Plan Invocation: In Hours.....	23
7.4 Plan Invocation: Out of Hours.....	24
7.5 NHS England (London Regional Team).....	25
7.6 Incident Roles and Responsibilities .....	25
7.7 Department Recovery Plans.....	26
7.8 Incident Control Rooms .....	26
7.9 Recording actions.....	26
8 Communications .....	26
8.1 Communications plan .....	27
8.2 Incident communications roles and responsibilities.....	27
8.3 Communication objectives.....	27
8.4 Communications during an incident .....	28
8.5 Situation Reporting.....	29
9 Recovery and Debrief.....	29
9.1 Recovery Planning .....	29
9.2 Standing Down the Incident.....	29
9.3 Debrief Process.....	30
9.4 Post Incident Business Continuity Plan Review .....	31
10 Training, Exercising and Testing .....	31
11 Audit and Monitoring Compliance.....	31
11.1 Business Continuity plan review .....	31
12 Statement of Evidence / References .....	31
13 Implementation and Dissemination of Document .....	32
14 Associated Documents .....	32
15 Appendices .....	32
Appendix 1: Risk Assessments.....	34

15.1 National, London and South East London risks .....	34
APPENDIX 2: generic response plans.....	37
plan 1 total or partial loss of building / denial of access.....	37
plan 2 staffing crisis .....	38
plan 3 loss of telecommunications and IT Services.....	39
plan 4 loss of electricity.....	40
plan 5 loss of mains water .....	41
plan 6 loss or failure of supplier of business critical goods or services.....	42
plan 7 Infectious disease outbreak.....	43
APPENDIX 3 suppliers of business critical systems .....	44
APPENDIX 4 CONTACT LIST .....	45
APPENDIX 5 list of staff with remote access for home working .....	45
Appendix 6: Debrief Form.....	46
APPENDIX 7 Equality & Equity Impact Assessment Checklist.....	48
APPENDIX 8– Incident Log Template .....	49
Appendix 9 BC Incident SitRep.....	50

## LAMBETH CCG BUSINESS CONTINUITY INCIDENT MANAGER ACTION CARD

### **STOP!**

**Are all employees safe from immediate danger?  
Have you called the emergency services? [if reqd]**

(Do not assume that someone else has)

### **THINK!**

(When it is safe to do so)

**Are you faced with an emergency situation that should be managed by the  
Emergency Planning and Response Resilience Team at NHS England?**

(If yes call NHS 01 and inform them. Follow NHS 01 instructions. If in doubt call NHS 01.)

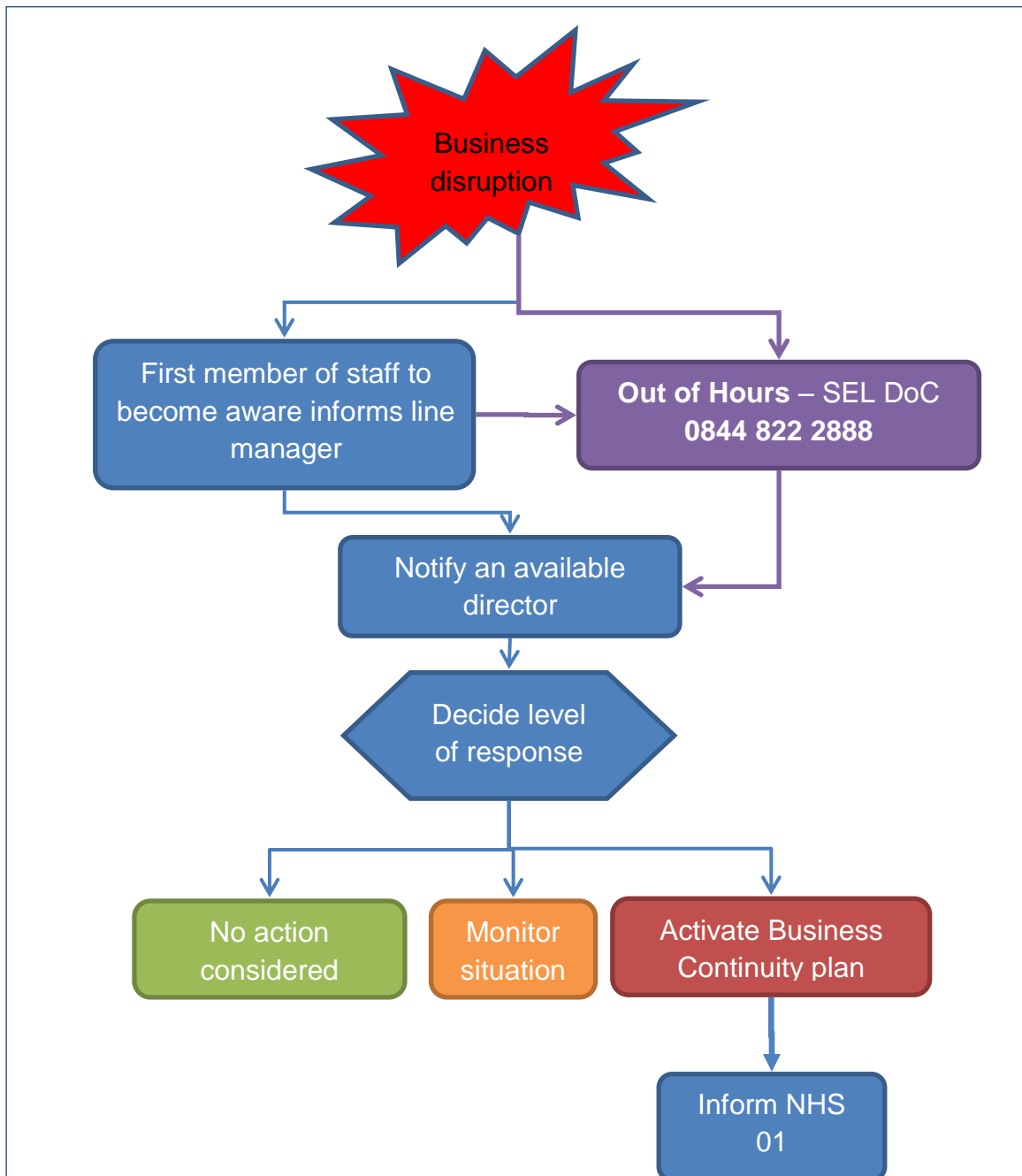
### **ACT!**

**The NHS Lambeth CCG Business Continuity Plan(s) should be followed when an  
incident has or is likely to prevent the CCG carrying out its normal business  
beyond the maximum tolerable downtime described in appendix 1 of the  
Business Continuity Plan.**

## ACTIONS TO BE CARRIED OUT FOLLOWING BUSINESS DISRUPTION

For 'Incidents' use the Director on Call pack

Activation flow diagram



## 1. Start the incident log

2. Convene a Business Continuity Team; membership will depend on the nature of the incident but must include a CCG Director and a Loggist. A list of CCG trained is held within the Lambeth CCG Incident Room cupboard and with the Lambeth CCG Administration Team.
3. Establish what the nature of the incident is and assess the impact on service functions

A	Activities which must be continued
B	Activities which could be scaled down if necessary
C	Activities which could be suspended if necessary

