

BUSINESS CONTINUITY PLAN

Version:	1.0
Approved By:	Management Team
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Target Audience:	All Barnsley CCG staff

1. Introduction

- 1.1. 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 effects of any incident that might disrupt its normal business.
- 1.2. The plan lays down the process to be followed in the event of an incident which impacts upon the delivery of CCG functions by adopting a generic approach to such incidents.

2. Incident Identification

- 2.1. An incident or set of circumstances which might present a risk to the continuity of a CCG function or service might be identified by any member of staff. When an incident or set of circumstances which might present a risk to the continuity of a CCG function or service is identified, it is important that the person identifying the incident knows what to do. In the initial stages, this will involve making sure that the right people have been informed.
- 2.2. The Business Impact Analysis / Hazard Identification matrix (**Appendix A**) sets out a list of priority incidents:
 - Unavailability of premises caused by fire, flood or other incidents.
 - Major electronic attacks or severe disruption to the IT network and systems.
 - Terrorist attack or threat affecting transport networks or the office locations.
 - Denial of access to key resources and assets.
 - Significant numbers of staff prevented from reaching CCG premises, or getting home, due to bad weather or transport issues.
 - Theft or criminal damage severely compromising the organisation's physical assets.
 - Significant chemical contamination of the working environment.
 - Illness/epidemic striking the population and therefore affecting a significant number of staff.
 - Simultaneous resignation or loss of a number of key staff.
 - Widespread industrial action.
 - Significant fraud, sabotage or other malicious acts.

3. Incident Declaration and Plan Invocation based on critical activities

- 3.1. Minor incidents are interruptions or disruptions that are sufficiently disruptive to require the implementation of business continuity arrangements. They can be addressed by functional team's continuity plans. They are smaller scale events, affecting one or a small number of teams e.g. localised computer access issues, denial of access to a building area, a minor power cut for a short period. In the event of an incident or set of circumstances which might present a minor risk to the continuity of a Category A or B critical activity / service / function (see **Appendix B**), an incident can be declared and the plan invoked by the Senior Manager with responsibility for the service / function affected. However, sometimes minor incidents can become major incidents.
- 3.2. Major incidents or emergencies (as defined in the CCG's *Emergency Preparedness, Resilience & Response Policy*) are those which may cause serious harm or disruption to staff, patients or property such as pandemic flu, acts of terrorism or mass casualty situations. Plans to manage these incidents are focused on more serious / larger scale events, e.g. a national emergency, widespread media coverage of an incident, a Barnsley-wide power outage. Using the power outage example, the Emergency Preparedness, Resilience & Response Policy may be invoked with escalation to the Area Team focussing on the availability of CCG commissioned healthcare services across Barnsley. In addition, a local CCG-level business continuity response would be required in terms of how the CCG would continue its critical functions as an individual organisation during the power outage.
- 3.3. Where more than one service is affected, any one of the responsible Senior Managers for the organisation 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.
- 3.4. The following Officers of the CCG (or in their absence their Deputies) can declare an incident where business continuity is disrupted or at risk of disruption:

DESIGNATION	TELEPHONE
Chair	01226433667
Chief Officer	01226433667
Chief Finance Officer	01226433732
Chief Nurse	01226433706
Chief of Corporate Affairs	01226433604
Medical Director	01226433742

4. Actions to be Carried out Following the Declaration of a Business Continuity Incident

A. If the incident is categorised as a Major Incident, form a Business Continuity Team to manage the incident (Chiefs and Senior Managers). **See *Emergency Preparedness, Resilience & Response Policy for details.*** In summary, the actions are:

- Nominate a Team Leader.
- Team to operate from the Incident Control Centre (ICC), which will be based at Hillder House or another suitable alternative if Hillder House is unavailable
- Follow the Escalation Flowchart in the CCG’s *Emergency Preparedness, Resilience & Response Policy.*

B. Systematically review the situation and maintain overall control of the CCG response.

MANAGE THE INCIDENT	<ul style="list-style-type: none"> • Follow the procedures that are highlighted regarding the subsequent issue. See Appendix C for Action Cards. • Start documenting information and actions. • Establish what the nature of the incident is and assess the impact on CCG critical functions. • Take any actions required to ensure Category A Functions continue unhindered and Category B Functions can be resumed within 3-7 calendar days. • Ensure Health and Safety of staff is prioritised.
COMMUNICATE	<ul style="list-style-type: none"> • Where a major incident has been declared, escalate according to the Escalation Flowchart in the CCG’s <i>Emergency Preparedness, Resilience & Response Policy.</i> • Ensure that staff are briefed about the incident and given clear instructions, including, if applicable, on whether they should relocate or go home, and when they are expected to return. • Establish Contact with key partners as necessary, e.g. Commissioning Support Unit (CSU) operations. Contact details for key partners are in Appendix D.

