Business Continuity Plan

2016-2018

Document Control

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Change History

Version	Date	Description of change

Implementation Plan

Development & Consultation	• Head of System Resilience • Senior Management Team
Dissemination	Staff can access this policy via the intranet and will be notified of new/revised versions via the staff briefing. This policy will be included in CCG Publication Scheme in compliance with the Freedom of Information Act 2000.
Training	All staff will be made aware of the plan at their corporate induction training and mandatory risk training, and will also be made aware of the location of any additional information relating to their role in the event of the plan being invoked. If there are any significant changes to the plan, then this will be communicated to departmental leads to cascade to all staff.
Monitoring & Review	This Plan will be formally reviewed in 2018 or earlier if changes to the working systems of the organisation are identified. This includes changes to the contract arrangements of staff or suppliers that affect the content. It is the responsibility of the Business Continuity Lead to ensure that the content remains up to date.
Equality & Diversity	Equality Impact Assessment – see Appendix 6
Associated CCG Documents	The following additional resources are available and should be read in conjunction with this plan.
References	• The ISO Standard for Business Continuity (ISO 22301) • British Standard NHS Business Continuity Management (BS25999) • NHS England Emergency Preparedness, Resilience and Response (EPRR): Business Continuity Management Toolkit (February 2016)

Contents

1. Introduction

1.1 The Civil Contingencies Act 2004 came into force in November 2005 and focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders (such as CCGs) as Category 2 Responders. It is a requirement of the Act that the CCGs have Business Continuity Plans in place to support the CCG's Major Incident Plan.

2. Policy Statement

2.1 It is the policy of NHS North East Hampshire & Farnham Clinical Commissioning Group (CCG) to develop, implement and maintain a Business Continuity Management System in order to ensure the prompt and efficient recovery of our critical activities from any incident or physical disaster affecting our ability to operate and deliver our services in support of the NHS economy.

2.2 It is the policy of the CCG to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver its essential functions and that we are able to respond to the needs of our local population. A service interruption is defined as: *'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires* **special measures** *to be taken to restore normal functions.'* (www.cabinetoffice.gov.uk/ukresilience).

The CCGs Policy Statement is provided at Appendix 1.

3. Resources

3.1 The CCG recognises its obligations with regards to emergency planning, resilience, responding to major incidents and business continuity. Funds, as identified as being necessary, will be made available in the event of a major incident to ensure the CCG meets its obligations with respect to these.

4. CCG Responsibility to support Category 1 Responders

4.1 As Category 2 Responders, the CCG is expected to support Category 1 responders in the event of an emergency. We are also required to have Business Continuity Plans and Major Incident Plans. These will be achieved in the following 3 stages:

4.2 Stage 1 – Business Impact Assessment

4.2.1 The Business Impact Assessment aims to determine the impact of the loss of staff, communications, data systems, transport and buildings. Some of these functions are hosted or delivered by other organisations e.g South, Central and West CSU, NHS Property Services Ltd etc. This is considered within the Business Impact Assessment.

4.3   Stage 2 - Business Continuity Plan:

4.3.1   The Business Continuity Plan outlines measures to be taken internally in the event of such a loss and comprises mitigating actions arising from the Impact Assessment, the key contacts that will instigate the relevant mitigating actions and the contact details of staff likely to undertake these actions.

4.4   Stage 3 – Major Incident Plan

4.4.1   The Major Incident Plan identifies the measures to be taken to support Category 1 Responders in the event of an emergency. It includes information on the CCG's response to:

- An event or situation which threatens serious damage to human welfare
- An event or situation which threatens serious damage to the environment
- War, or terrorism, which threatens serious damage to the security of the UK.

4.4.2   The Major Incident Plan should be read in conjunction with this Plan.

5.   Scope

5.1   The scope of this plan is to provide guidance of business continuity management and an outline of responsibilities.