4. Inform all relevant staff of the incident and what needs to be done immediately.
5. Relocate to the Incident Control room (Lambeth CCG meeting room 210)
6. Inform all staff on how to contact the team or how messages will be broadcast.
7. Notify the Chief Officer if necessary.
8. Address immediate staff concerns.
9. Ensure that department Directors or deputies have activated their teams recovery plans.
10. Ensure that staff are briefed about the incident and given clear instructions on whether they should relocate or go home, and when they are expected to return.
11. Inform neighbouring NHS organisations / local authority/ social services if necessary
12. Prioritise existing work using the team recovery plans
13. Establish your recovery strategies
14. Hold regular meetings with the Business Continuity Team (frequency depends on nature & severity of the situation) & ensure that staff are briefed on recovery plans & estimated recovery time
15. Update NHSE London Regional Team as required
16. Ensure that the health and safety of staff is prioritised
17. Assess and monitor responses
18. Ensure that you have a good overview of the tasks being carried out by Business Continuity Team members, leads and their staff
19. Authorise the stand down
20. Ensure debrief meetings are arranged
21. Write up the log notes and final report ensuring that lessons learned are captured
22. Review use of emergency procedures, business continuity plans and update where necessary

**Once the main priorities have been dealt with, you might consider scaling down the Business Continuity Team, or hand over to another member of staff to deal with the medium and long term issues, or the day-to-day recovery of the incident.**

**If an incident is going to go on for more than 4 – 8 hours, establish a rota for staff within the team and regular hand over for the incident Manager role**



Directorate functions have been categorised according to the following definitions with each function being assigned a maximum tolerable downtime and Recovery Time Objective in line with the Business Impact Analysis. See below.

<b>A</b>	Activities which must be continued
<b>B</b>	Activities which could be scaled down if necessary
<b>C</b>	Activities which could be suspended if necessary

**Business impact analysis and maximum period of tolerable disruption (MPTD)**

	Team	Critical Activity	Recovery Time Objective	Maximum Period of Tolerable Disruption
	Governance and OD Teams	Liaise with the SE CSU IT team to ensure critical functions for Lambeth CCG are maintained where there is a loss or denial of access to the CCG	4 hours	Same day of incident
	Governance and OD Teams	Provide material staff support during incidents	4 hours	Same day of incident
	Governance and OD Teams	Provide incident information/updates to communications and primary care development	4 hours	1 week
	LBSAT	Emergency operation room support	4 hours	Same day of incident
	Service Redesign	Provide surge management guidance across Southwark and Lambeth	4 hours	Same day of incident
	Children and Maternity Commissioning	Offering safeguarding advice and guidance and carrying out Serious Case Reviews	4 hours	Same day of incident
	Older People and client groups commissioning	Safeguarding	4 hours	Same day of incident
	Older People and client groups commissioning	To approve, broker and review continuing care packages for OP PD and LD clients	4 hours	Next working day

Older People and client groups commissioning	To approve, broker and review fast track continuing care packages for people with EOLC needs	4 hours	Next working day
Children and Maternity Commissioning	writing reports	Same day of incident	Next working day
Children and Maternity Commissioning	Answering queries around CYPS and Maternity	Same day of incident	Same day of incident
Children and Maternity Commissioning	Liaising with and providing support and guidance to providers and partner organisations	Same day of incident	Same day of incident
Children and Maternity Commissioning	Co-ordinating and Chairing Children's Continuing Care Panels	Same day of incident	Same day of incident
Children and Maternity Commissioning	Co-ordinating and Chairing tri-partite funding panel	Same day of incident	Same day of incident
Medicines Optimisation	Medication incident reporting	Same day of incident	Next working day
Medicines Optimisation	Provider/patient communication	Same day of incident	Same day of incident
Medicines Optimisation	Prescribing Guidance	Same day of incident	1 week
LBSAT	Facilitation of meetings	3 days	1 week
LBSAT	Open and distribute post for Lambeth staff	3 days	3 days
LBSAT	Invoice approval or queries	3 days	1 week

LBSAT	Diary for Directors	3 days	1 week
LBSAT	Admin support to NHS Lambeth	3 days	1 week
LBSAT	Manage two generic email accounts: NHS Lambeth CCG (public) and LBSAT account	3 days	1 week
LBSAT	Events Planning	3 days	1 week
LBSAT	Project Management	3 days	1 week
Mental Health	Management of NHS, third sector provider contracts	3 days	1 month
Mental Health	Support clinical commissioners to lead service commissioning activity	3 days	1 week
Mental Health	Development of market management strategies	3 days	1 month
Mental Health	Invoice approval or queries	3 days	2 weeks
Children and Maternity Commissioning	Jointly Commissioning Children and Maternity Services (including procurement & contracting)	3 days	1 week
Children and Maternity Commissioning	Attending internal NHSL and CYPS meetings as well as meetings with Providers and other stakeholders	3 days	1 week
Medicines Optimisation	Invoice approval or queries	3 days	2 weeks
Older People and client groups commissioning	To commission services for older people, people with physical, sensory and learning disabilities	3 days	1 month
Older People and client groups	To commission service people with EOLC needs	3 days	1 month

	commissioning			
	Older People and client groups commissioning	To commission community health services	3 days	1 month
	Older People and client groups commissioning	To commission stroke services	3 days	1 month
	Older People and client groups commissioning	To attend meetings	3 days	1 week
	Finance	Management of Cash Flow	3 days	3 days
	Finance	Payment of Suppliers including other NHS bodies	3 days	3 days
	Finance	Payment of Staff	3 days	3 days
	Engagement	Manage relationships with key stakeholders - HealthWatch, HWBB, Scrutiny	1 week	1 month
	Engagement	Coordinate CCG reports and responses to key stakeholders as above	1 week	1 month
	Governance and OD Teams	(CBM) Support GB meetings – Public meeting / Seminar / Teleconference	1 week	1 month
	Governance and OD Teams	(CBM) Support management team weekly meetings	1 week	1 month
	Governance and OD Teams	(CBM) Governing Body ad hoc queries and support	1 week	1 month
	Governance and OD Teams	Co-ordinate NHS Lambeth CCG Business Continuity Planning	1 week	1 month

Governance and OD Teams	Monitor NHS Lambeth CCG primary care Quality Alerts ensuring that appropriate actions to address patient safety issues have been taken.	1 week	1 month
LBSAT	Posting information onto the intranet/internet	1 week	Over 1 month
LBSAT	Ordering for organisation for example stationery via SBS software system	1 week	1 week
LBSAT	Photocopying of meeting papers	1 week	1 month
LBSAT	Posting information onto the intranet/internet	1 week	Over 1 month
Mental Health	Development and implementation of commissioning strategies/QIPP action plans	1 week	1 month
Mental Health	Management of procurement (including tender) processes	1 week	1 month
Mental Health	Develop business cases and funding applications directly or support other organisations in doing so.	1 week	1 month
Mental Health	Management and development of provider and other partner / stakeholder relationships	1 week	1 month
Mental Health	Completion of performance returns	1 week	1 month
Mental Health	Budgetary management	1 week	1 month
Mental Health	To review and approve tertiary service funding applications	1 week	2 weeks
Children and Maternity Commissioning	Monitoring Performance	1 week	1 week