UPDATE	<ul style="list-style-type: none"> Update staff and other key stakeholders with recovery plans and estimated recovery time objectives.
COORDINATE NEXT STEPS	<ul style="list-style-type: none"> Once the main priorities have been dealt with, you might consider scaling down the Business Continuity Team, or handing 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 Business Continuity Manager role. Team Leader to authorise Stand Down.
ORGANISE DEBRIEF	<ul style="list-style-type: none"> Ensure debrief meetings are held, logged information is retained and lessons learned captured in a final report. A debrief tool is shown in Appendix E. This shall go to Management Team in the first instance.

C. Reciprocal arrangements for alternative premises for business critical staff, should Hilder House be inaccessible, are in place with the other 4 local Clinical Commissioning Groups and can be enacted via contact with the Chief Officer (or their nominated Deputy) of each CCG:

- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group

5. Communications Strategy

5.1. During a period of disruption to business continuity it is vital that communication is managed effectively with a variety of stakeholders. This plan supports this management before, during and after any incident that is detailed within the business continuity plan.

5.2. For a CCG specific incident the business continuity and communications leads will work together to ensure clear and consistent communications activity. The main aims will be to:

- Deliver relevant messages about the incident to the relevant stakeholder group/s
- Ensure that messages are timely and relevant to the target audience.

- 5.3. **Stakeholders:** Our stakeholders are divided into two categories with specific communications mechanisms for each one.

Internal	<ul style="list-style-type: none"> • Staff in Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY and those who work remotely.
External	<ul style="list-style-type: none"> • Barnsley Metropolitan Borough Council • NHS England Area Team • South West Yorkshire Partnership Foundation Trust (SWYPFT) • Barnsley Hospital National Foundation Trust (BHNFT) • Commissioning Support Unit (CSU) • Member Practices • Media

- 5.4. **Communication methods:** The communication activity used will be activated in conjunction with any incident detailed in the business continuity plan and will be specific to each of the relevant stakeholder affected.

Internal	<p><u>Staff, Governing Body Members and GP Leads</u></p> <p>It is essential that we inform staff and keep them up-to-date with any incident that impacts on the ability to undertake their role or has a direct impact on the organisation. This incident could be triggered by a multi-agency source or from within the CCG. The methods used to communicate with staff will be:</p> <ul style="list-style-type: none"> • Text message/phone call – used to disseminate an initial message about the incident, containing immediate actions needed and how further messages will be communicated. • Email – Staff can receive messages via the CCG’s distribution lists (held electronically) in normal working hours • Website – Staff can get up-to-date information without having access to CCG specific systems. This section of the public site could be updated remotely and would ensure that everyone could access accurate, timely information.
External	<p><u>GP Member Practices</u></p> <p>Member Practices of the CCG will be informed of any incidents relating to business continuity via email. Contact details for the CCG throughout the affected period would be shared and practice staff would be advised to visit the CCG website for updates.</p>

	<p><u>Media – Print and Broadcast</u></p> <p>Managing the media should take place in line with the CCG’s Media Handling Protocol. The Communications Manager has good links with the media, which would be utilised for any incident that requires information communicating to local people and patients. Local radio stations would be able to broadcast public information in their regular bulletins. Information would be issued to the local printed media dependent on the incident timing in relation to the paper publication day. Media statements may be required following an incident and once normal business has resumed. Information would also be published using the CCG’s social media sites e.g. Twitter and Facebook with links to the website for more detail.</p> <p><u>Partners</u></p> <p>When an incident impacts on the business of the CCG it is imperative that we inform colleagues at our local partner organisations. Depending on the nature of the incident this would be done either by telephone or by email – via the Chair, Chief Officer, or other Senior Managers. Partner organisations would be encouraged to disseminate the details to their staff via communication channels.</p> <p><u>Providers – All Providers from whom we commission a healthcare service</u></p> <p>Depending on the nature of the incident this would be done either by telephone or by email – via the Chair, Chief Officer, or other Senior Managers. Provider organisations would be encouraged to disseminate the details to their staff via communication channels, providing details of alternative ways to contact the CCG during the period of the incident. Notice would then be given once the incident was resolved and normal business resumed.</p> <p>Key contacts within the CCG should advise counterparts in the provider organisations of their contact details during the incident.</p>
Out of Hours	<p>There is no formal on call out-of-hours communication service within the CCG. Messages and notifications can be posted on the public website using an internet connection in any location and there are a number of officers with the organisation who have access to the admin section.</p>