6.   Purpose

6.1   The purpose of the Business Continuity Plan is to outline the responsibility of the CCG and their staff in the event of a crisis in order to maintain as normal a service as practically possible. The over-riding aim is to ensure a prompt and efficient recovery of critical activities from any incident or physical disaster that may affect the CCG's ability to operate and deliver their commissioning service in support of the NHS economy. It must be recognised that any event not only impacts on staff, premises, technology and operations, but also on the CCG's brand, status, relationships and reputation and that all business continuity arrangements should ensure that the CCGs meet their legal, statutory and regulatory obligations to both their staff and dependent stakeholders.

7.   Definitions

7.1   Business Continuity Management is the process that helps manage the risks to the smooth running of the organisation in the delivery of its services, ensuring that essential business can continue in the event of a disruption and can be sustained in the event of an emergency. It is aimed at reducing or eliminating the risks of business interruption and it is necessary to have contingency plans in place to ensure normal business functions can be resumed as soon as possible.

7.2   A Service Interruption can be defined as 'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal functions' For the NHS, Business Continuity

Management is defined as the management process that enables an NHS organisation:

- To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation.
- To identify and reduce the risks and threats to the continuation of these key services.
- To develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time. There are many and varied possible causes of service disruption; these may range from the loss of infrastructure e.g. offices; buildings; IT systems; managing a power cut or extreme weather to arranging service provision during an emergency or epidemic. These events may not be mutually exclusive i.e. extreme weather can lead to loss of electricity or staff being unable to get to work.

8.   Roles and Responsibilities

8.1   Overall accountability for the smooth running of the organisation lies with the CCG's Chief Officer. The Director of Operations is the lead Director for Business Continuity and will be responsible for providing positive assurance to the Governing Body on the CCG's plans.

8.2   Executive Directors

8.2.1   Executive Directors are responsible for maintaining their individual services, and for alerting the need to activate Business Continuity Plans if such an event occurs within their directorate.

8.3   Designated Associate Directors and Deputy Directors

8.3.1   Designated Associate Directors and Deputy Directors must ensure that any changes of contact details of key staff noted in any team or directorate plans are updated as required, and that any new services that are developed are included in the team or directorate plans.

8.4   Business Continuity Lead

8.4.1   The CCG Lead for Business Continuity will provide guidance if and when the Business Continuity Plan is invoked and will assist by co-ordinating actions. The Lead will also work with the Head of Emergency Planning, Resilience and Response in the event of a major incident.
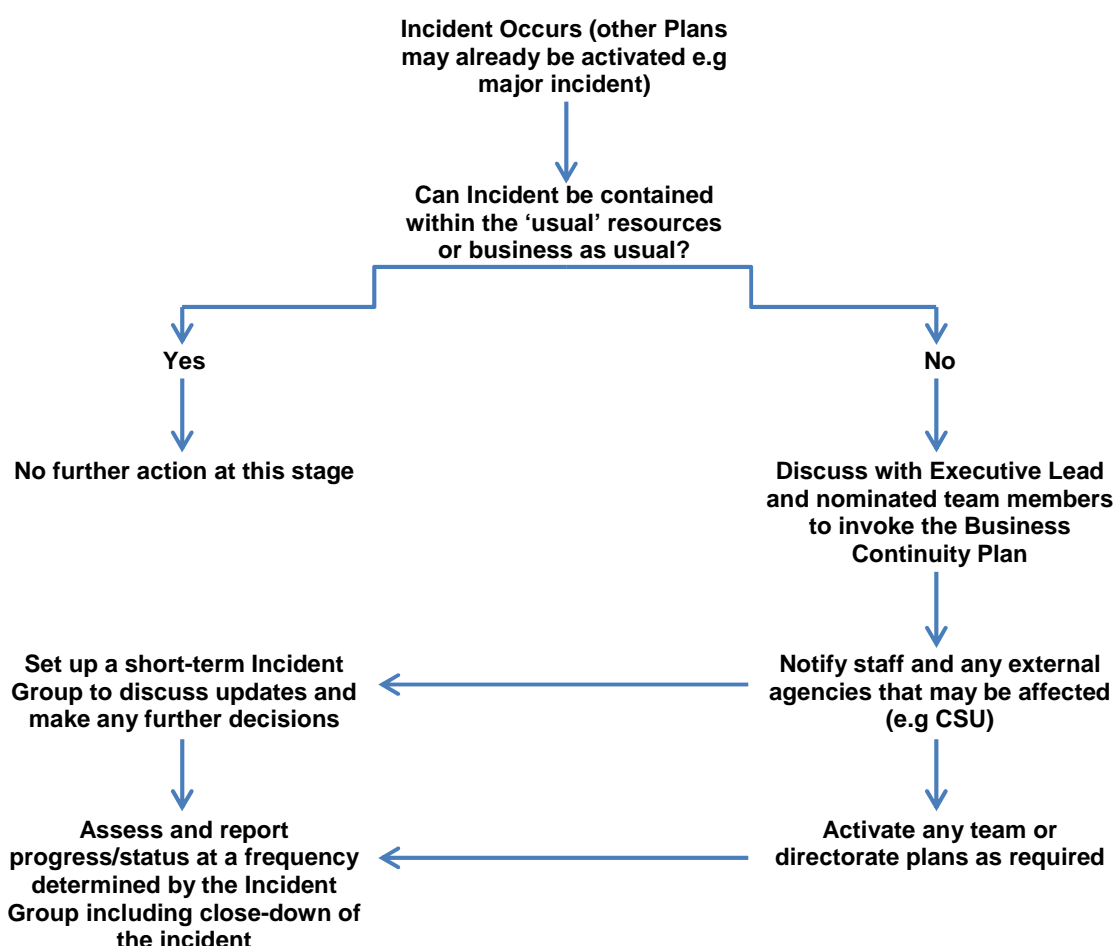
8.5   Communications Team