Children and Maternity Commissioning	Completing performance returns and reports	1 week	1 week
Medicines Optimisation	Primary care providers - medicines delivery support	1 week	1 week
Medicines Optimisation	Budget management	1 week	1 month
Medicines Optimisation	Data analysis	1 week	1 month
Medicines Optimisation	Patient Group Directions	1 week	1 month
Medicines Optimisation	Individual Funding Requests	1 week	1 month
Medicines Optimisation	Drug Funding/commissioning	1 week	Over 1 month
Older People and client groups commissioning	To monitor contracts for the named client groups	1 week	1 month
Older People and client groups commissioning	To provide performance reports	1 week	1 month
Older People and client groups commissioning	To review and update services specifications	1 week	1 month
Finance	In year financial management and delivery of statutory financial targets	1 week	1 week
Finance	Ensure financial governance and strong systems of internal controls including Counter Fraud	1 week	1 week

		arrangements		
	Medicines Optimisation	Management of CVD/Respiratory / Diabetes Service	2 weeks	Over 1 month
	Engagement	Support commissioners to draft and implement engagement plans	1 month	Over 1 month
	Engagement	Draft annual CCG statutory report on consultation	1 month	Over 1 month
	Engagement	Building engagement skills and capacity of CCG staff, governing body and membership	1 month	Over 1 month
	Engagement	Develop and co-ordinate delivery of engagement and communications strategy	1 month	Over 1 month
	Governance and OD Teams	Participate in emergency planning exercises	1 month	Over 1 month
	Governance and OD Teams	Sign off serious incidents via agreed monitoring process updating NHSE (London)	1 month	Over 1 month
	Governance and OD Teams	(CBM) Business programme updates	1 month	Over 1 month
	Governance and OD Teams	Risk Management: Liaise with external auditors	1 month	Over 1 month
	Governance and OD Teams	Risk Management: maintain CCG risk registers and write reports	1 month	Over 1 month
	Primary and Community Care Commissioning	Line management	1 month	1 month
	Primary and Community Care Commissioning	Budgetary management including processing of invoices	1 month	1 month

Primary and Community Care Commissioning	Completion of performance returns	1 month	1 month
Primary and Community Care Commissioning	Management of GP Delivery Framework	1 month	1 month
Primary and Community Care Commissioning	Oversee implementation of 111 programme	1 Month	1 Month
Primary and Community Care Commissioning	Oversee Out of Hours provision	1 month	1 month
Medicines Optimisation	Pathway Redesign/commissioning	1 month	Over 1 month
Medicines Optimisation	Policy development	1 month	Over 1 month
Medicines Optimisation	Acute providers performance management	1 month	Over 1 month
Medicines Optimisation	APC hosting / running	1 month	Over 1 month
Finance	Production of financial statements and reports (internal, external and statutory)	1 month	1 month
Finance	Support the delivery of QIPP programmes and support to the costings of new models of care	1 month	1 month
Governance and OD Teams	Risk Management – Complaints reporting to IGC	Over 1 month	Over 1 month
Governance and OD Teams	Risk Management	Over 1 month	Over 1 month



Governance and OD Teams	PALs reporting to IGC	Over 1 month	Over 1 month
Governance and OD Teams	(CBM) Governing Body meetings and papers – updating CCG website	Over 1 month	Over 1 month
Governance and OD Teams	Support clinical commissioners to understand quality issues for commissioned services	Over 1 month	Over 1 month
Governance and OD Teams	Ensure appropriate actions to address patient safety issues have been taken	Over 1 month	Over 1 month
LBSAT	Archiving/request archived files	Over 1 month	Over 1 month
LBSAT	Archiving/request archived files	Over 1 month	Over 1 month
Service Redesign	Enable clinical commissioners to lead service transformation work	Over 1 month	Over 1 month
Service Redesign	Develop strategic intentions, including QIPP based on robust information	Over 1 month	Over 1 month
Service Redesign	Lead process of whole system engagement in transformation work	Over 1 month	Over 1 month
Service Redesign	Develop transformation business cases and ensure governance	Over 1 month	Over 1 month
Service Redesign	Build commissioning relationships with providers	Over 1 month	Over 1 month
Service Redesign	Recommend market management strategies	Over 1 month	Over 1 month
Service Redesign	Line management	Over 1 month	Over 1 month
Service Redesign	Budget management	Over 1 month	Over 1 month

Primary and Community Care Commissioning	Develop Strategic Intentions, including QIPP based on robust information	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Develop Market Management strategies	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Develop business cases for re-provision and ensure robust governance	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Build commissioning relationships with providers and key stakeholders	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Recommend Contract and Performance strategies	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Develop comprehensive interface with NHS England	Over 1 month	Over 1 month
Primary and Community Care Commissioning	Management of procurement (including tender) processes	Over 1 month	Over 1 month
Finance	Financial Planning - development of strategic and integrated plan and agreement of budgets	Over 1 month	Over 1 month
Finance	Provide financial support to the negotiation of non acute contracts	Over 1 month	Over 1 month
Finance	Training and support to clinical commissioners and budget managers	Over 1 month	Over 1 month

## 1 INTRODUCTION

### 1.1 ORGANISATIONAL CONTEXT

As Category 2 responders under the Civil Contingencies Act 2004, Clinical Commissioning Groups (CCGs) are required to have a business continuity plan in place to manage the effect of any incident that might disrupt its normal business. NHS Lambeth Clinical Commissioning Group (CCG) is the lead commissioner for acute and community healthcare in the Borough of Lambeth, and associate commissioner for mental health services. As such it needs to ensure that its critical activities are identified, protected so far as is reasonably practicable, and can recover in a planned way.

The CCG Business Continuity Plan should be followed when an incident, major or minor, has or is expected to prevent the CCG from continuing its business as usual.

### 1.2 AIM

The aim of this plan is to ensure that the CCG has a robust Business Continuity Management Plan (BCMP) in place across the organisation to meet its statutory obligations and support its vision, values and strategic objectives. A sound Business Continuity Plan (or set of plans) provides reasonable assurance to the Governing Body and evidence for internal and external auditors and inspecting / reviewing bodies.

### 1.3 OBJECTIVES

The objectives of this plan are:

- To ensure that the CCG is compliant with its legal and regulatory obligations
- To ensure that key products and services are identified and protected, ensuring their continued availability
- To ensure that there is an effective incident management capability
- To ensure that staff are trained to respond effectively to an incident or disruption through appropriate exercising
- To ensure that interested party requirements are understood and can be delivered
- To ensure that staff and interested parties are properly communicated with and receive adequate support in the event of a disruption

## 2 SCOPE OF DOCUMENT

This plan is applicable without exception to all staff whether directly or indirectly employed working within the CCG at the premises at 1 Lower Marsh, Lambeth, London SE1 7NT and covers the activities and functions carried out by the CCG. It is related to ensuring the ongoing delivery of CCG business in the event of an incident.

This plan does not include the services commissioned or contracted by the CCG including but not limited to those summarised below. However, the CCG BCMP should be read in conjunction with the CCG Business Continuity Management Policy and South East Commissioning Support Unit (South East CSU) and NHS Property Services Business Continuity plans.

- **South East CSU:** HR functions; Information and Communications Technology; information governance; PALS and complaints; acute and community contract monitoring; communications function.
- **NHS Property Services:** buildings management
- **Provider services:** Contracted and commissioned services which provide services to NHS patients on behalf of the LCCG must have their own business continuity arrangements, which will be set out in contracts

If the CCG Business Continuity Plan (BCP) is activated as part of a declared major incident NHS England London regional team will be strategically and tactically responsible for the management of the incident and the Lambeth BCP will be activated (as necessary) as part of the recovery process.

### 3 KEY FUNCTIONS AND RESOURCE REQUIREMENTS

#### 3.1 THE FOLLOWING KEY FUNCTIONS OR ROLES OF THE CCG WOULD NEED TO CONTINUE IN CASE OF A BUSINESS CONTINUITY INCIDENT.

1. Strategic finance
2. Corporate functions (including EPRR)
3. Provider quality monitoring (including serious incident management functions)
4. Safeguarding children and adults
5. Medicines management
6. Membership services
7. Engagement functions
8. Strategic commissioning, service redesign work and procurement (joint commissioning)
9. Acute, Community and Mental Health Commissioning and contract monitoring
10. Primary Care Commissioning and contract monitoring

### 3.2 THE MOST CRITICAL FUNCTIONS IN THE CASE OF A BUSINESS CONTINUITY INCIDENT

1. Corporate function – EPRR
2. Safeguarding children and adults
3. Provider quality monitoring (including serious incident management functions)
4. Medicines management
5. Acute, Community and Mental Health Commissioning and contract monitoring
6. Information and communications technology (SLCSU)
7. Communications functions (SLCSU)

### 3.3 POTENTIAL RESOURCE REQUIREMENTS

Responding to, and recovering from, a significant disruption will have associated costs e.g. increasing staffing hours. Directors have delegated authority from the Accountable Officer to meet reasonable costs in emergency situations.