5.5 For in-hours communication, support is provided by the CSU. Please contact 07580300010.

6. Business Continuity Governance

- 6.1. This plan will be ratified in its initial form by the Management Team.
- 6.2. The plan will be reviewed by the CCG's Head of Assurance on a quarterly basis and updated for any changes that have occurred during the last quarter, e.g. changes in staff contact details, changes in CCG functions etc. It will also be updated with any recommendations arising from a debrief session.
- 6.3. The CCGs only Category A function (EPRR) will be monitored via the Risk Register.
- 6.4. Communication of this Plan to staff will be via email. The plan will also be available on the CCG website.
- 6.5. The CCG will ensure that staff are trained with the knowledge and skills required of them in this area, as defined by the National Occupation Standards for Civil Contingencies and NHS England competencies.
- 6.6. This plan will be tested using risk-assessed worse-case scenarios.

Business Impact Analysis / Hazard Identification – NHS Barnsley Clinical Commissioning Group

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action	Action Card number
Fire	1	Loss of use of some or all of premises	4	4	Fire Procedures	Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access	1
Flood	1	Loss of use of some or all of premises	4	4		Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access	1
Terrorist or criminal attack	1	Loss of use of premises. Possible loss of staff	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.	1,2,3
Significant chemical contamination	1	Loss of use of premises. Possible loss of staff.	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.	1,2

IT failure/loss of data	2	No access to email, electronic files, telephones	4	8	IT back-up systems	Remote working through NHSNet. Access to paper files.	As short term	3
Loss of power	2	No access to email, electronic files, telephones Loss of use of premises	3	6	Back-up generator?	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary generator? Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.	1,3
Loss of water	2	Access to Toilets and beverages Cleaning functions	3	6		Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected	Temporary portable loos Bottled water Water brought in / Stand pipes	1,4
Loss of Telephone (landline)	2	Limited telephone communication. Possible impact on email/internet?	3	6		Use of mobile phones. Staff work from home?	Temporary alternative work base for key staff, to enable point of contact and email/internet access	1,4
Simultaneous resignation of a number of key staff	1	Loss of leadership function	4	4	Notice period in contracts	n/a	Accelerate normal recruitment processes. Seek secondments to cover gap and provide continuity.	2
Staff Illness/epidemic	2	Loss of significant number of staff	4	8		Prioritise work.	Prioritise work. Appoint temporary staff where feasible, including secondments from other organisations.	2

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action	
CSU unable to deliver appropriate support	2	Loss of support staff or business functions	4	8	Provisions of the SLA with the CSU	Use directly employed staff and/or agency staff to deliver critical functions CSU action	CSU to remedy. If it cannot, seek alternative sources of support and compensation from CSU.	2,3
Travel disruption preventing staff getting to base	2	Loss of significant number of staff	3	6		Staff work at home or at other premises or organisations	As short term, if necessary (long term impact less likely)	1
Travel disruption preventing staff getting home	2	Staff wellbeing affected. Disruption to work due to need to accommodate staff.	3	6		If possible, obtain food and blankets to enable staff to stay overnight.	As short term, if necessary (long term impact less likely)	4
Widespread industrial action	1	Loss of significant number of staff	4	4	Staff engagement and HR policies	Prioritise work.	Prioritise work. Appoint temporary staff where feasible, including secondments from other organisations.	2,3
Theft or damage to assets	2	Loss of use of e.g. computers, furniture	3	6	Security policies	Staff work at home. Bring old equipment into use?	Purchase or hire replacements	1,3,4
Significant fraud or other criminal act	1	Loss of access to funds? Restriction placed on business activities?	4	4	Security policies	Suspend transactions or seek assistance from partner organisations.	Seek assistance from partner organisations.	2

Risk Scoring		
No	Probability Scores	Impact Scores
1	Rare	Negligible
2	Unlikely	Minor
3	Possible	Moderate
4	Likely	Major
5	Almost Certain	Catastrophic