## 4 ROLES AND RESPONSIBILITIES

- The authority and responsibility for the establishment, maintenance, support and evaluation of the BCMP is vested in the NHS Lambeth CCG **Governing Body**.
- The **Accountable Officer** is responsible under the Civil Contingencies Act 2004<sup>1</sup> for ensuring that a BCM system is in place and working satisfactorily.
- The CCG Governing Body delegates the responsibility for the overall implementation to the **Director of Governance and Development**.
- The **Governance Team** is responsible to the Director of Governance and Development for developing the LCCG BCM programme including ensuring that Directorate Business Continuity Plans are kept centrally on the shared drive with copies held within the Incident Room cupboard.
- **Directors** of operational directorates are responsible for ensuring that the BCM programme is fully implemented within their areas of responsibility. Where an incident has been declared every director should cascade information to all their direct reports who in turn will cascade information. See communication plan at section 7.
- When an incident is declared **Directors** are also responsible for activating their team Recovery Plan to maintain critical services.
- See section 6.6 and 6.7 for roles and responsibilities during an incident.

<sup>1</sup> <http://www.opsi.gov.uk/acts/acts2004/20040036.htm#aofs> s2.1

## 5 GOVERNANCE ARRANGEMENTS

### 5.1 BUSINESS CONTINUITY MANAGEMENT

BCM arrangements will be monitored through the Lambeth Integrated Governance Committee. Reports on BCM will be submitted to the Governing Body at least annually.

### 5.2 GOVERNANCE PLAN UPDATING

This plan will be deemed to have expired 3 years from its approval date, and will be subject to regular review and updating to reflect legislative, organisational or other significant change

## 6 INCIDENT RESPONSE

### 6.1 INCIDENT IDENTIFICATION

An incident or set of circumstances which might present a risk to the continuity of a service might be identified by any member of staff. In the initial stages it is important that the right people have been informed. In the first instance all CCG staff should contact their director (director on-call for out of hours) and report the incident.

#### Incident levels:

Incident Severity	Action
Level 1: Limited local impact (activities which could be suspended if necessary)	Take any remedial action it is safe to take Report to line manager Consider invoking the Business Continuity Plan in part or full, logging reasoning.
Level 2: Disruption to a Category C Services (as for Level 1 – activities which could be suspended if necessary)	Notify relevant Assistant Director Consider invoking the Business Continuity Plan in part or full, logging reasoning.
Level 3 Disruption to a Category B Services (activities which could be scaled down if necessary)	Notify responsible Director and Director of Governance and Development Notify relevant Assistant Director Invoke the Business Continuity Plan
Level 4 Disruption to a Category A Services (activities which must be continued)	Notify on-call Director or NHS 01 Notify responsible Director and Director of Governance and Development Notify relevant Assistant Director Invoke the Business Continuity Plan and if necessary the Director on Call

## 6.2 TRIGGERS AND INCIDENT DECLARATION

The declaration of a business continuity incident will be made by the director notified (or Director on Call out of hours). This is the same process for the declaration and response to a major incident.

The declaration of a business continuity incident should be considered when there is an actual or potential disruption to the following:

- Access to premises
- Travel and transport
- Staffing levels
- Key ICT systems
- Telecommunications systems
- Key suppliers or partners where they may have an impact on the CCG.

It does not matter what the cause of the disruption is – whether it be severe weather, terrorist activity, industrial action, etc. It is the **impact** of any incident that must be considered.

The declaration of a business continuity incident should **always** be considered where there is an actual or potential disruption to a critical function or activity.

## 6.3 PLAN INVOCATION: IN HOURS

- A director notified of an incident will coordinate a response to the incident that is reported.
- In the event of a minor incident, or one that can be dealt with using normal services and resources, local managers and staff should manage such situations based upon their local business continuity plans and general management.
- In the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service (see below and Appendix 1 for detail), an incident can be declared and the plan invoked by the Director with responsibility for the service affected. Refer to the **Incident Manager Action Card at the front** of this plan.

A	Activities which must be continued
B	Activities which could be scaled down if necessary
C	Activities which could be suspended if necessary

- Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

The following officers of the CCG can declare an internal incident where business continuity is disrupted or at risk of disruption.

Name	Designation	Contact details in hours
Andrew Eyres	Chief Officer	<a href="mailto:Andrew.eyres@nhs.net">Andrew.eyres@nhs.net</a> / 020 3049 4076
Christine Caton	Chief Financial Officer	<a href="mailto:Christine.caton@nhs.net">Christine.caton@nhs.net</a> / 020 3049 4133
Ruth Wallis	Director of Public Health	<a href="mailto:Ruth.wallis@nhs.net">Ruth.wallis@nhs.net</a> / 020 7525 7490
Marie Millwood	Director of Integrated Commissioning	<a href="mailto:mmillwood@lambeth.go.uk">mmillwood@lambeth.go.uk</a> / 020 7926 2407 / 020 7926 4656
Moira McGrath	Director of Care Pathway Commissioning	<a href="mailto:Moira.mcgrath@nhs.net">Moira.mcgrath@nhs.net</a> / 020 3049 4481
Una Dalton	Director of Governance and Development	<a href="mailto:unadalt@nhs.net">unadalt@nhs.net</a> / 020 3049 4061
Andrew Parker	Director of Primary Care	<a href="mailto:Andrew.parker6@nhs.net">Andrew.parker6@nhs.net</a> / 020 3049 4153

## 6.4 PLAN INVOCATION: OUT OF HOURS

In the event of a catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A activity-, which occurs outside normal working hours, the SEL on-call Director can decide to declare a Business Continuity Incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required. Refer to the **Incident Manager Action Card** at the front of this plan.

<b>Telephone Page One</b>
<b>0844 822 2888</b>
<b>...and ask for the NHS South East London on-call Executive Director to be paged</b>
<b>SEL1</b>
<b>If there is no response after 15 minutes, repeat. If no response after a further 15 minutes, ring Page One and ask for:</b>
<b>SEL2</b>
<b>... provide a short message on request, which must include: a contact name and telephone number</b>
<b>Pass on as much information as you can when contacted by the On-Call Executive Director, including :</b>
<ul style="list-style-type: none"> <li>• Type of incident</li> <li>• The current and projected impact of the incident</li> <li>• Your ability to cope – any additional support or resources required</li> <li>• Which other agencies/partners are involved in the incident</li> <li>• Any other information that you think is relevant</li> </ul>



## 6.5 NHS ENGLAND (LONDON REGIONAL TEAM)

- NHS England (London) must be notified whenever this plan is invoked:

<b>Call 0844 822 2888</b>
<b>NHSØ1 (NHS England London Manager)</b>
<b>Pass on as much information as you can, including :</b>
<ul style="list-style-type: none"><li>• Type of incident</li><li>• The current and projected impact of the incident</li><li>• Your ability to cope – any additional support or resources required</li><li>• Which other agencies/partners are involved in the incident</li><li>• Any other information that you think is relevant</li></ul>

## 6.6 INCIDENT ROLES AND RESPONSIBILITIES

### Incident Manager

The most senior director on site will take responsibility of Incident Manager when an incident has been declared. Where no directors are available on site an assistant director will take responsibility and contact a director, in order of availability. In the rare event that directors are on leave a nominated assistant director will be given responsibility as 'Incident Manager'.