Risk Matrix
Low 1 - 3
Moderate 4 - 6
High 8 – 12
Extreme 15 - 25

Appendix B

Categorisation of CCG Critical Activities / Services / Functions

<p>CATEGORY A (Critical Function – Must Continue)</p>	<p>Emergency Preparedness, Resilience & Response (EPRR)</p>
<p>CATEGORY B (High Priority/Medium Priority - Resume within 3/7 calendar days)</p>	<p>Finance: Funding of Urgent Placements (Continuing Health Care) Finance: Invoice Payments Finance: IT – Contract through CSU Finance: Ensuring Financial Probity Across the Organisation Finance: Raising of Sales orders Finance: Cash Management Procedures Quality: Safeguarding Children and Adults Quality: Infection Control Quality: Medicines Management Quality: Patient Safety Issues Corporate: Freedom of information Requests</p>
<p>CATEGORY C (Resume as soon as practicable)</p>	<p>Finance: Input to Year End Accounts Finance: Ensuring Accuracy of Monthly Reports to NHS England Finance: Budget Setting Finance: Financial Support to Contract Management Finance: Financial input to Business Plans Finance: Financial Reporting to the Governing Body Contracting: Contract Monitoring Service Development: Managing Work stream Meetings (so ensuring CCG remains on-track with Business Plan) Quality: Quality Reporting & Dealing with SIs Corporate: Managing Corporate Meetings (so ensuring CCG remains on-track with Business Plan) Corporate: Engagement, Experience and Equality Corporate: Corporate Governance Reporting (Governing Body Assurance Framework, Risk Register, NHSE Assurance Framework) Corporate: Planning and Performance Reporting Corporate: Organisational Development / HR / COMMS Corporate: Information Governance</p>

PRIORITY SERVICE CATEGORISATION		
Category	Impact	Recovery Timescale
Category A (Critical Function)	Loss of this service would immediately : <ul style="list-style-type: none"> ▪ Directly endanger life ▪ Endanger the safety of those individuals for whom the CCG has a legal responsibility ▪ Prevent the operation of another service in this category ▪ Seriously affect the CCG's finances or accuracy of critical records ▪ Prevent communication of vital information 	<p>This service must continue to be provided</p> <p>This group will include Services that usually provide a full service 7 days a week, all year</p>
Category B (High Priority / Medium Priority)	High Priority: Loss of Service would immediately : <ul style="list-style-type: none"> ▪ Present a risk to Health or Safety ▪ Prevent the CCG fulfilling a statutory obligation ▪ Prevent the operation of another service in this category ▪ Would seriously adversely affect the CCG's reputation 	<p>This service must be resumed within 3 calendar days</p> <p>Services included in this group are mainly those that provide a reduced service at weekends and during holiday periods</p>
	Medium Priority: Loss of service would lead to : <ul style="list-style-type: none"> ▪ Serious knock on effects for the operation of a Critical or High Priority service ▪ The CCG's reputation being adversely affected 	<p>This service must be resumed within 7 calendar days</p> <p>Services included in this group will include those that normally close during weekends and during holiday periods</p>
Category C (Low Priority)	Loss of this service would lead to : <ul style="list-style-type: none"> ▪ Potential knock on effect in disrupting the activities of other services within the CCG, but no immediate impact upon the provision of Critical or High Priority services 	<p>This service should be resumed as soon as practicable</p> <p>Includes all other service areas that are required in order for the CCG to go about its usual business</p>

Action Card 1 – temporary relocation/staff working at home

In the event of loss of use of CCG offices

Action to be taken by Chief Officer/Exec lead

1. Assess likely length of loss of use of offices
2. Ensure all staff safe and premises secured
3. Contact partner organisation CEOs to establish availability of usable office accommodation (desks, computer access, meeting rooms, telephone) – local FTs and council, other SYB CCGs
4. If necessary obtain IT support (from CSU) to assess capability to establish email and internet links.
5. Prioritise critical functions as per “Categorisation of CCG critical activities”
6. Obtain assessment of staff needs – which staff can work at home (from personal and work perspective) which need to be in an office base with colleagues – from senior managers
7. If necessary, obtain IT support to ensure all staff working at home have remote access to computer systems
8. Determine who will
 - a. work in a partners premises
 - b. work at home
 - c. take leave
9. Review arrangements daily, ensuring safety of staff and suitability of temporary location