The CCG response must keep pace with the pace of the incident itself, in order to exert control. It might be necessary to convene a Business Continuity Team out of office hours and to operate it on a 24/7 basis. Up to date contact details will be maintained by the Business Support Administration Team and will be available to all CCG Directors within the Emergency Incident Room cupboard (Chief Officer's room).

If the Incident Control Room is required to be set up the Director on Call will be responsible for activating this and should follow information within the Director on Call handbook.

The Director on Call will liaise with appropriate SE London CCGs to ensure that they have activated Business Continuity Plans to manage their own resilience.

The Incident Manager is responsible for instigating and managing the Business Continuity Plan and will:

- Take decisions in accordance with the scheme of delegation
- Monitor and record decisions on the decisions log
- Proactively manage, record and monitor risks in accordance with the CCG Risk Management Strategy
- Ensure that departments have activated their individual recovery plans
- Gather information from departments using the SitRep template in Appendix 9
- Initiate payments as necessary in accordance with the scheme of delegation
- Ensure that staff are alerted as required. See communications plan section 7.

Where the Incident Manager role passes from one person to another a full briefing will be given

- The Incident Manager will attempt to inform the Chief Officer and Chair as soon as possible that this plan has been initiated
- The Incident Manager will decide to stand-down this plan and initiate a recovery plan or debrief as required.

## **6.7 DEPARTMENT RECOVERY PLANS**

Each directorate has a dedicated Recovery Plan (Business Continuity Plan) which details their critical functions, recovery resource needs and recovery locations.

It is the responsibility of the Incident Manager to liaise with directorate managers to ensure that these plans have been activated.

It is the responsibility of the directorate manager to activate the plan and maintain situational awareness of the impact of the disruption on their department. They must inform the Incident Manager of any disruption to critical activities and difficulty in maintaining minimum levels of service.

## **6.8 INCIDENT CONTROL ROOMS**

The primary incident control room for SEL is based at 1 Lower Marsh, Lambeth (NHS Lambeth CCG), in Andrew Eyres office. The secondary incident control room for SEL is based at Bexleyheath: Lamorbey Room, Ground Floor, 221 Erith Road, Bexleyheath, Kent DA7 6HZ.

Details for setting up both incident control rooms can be found in the On Call Directors Handbook.

The Key for the Incident Room cupboard in Lower Marsh is number 55 and held at the reception desk or via LBSAT.

NHS England (London) control rooms are located at Victoria and Ealing.

## **6.9 RECORDING ACTIONS**

It is important that during an incident a record is kept to all decision made and actions taken, including the rationale for taking the actions.

Directors responding to a business disruption should maintain a personal log using the template in Appendix 8. When the incident room is set up the official Incident Log book should be used.

Logs are used during incidents when handing over to replacement staff and are critical in the post incident phase when reviewing the response or in the event of providing evidence at any inquiry should one occur.

# **7 COMMUNICATIONS**

## 7.1 COMMUNICATIONS PLAN

The purpose of the communication plan is set out below:<sup>2</sup>

### Business Continuity Communication Plan

Plan Stage	Action
Awareness (Pre event)	Informing members and staff about risk and preparedness
Warning (at the time of the event or when one is likely)	Alert by all appropriate means the members, staff (and the public where appropriate) when their immediate safety is at risk
Informing and Advising (during and after)	Providing relevant and timely information about the nature of the unfolding event

## 7.2 INCIDENT COMMUNICATIONS ROLES AND RESPONSIBILITIES

### Communication Lead

The CCG Communications Lead, employed through the South East CSU Communications team, will implement the communications plan and ensure that communications are managed appropriately.

### Business Continuity Team

The Business Continuity Team managing an incident will agree:

- Method of communication
- Frequency and timing of press releases if required
- Method for sending press statements

## 7.3 COMMUNICATION OBJECTIVES

Overall Communication Objectives are to:

- provide accurate, timely and consistent advice to members, staff, the public and partner organisations
- aid understanding of the incident
- explain what is being done to respond to the incident and reduce the impact

<sup>2</sup> Adapted from Emergency Preparedness ch.7

[http://www.cabinetoffice.gov.uk/media/131981/ep\\_chap\\_07.pdf?bcsi\\_scan\\_880979145DBF0B79=0&bcsi\\_scan\\_filename=ep\\_chap\\_07.pdf](http://www.cabinetoffice.gov.uk/media/131981/ep_chap_07.pdf?bcsi_scan_880979145DBF0B79=0&bcsi_scan_filename=ep_chap_07.pdf)

## 7.4 COMMUNICATIONS DURING AN INCIDENT

### Communication to members and staff

- Messages to members and staff must be:
  - Honest
  - Consistent
  - Timely
- Briefly describe the problem to staff; don't speculate, if you do not know, say so
- Tell staff what actions you need from them, whether you need them to stay and help or to go home
- If you are sending staff home, make sure they know who to contact for information when they can return or where they should report to instead
- If staff are going to be off for more than a few days, ensure that they are informed if it will affect their pay and conditions, staff may be unduly worried if they feel they will be financially penalised
- Ensure key staff attend regular briefings so that they can disseminate information
- Do not rely on email to relate key messages – not all staff have access or read their email regularly
- Consider setting up a helpline number for staff – this can be used by the Business Continuity Team to provide recorded information or allow staff to update their availability or answer queries.

### Communication with the media

**All communications with the media will be managed by the South East CSU Communications Team and, in the event of a major emergency response, under the direction of NHS England (London).**

## 7.5 SITUATION REPORTING (SITREPS)

In the event of a significant disruption there may be a need to provide NHS England with progress and situation reports. A template is provided in Appendix 9 or the Directors On Call Pack.

If this is necessary there is an electronic process for doing so which is described in the Director on Call pack.

## 8 RECOVERY AND DEBRIEF

### 8.1 RECOVERY PLANNING

Once the initial incident has been managed and the critical activities are resumed and maintained it will be necessary to start recovering the remainder of the organisation's functions and activities.

It may be necessary to set up a dedicated recovery management team to oversee long term or complicated recovery management efforts. Business Continuity Team will determine this.

The Recovery Management Team should focus on the re-establishment of Business As Usual, however it may be that the organisation must return to a "new normal".

The Recovery Management Team will focus on resuming the rest of the business over and above the critical activities. Tasks should include:

- Detailed Space Needs Assessment
- Detailed Equipment Needs Assessment
- Detailed Staff Impacts
- Determine resources needed to restart remainder of business
- Organise operational recovery and staging of repairs with property services and or South East CSU ICT
- Coordinate alternative workspace and other temporary resources needed to resume services and business functions.
- Collect documentation about the emergency costs for insurance and other claims, and communicate the data to the Management Team
- Re-evaluate and amend emergency plans and procedures
- Ensure that the Governing Body, Management Team, staff, partner organisations and other relevant stakeholders are regularly updated about the situation and progress with recovery.

### 8.2 STANDING DOWN THE INCIDENT

The Incident Manager will determine when a Business Continuity Incident is over and when the Business Continuity team can be stood down. The decision will be based on advice from the emergency services, from NHS England (London) via NHS 01 and from CCG colleagues.

## 8.3 DEBRIEF PROCESS

Immediately after the stand down of the incident the Incident Manager should undertake a hot debrief to identify immediate lessons and issues. In the event of a drawn out incident it may be pertinent to undertake periodic debriefs during the response phase to identify if any changes to the response need to be made.

The hot debrief should involve those immediately available who have been dealing with the incident and should focus on:

- What went well?
- What could have gone better?
- What should be done differently next time?

A debrief template is provided in Appendix 6.

A full cold debrief should be organised to take place within 3 weeks of the stand down being declared. This should include all participants in the incident. A cold debrief gives people a change to reflect on their involvement and the incident response before making comment.

Ideally the cold debrief should be facilitated by a 3<sup>rd</sup> party not involved in the response who can take an objective view.

A debrief process will include:

- The Corporate Director leads or appoints a person to lead the debriefing and recording process
- Apart from ensuring that all relevant areas of concern are formally addressed, debriefing meetings can enable individuals to relieve stress and frustration. It will also underline that the contribution of every employee is valued and appreciated.
- Conduct formal review, feeding results into a review procedure.
- Evaluation of the response to the major incident (including a multi-agency evaluation). How was the incident handled? What problems were there? What needs to be changed to ensure a better response next time if appropriate?
- All relevant documents should be collected and a report prepared. This report will be a public document and may be used in legal proceedings. Patient confidentiality must be respected at all times.
- Careful, secure storage of all records relating to the incident. This should include all papers, logs and notes made during and related to the incident response. No copies of draft reports, incomplete messages or calculations should be discarded. ALL such papers must be retained. These may be requested by the HSE or other investigative body should that be considered necessary by Government.
- Review the support and assistance provided by other agencies and mutual aid arrangements.
- Consider the need for additional training to be undertaken by members of staff
- Identify on-going issues
- Review Health & Safety issues
- Ensure that staff are kept fully informed

A cold debrief should generate a post incident report and action plan as required.

## 8.4 POST INCIDENT BUSINESS CONTINUITY PLAN REVIEW

It will be necessary to then review the current Business Continuity Plans and implement any changes in management methods or training needs identified.

The process is not intended to criticise individuals but ensure lessons are learnt and best practice is implemented. It is important that, as far as possible, a 'no blame' culture is fostered.

## 9 TRAINING, EXERCISING AND TESTING

Exercising and testing will be carried out in line with the schedule in the EPRR policy and detail within the EPRR Training Needs Analysis.

## 10 AUDIT AND MONITORING COMPLIANCE

### 10.1 BUSINESS CONTINUITY PLAN REVIEW

The Assistant Director Governance and Quality will collate a central register of Business Continuity Plans and will ensure that compliance is audited.

## 11 STATEMENT OF EVIDENCE / REFERENCES

This Policy and the supporting Business Continuity Management Plan are required to provide the Governing Body with reasonable assurance that the LCCG is meeting its obligations with regard to business continuity.

This policy has been written with reference to:

- ISO 22301 Societal Security<sup>3</sup>
- The Civil Contingencies Act 2004 (as amended)
- The Health and Social Care Act 2012<sup>4</sup>
- NHS England (and former NHS Commissioning Board) EPRR documents and supporting materials including:
  - NHS CB Emergency Preparedness Framework (2013)<sup>5</sup>;
  - NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013); and
  - NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
- BSI PAS 2015 - Framework for Health Services Resilience

<sup>3</sup> This International Standard for business continuity management specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to, and recover from disruptive incidents when they arise.

<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

<sup>5</sup> [www.commissioningboard.nhs.uk/epr/](http://www.commissioningboard.nhs.uk/epr/)

## 12 IMPLEMENTATION AND DISSEMINATION OF DOCUMENT

Following ratification, the Business Continuity Management Plan will be

- uploaded onto the CCG intranet and the document location confirmed to all CCG staff
- launched at a Lower Marsh staff briefing
- included in all new staff induction sessions
- shared with SECSU contracting leads and NHS Property Services

In addition, all CCG staff will be required to confirm that they had seen and read the policy

Staff with a role in BCM will be trained according to their level of need following a Training Needs Analysis (TNA).

The Assistant Director Governance and Quality will ensure that BCM is incorporated into risk management, health and safety and emergency planning training.

Significant changes and updates to BCM requirements or processes will be notified through the Senior Management Team Meeting and usual corporate routes.

Sections of this plan which relate to confidential telephone numbers and locations are considered exempt from the requirements of the Freedom of Information Act 2000, and distribution of the full information contained within these sections will therefore be restricted to CCG staff responsible for responding to Business Continuity incidents.

## 13 ASSOCIATED DOCUMENTS

This document should be read in conjunction with the following documents:

- Lambeth CCG EPRR Policy
- Lambeth CCG Risk Management Strategy.
- Lambeth CCG Team Disruption - Directorate Recovery Plans
- Lambeth CCG Team Business Impact Analysis

## 14 APPENDICES

Appendix 1	Business continuity risk assessment NHS Lambeth CCG
Appendix 2	Generic Response Plans
Appendix 3	Suppliers to Business Critical Systems
Appendix 4	Contact List
Appendix 5	List of staff with remote access for home working



Appendix 6	Equality & Equity Impact Assessment Checklist
Appendix 7	Business Impact Assessment Guidance
Appendix 8	Log sheet

## APPENDIX 1: RISK ASSESSMENTS

### NATIONAL, LONDON AND SOUTH EAST LONDON RISKS

The highest risk on the national risk register remains influenza pandemic.

The London Community Risk Register records the highest risks as:

- Influenza pandemic
- Flooding
- Telecommunication failure<sup>6</sup>

The South East London local Resilience Forum community Risk Register records the highest risks as:

- Flooding
- Influenza pandemic
- Telecommunication failure

No COMAH<sup>7</sup> sites have been identified in Lambeth

Risks are assessed in line with the standard processes described in the Lambeth CCG Risk Management Strategy. Where specific risks are highlighted, these are added to the corporate risk register for management.

Where risks are identified that could have an impact on partner organisations there will be shared through the South London LHRP patch network or LHRP forum by the Accountable Emergency Officer or Emergency Planning Liaison Officer.

---

<sup>6</sup> NHS Lambeth CCG should assure itself of the adequacy of the Business Continuity / Disaster Recovery plans of its ICT service provider(s)

<sup>7</sup> Control of Major Accident Hazards Regulations 1999  
<http://www.legislation.gov.uk/uk/si/1999/743/contents/made>

Document Title: Business Continuity Management Plan

Document Status: Ratified

File Location: S:/Lambeth Share/Lam/CCG/Governance and Development/Governance/Policy/