Action Card 2 – Loss of staff

In the event of Staff illness/Terrorist or Criminal attack/Simultaneous resignation of key staff

Action to be taken by Chief Officer/Exec lead

1. Assess likely possibility of losing more staff
2. Ensure all remaining staff are safe and well
3. Obtain assessment of staff needs – which staff can work at home (from personal and work perspective) (If in the case of a terrorist attack)
4. Prioritise critical functions as per “Categorisation of CCG critical activities”
5. Ask remaining staff to prioritise workload to assess what roles need replacing more urgently
6. Appoint temporary staff where feasible – including secondments from other organisations
7. If necessary, obtain IT support to ensure all staff working at home have remote access to computer systems and new staff have access to the relevant files straight away
8. Review arrangements daily, ensuring safety of staff and suitability of plans in place

Action Card 3 – Loss of IT systems

In the event of loss of IT systems

Action to be taken by Chief Officer/Exec lead

1. Assess likely time period that IT systems shall be down for
2. Ensure all staff have possible alternative methods
3. Obtain IT support (from CSU) to be able to use back-up systems
4. Prioritise critical functions as per “Categorisation of CCG critical activities”
5. Obtain assessment of staff needs – which staff can work at home (from personal and work perspective) which need to be in an office base with colleagues.
6. If necessary, obtain IT support to ensure all staff working at home have remote access to computer systems
7. Review arrangements daily, ensuring safety of staff and suitability of temporary location

Action Card 4 – Loss of access in internal facilities

In the event of loss of access to toilets and water

Action to be taken by Chief Officer/Exec lead

1. Assess likely time period that the building shall be without water
2. Report the incident to whom it may concern
3. Obtain back up supplies such as portable loos and bottled water
4. Prioritise critical functions as per “Categorisation of CCG critical activities”
5. Obtain assessment of staff needs – which staff can work at home (from personal and work perspective) which need to be in an office base with colleagues if the problem is long term.
6. Review arrangements daily, ensuring safety of staff and suitability of temporary location

Partner Contact Details – Business Continuity

Partner	Telephone number	Lead contact	Address	Email address
West & South Yorkshire and Bassetlaw Commissioning Support Unit	0114 3051138	Head of Specialist Advice, Health and Safety	722 Prince of Wales Road Darnall Sheffield S9 4EU	ruth.nutbrown@nhs.net
South West Yorkshire Partnership Foundation Trust	01226 433258	Pat Hunter	Barnsley BDU South West Yorkshire Partnership Foundation Trust Mount Vernon Hospital Mount Vernon Road Barnsley S70 4DP	Pat.hunter@swyt.nhs.uk
Barnsley Hospital NHS Foundation Trust	01226 431386	Mike Lees	49/51 Gawber Road Barnsley South Yorkshire S75 2PY.	mike.lees@nhs.net
Barnsley Metropolitan Borough Council	01226 772274	Simon Dobby / Rob McCarthy	Barnsley Metropolitan Borough Council Corporate Services Directorate Human Resources PO Box 680 Barnsley S70 9JF	bmbcresilience@barnsley.gov.uk
NHS Doncaster Clinical Commissioning Group	Direct Dial: 01302 566053 Switchboard: 01302 566300	Alison Hague	Sovereign House Heavens Walk Doncaster DN4 5HZ	alison.hague@doncasterccg.nhs.uk
NHS Bassetlaw CCG	01777 274400	Nicola Ryan	Retford Hospital North Road Retford, Notts DN22 7XF	nicola.ryan@nhs.net

Partner	Telephone number	Lead contact	Address	Email address
NHS Rotherham CCG	0113 8253394	Jenna Cotton	Oak House Moorhead Way Bramley Rotherham South Yorkshire, S66 1YY	jenna.cotton@nhs.net
NHS Sheffield CCG	0114 3051191	Tim Furness	722 Prince of Wales Road Sheffield S9 4EU	t.furness@nhs.net

Debrief Template

BUSINESS CONTINUITY INCIDENT REPORT

Date:
Time of call to standby:
Time of call to full major incident:
Time of call to stand down from major incident:

Business Continuity Team Members:

1. Description of Incident

2. Cause/Reasons

3. Could the Incident have been prevented? Is so how?

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4. Summary of Event

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5. Issues Arising from the Incident

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6. Recommendations/Lessons Learnt

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Action Plan Drafted

Yes/No