Issue date: December 2014

Review date: December 2015

Version No:2.1

## Business continuity risk assessment NHS Lambeth CCG

Risk to	Hazards <sup>8</sup>	Risk(s)	Current controls	Control rating <sup>9</sup>	Residual risk	Risk mitigation strategy
<ul style="list-style-type: none"> <li>People</li> </ul>	<ul style="list-style-type: none"> <li>Infectious disease outbreak</li> <li>Transport/travel disruption</li> <li>Industrial action</li> <li>Financial pressures</li> </ul>	<ul style="list-style-type: none"> <li>Staff shortage causing disruption to critical services and/or disruption to essential business functions</li> <li>Recruitment/retention problems</li> </ul>	<p>Staff are supported to have flu vaccination</p> <p>HR Policies</p> <p>Financial controls</p>	A	<p>C:4</p> <p>L: 2</p> <p>CxL=8</p> <p>Significant</p>	<ul style="list-style-type: none"> <li>Ensure all plans are ratified and implemented</li> <li>Ensure that, so far as is reasonably practicable, staffing levels and skill mix in critical services are protected from financial pressures</li> </ul>
<ul style="list-style-type: none"> <li>Premises</li> </ul>	<ul style="list-style-type: none"> <li>Major fire</li> <li>Major flood</li> <li>External incident resulting in a police/fire and rescue service exclusion zone</li> <li>Crime scene</li> </ul>	<ul style="list-style-type: none"> <li>Denial of access/loss of use of premises causing disruption to critical services and/or disruption to essential business functions</li> </ul>	<p>Fire safety certificate with landlord</p> <p>LCCG BCMP</p> <p>Local Security Management Policies</p>	A	<p>C: 4</p> <p>L: 2</p> <p>CxL=8</p> <p>Significant</p>	<ul style="list-style-type: none"> <li>Ensure all parts of the organisation have integrated arrangements for response to a major incident</li> <li>Ensure all critical services and essential business functions have BC plans in place which are aligned with ISO 22301</li> </ul>
<ul style="list-style-type: none"> <li>Technology</li> </ul>	<ul style="list-style-type: none"> <li>Cyber crime</li> <li>Theft of hardware</li> <li>System failure or damage</li> <li>Failure of critical systems which cannot be swiftly replaced</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to critical services</li> <li>Disruption to essential business functions</li> </ul>	<p>Firewalls</p> <p>NHS Net</p> <p>Prioritised Disaster Recovery plan</p> <p>SELCSU Business</p>	A	<p>C: 4</p> <p>L: 2</p> <p>CxL=8</p> <p>Significant</p>	<ul style="list-style-type: none"> <li>Assess situation against information governance toolkit</li> <li>Ensure plans keep pace with the introduction of new technology and the increasing dependency on technology</li> <li>Ensure that, so far as is reasonably practicable, that arrangements are in place with suppliers of critical systems to ensure swift replacement and commissioning into service</li> </ul>

<sup>8</sup> This is not an exhaustive list; hazards are not listed in any priority order

<sup>9</sup> Assessed as A (Adequate); I (Inadequate); or U (Unknown at this stage)

Document Title: Business Continuity Management Plan

Document Status: Ratified

File Location: S:/Lambeth Share/Lam/CCG/Governance and Development/Governance/Policy/

Issue date: December 2014

Review date: December 2015

Version No:2.1

Risk to	Hazards <sup>8</sup>	Risk(s)	Current controls	Control rating <sup>9</sup>	Residual risk	Risk mitigation strategy
			Continuity Plan			
<ul style="list-style-type: none"> <li>Information<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>CCG / CSU unable to process patient identifiable data</li> <li>Sensitive personal information stolen, lost or enters the public domain</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to essential business functions</li> <li>Adverse publicity</li> <li>Loss of reputation</li> </ul>	<ul style="list-style-type: none"> <li>IG Toolkit</li> <li>Security policies</li> </ul>	A	C: 4 L: 2 CxL=8 Significant	<ul style="list-style-type: none"> <li>Assess situation against information governance toolkit</li> <li>Develop alternative methods of deriving business intelligence</li> </ul>
<ul style="list-style-type: none"> <li>Suppliers and partners</li> </ul>	<ul style="list-style-type: none"> <li>Failure of supplier of critical goods or services</li> <li>Failure of neighbouring key NHS partner</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to critical Trust services</li> <li>Overwhelming pressure on critical services leading to declaration of an internal major incident</li> </ul>	<ul style="list-style-type: none"> <li>CSU Business Continuity Plans</li> <li>LBL Business Continuity Plans</li> </ul>	I	C: 4 L: 2 CxL=8 Significant	<ul style="list-style-type: none"> <li>Ensure all suppliers of critical goods and services have provided reasonable assurance of continuity of provision</li> <li>Formalise mutual aid arrangements with neighbouring NHS partners</li> </ul>

<sup>10</sup> See also 3 above

### PLAN 1 TOTAL OR PARTIAL LOSS OF BUILDING / DENIAL OF ACCESS

#### Trigger

**Major event such as serious fire, explosion, flooding, structural damage  
emergency services exclusion zone, crime scene**

#### Responsibility

Director Governance and Development

Department or service managers or deputies

#### Actions

- Notify Emergency Services *(if appropriate)*
- Notify SEL On Call Director *(if appropriate)*
- In the event of fire, follow local fire procedures and where necessary the evacuation plan
- Get professional assessment of damage, costs and timescales to continue business via NHS Property Services
- Relocate staff ASAP
- Consider splitting up of services and temporary relocation around the borough in existing premises
- Staff should relocate to their recovery locations or work from home as set out in the Directorate Recovery Plans.

A reduction in service may be considered following discussion with the BC Team; if a decision is taken to reduce a service a strategy to communicate this to the public and media may be necessary. Guidance & advice is available from the Communications Team at SECSU.

## Trigger

**Staffing levels drop below acceptable parameters i.e. that the CCG is unable to continue business critical functions**

## Responsibility

Director, department or service manager, or deputies

## Actions

If staffing levels drop below acceptable parameters, additional staff may be called in to work as follows:

- Recall staff on leave
- Mutual aid from another team
- Advice and assistance is available from the HR team (based in SECSU).
- If adequate numbers of staff are not available, appropriately qualified and trained agency help may be sought.
- If no cover is available, a reduction in service should be considered following discussion with the responsible directors.
- Assess which parts of the service can be stopped and list in priority order

If a decision is taken to reduce a service a strategy to communicate this to the public and media may be necessary. Guidance & advice is available from the Communications Team.

## Trigger

**Staff, patients or visitors reporting inability to make internal or external calls.**

**Failure of IT applications and services.**

## Responsibility

Department or service manager, or deputies

## Actions

**If external telecoms failure** e.g. BT local exchange not working, as soon as BT are made aware of the situation they will prioritise emergency lines. The national network is monitored twenty-four hours a day and any failures are re-routed.

### Internal telecoms failure

Contact ICT at SECSU and report failure. All staff experiencing problems should be encouraged to report the failure. This may need to be done by email or in person if telephones are not working.

Use personal mobile phones in interim; communicate this to the public and media where necessary. Guidance and advice is available from the Communications Team.

### Local IT failure

Failure of local services may require staff to relocate to another site to access applications and systems. Staff should relocate based on their recovery location identified in the Department Recovery Plans.

### Application or system failure

South East CSU ICT has disaster recovery procedures in place for key customer systems to allow for the rapid restoration of services following a Telecoms failure.

In the event of a failure South East ICT will activate their procedures and work to restore services as quickly as possible. Priority services will be restored first to allow the resumption of basic IT and telecoms functions.

South East ICT will provide regular customer updates on the recovery situation to identify the likely period of outage.

## Trigger

### Loss of lighting, heating and power to equipment

*Lower Marsh is equipped with a backup generator which will automatically engage if the external power to the building is lost. The generator provides power for the whole building and will run for 17 hours without diesel replenishment.*

*The generator is tested monthly and kept fully fuelled at all times.*

## Responsibility

Department or service manager, or deputies

Property Services

## Action

Use torches available from the incident room cupboard

Roll call staff/visitors and mount search if parts of building in total darkness

Contact electricity supplier to establish whether internal failure or failure of supply

Internal failure of fixed electrical system:

- Establish nature of problem and get estimate of time and costs to fix
- If period likely to be extended or solution not practicable, refer to BC Management Team
- assess risks to staff and patient health, safety and welfare from e.g. lack of adequate hand washing; no heating in winter months

Supply failure

- Contact supplier, get estimate of downtime. If downtime extended e.g. more than one working day consider hire of emergency generator in consultation with the Estates team and the landlord.
- If no suitable temporary solution available **implement plan 1**
- If a decision is taken to reduce a service a strategy to communicate this to the public and media may be necessary. Guidance & advice is available from the Communications Team.



## Trigger

**No flow or dirty water from taps**

## Responsibility

NHS Property Services

## Action

Contact water company, establish whether problem internal, or supply failure

### Internal:

- Notify NHS Property Services
- Establish nature of problem and get estimate of time and costs to fix
- If period likely to extend beyond one working day ensure supply of bottled water available and taps taken out of commission to prevent inadvertent consumption
- If period likely to be extended or solution not practicable, NHS Property Services to refer to Director Governance and Development for decision on actions
- Assess risks to staff health, safety and welfare from e.g. lack of flushing toilets, inadequate hand washing

If problem is long term or solution not practicable e.g. requiring total replacement of water distribution system **implement Plan 1**

If a decision is taken to reduce a service a strategy to communicate this to the public and media may be necessary. Guidance and advice is available from the Communications Team.

## **Trigger**

**Unplanned sudden cessation of supply of business critical goods or services**

## **Responsibility**

Director, department or service manager, or deputies

A list of key suppliers of business critical goods or services for the CCG can be found at Appendix 4 of this plan. Additionally suppliers for individual teams are listed in the Department Recovery Plans.

## **Action**

External:

- Establish nature of loss or failure and get an estimate of when things will return to normal
- If period likely to extend beyond existing stocks or ability to continue without the service:
  - o Seek mutual aid in the short term
  - o Find a long term alternative supplier

If a decision is taken to reduce a service a strategy to communicate this to the public and media may be necessary, guidance & advice is available from the Communications Team.

## Tigger

**Notification of a severe infectious disease (such as SARS, Pandemic Flu, Coronavirus, Ebola) affecting or threatening to affect the CCG.**

## Responsibility

Director Governance and Development

An infectious disease outbreak could have a number of impacts within the CCG including:

- Diversion of resources towards response from business as usual
- Reduction in staff available due to illness or carer duties
- Unwillingness of staff to travel on public transport

The CCG role in supporting the NHS in responding to a influenza pandemic is detailed in the Lambeth and Southwark CCG Pandemic Flu Plan.

## Action

- Establish scale and scope of the incident including current impact on CCG
- Identify risks to staff
- Consider measures to reduce need for staff to travel including remote working and working at local NHS facilities.
- Where there is an identified shortage of staff consider the need to activate PLAN 2.

## APPENDIX 3 SUPPLIERS OF BUSINESS CRITICAL SYSTEMS

System	Supplier	Contact Name	Location	Contact Details
The Building	NHS Property Services: Landlord	Paula Modeste	1 Lower Marsh, Lambeth	T: 0203 049 4341 OOH: 0844 8222 888 ask for NHSPS 01
Telecommunications	SECSU	Service Desk	Lower Marsh	T: 020 3049 8888 E: <a href="mailto:ICTservice.desk@selssp.nhs.uk">ICTservice.desk@selssp.nhs.uk</a> OOH: 07771 982832
ICT	SECSU	Service Desk	Lower Marsh	T: 020 3049 8888 E: <a href="mailto:ICTservice.desk@selssp.nhs.uk">ICTservice.desk@selssp.nhs.uk</a> OOH: 07771 982832
Facilities	Essentia	Service Desk	Guy's and St Thomas'	T: 020 7188 8000 OOH: 0845 838 7601 or 01604 767 121
Security Company	VSG	Waterhouse Square	Service Desk	T: 020 7188 8000 OOH: 0845 838 7601 <b>Via Essentia</b>
Communications	SECSU	Kate Radcliffe	1 Lower Marsh	<a href="mailto:Kateradcliffe@nhs.net">Kateradcliffe@nhs.net</a> 07876 131004 OOH: 07876 448602
HR SECSU	SECSU	Carol Yorrick	1 Lower Marsh	<a href="mailto:carolyorrick@nhs.net">carolyorrick@nhs.net</a> 02030494075 OOH Emergency Contact Sarah Wainwright 07947555893



## APPENDIX 6: DEBRIEF FORM

### Aims and Objectives

- This form has been designed to capture the issues and lessons identified following a major disruption impacting on CCG operational delivery it should be filled in by all those taking a role at incident Stand-down
- Information obtained through this process will form part of the final Debrief Report as well as Recommendation(s) which will made be available for any future audit trail
- This debrief from may be followed up at a later stage with a full structured “cold” debrief.

### Incident Information

Location			
Incident			
Start time and Date		End time and Date	
Incident Manager			
Your Role			

**Summary of incident:** Please give brief description of the incident from your experiences.

--

**Briefly what went well?** Please provide examples of the things that you feel went well during the period including Command & Control.

--

**Briefly what went not so well?** Please provide examples of the things that you feel need immediate attention.

**Any other thoughts or comments?** Please use this space to provide detail of any other issues/ concerns/suggestions that may help to improve our response.

Please return your complete forms to Marion Shipman within 5 days of the incident being stood down.

## APPENDIX 7 EQUALITY & EQUITY IMPACT ASSESSMENT CHECKLIST

This is a checklist to ensure relevant equality and equity aspects of proposals, policy or guidance have been addressed either in the main body of the document or in a separate equality & equity impact assessment (EEIA)/ equality analysis. It is not a substitute for EEIA/ equality analysis which is normally required unless it can be shown that a proposal has no capacity to influence equality. The checklist is to enable the policy lead and the relevant committee to see whether the EEIA has covered the ground and to give assurance that the proposals will not only be legal but also fair and equitable and lead to reduced health inequality.

	<i>Challenge questions</i>	<i>Yes / No / DK / N/A</i>	<i>Comments</i>
1	Does the document set out the <b>health care needs</b> of the groups intended to benefit from the proposal, including any differences in need in terms of the legally protected or other characteristics (such as socioeconomic position)	N/A	
2	Does the document set out any known existing inequality in <b>access, quality, experience and outcome of care</b> for populations relevant to the proposal (i.e. as defined in 1. and in relation to the existing health or care service)?	N/A	
3	Are there any particular <b>public concerns</b> about equality about the policy area than need to be addressed?	No	
4	Has the policy described any <b>gaps in knowledge</b> about 1 -3, and any action taken to fill gaps (or recommendations for action)	N/A	
5	Does the document set out <b>risks to equity</b> of access, quality, experience and outcomes <b>including risk of direct or indirect discrimination</b> , and risk to <b>good relations</b> between people of different groups?	N/A	
6	Does the document describe any specific <b>opportunities to promote equality and human rights</b> , good relations between people of different groups, to enhance participation, etc?	N/A	
7	Does the document describe how the proposal, policy etc will <b>address the identified inequalities</b> , and	N/A	
8	Does the document make recommendations to <b>mitigate risks</b> and <b>enhance the opportunities to promote</b> equality and equity?	N/A	
9	Does the document describe how <b>monitoring and reporting</b> will take place to assure equality and equity in the future including to stakeholders? [audit and monitoring table may be used]	N/A	

\* Race/ ethnicity, gender (including gender reassignment) age, religion or belief, disability, sexual orientation, marriage or civil partnership, pregnancy and maternity. This will include groups such as refugees and asylum seekers, new migrants, Gypsy and Traveller communities; and people with long term conditions, hearing or visual



**APPENDIX 8– INCIDENT LOG TEMPLATE**

Date / Time	Action/ Decision	Follow up action	Action Owner	Complete Date / Time

Page ..... of .....

Log completed by .....

## APPENDIX 9 BC INCIDENT SITREP

<b>Date:</b>	<b>Time:</b>
--------------	--------------

<b>Completed by:</b>		<b>Department/ Team</b>	
<b>Notified by:</b>	<b>Name:</b>		
	<b>Contact Details:</b>		

<b>What has actually happened or is the anticipated scenario?</b>	
<b>What is the current / possible impact on sites / services / critical activities</b>	

<b>Incident Level:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Support Required:</b>				
<b>Next Update at :</b>	<b>Date:</b>	<b>Time:</b>		
<b>Authorising Officer:</b>				