8.5.1   The Communications Team will be responsible for informing the public of events where necessary, following agreement of the Accountable Officer or nominated deputy, and will also keep staff informed of developments as appropriate.

8.6   CCG Staff

8.6.1   All CCG staff are responsible for co-operating with the implementation of the Business Continuity Plans as part of their normal duties and responsibilities. This includes staff working on-site with the CCG or representing the CCG in the work they do (i.e interim staff).

9.   Invoking the Business Continuity Plan

9.1   A nominated member of staff from each team will participate in the discussion with the Chief Officer or Nominated Deputy whether the plan or any part of it should be invoked using the following decision diagram. If out of normal working hours, the on-call manager in contact with the Chief Officer or Nominated Deputy will make any decisions regarding the activation of the whole/part Plan.

Incident Occurs (other Plans may already be activated e.g major incident)

↓

Can Incident be contained within the 'usual' resources or business as usual?

Yes → **No**

No further action at this stage

Discuss with Executive Lead and nominated team members to invoke the Business Continuity Plan

↓

Set up a short-term Incident Group to discuss updates and make any further decisions ← **Notify staff and any external agencies that may be affected (e.g CSU)**

↓

Assess and report progress/status at a frequency determined by the Incident Group including close-down of the incident ← **Activate any team or directorate plans as required**

10.   Incident Group

10.1   An Incident Group will be formed to oversee the process of ensuring essential services are maintained, determine communications and make any decisions during the time of the incident or until such time that the impact from the incident is reduced to 'business as usual'. Membership may include the following:

- Chief Officer or nominated deputy
- Associate or Deputy Director where the incident has occurred
- Business Continuity Lead
- Communications Manager
- Any other personnel deemed necessary i.e representatives or HR, other CCG Teams for specialist advice etc.

10.2   Incident Group members will be determined at the time of the incident and will meet at a frequency agreed by the Group based on the severity of the incident.

11.   Continuing Services in the event of a Disruption

11.1   As part of the Business Impact Assessment process, a critical function analysis has been carried out to determine those parts of the service that are a priority to maintain or reinstate. The CCG is responsible for commissioning a wide range of patient services to the local population and the following will be restored and maintained as soon as is practically possible.

- Maintaining an emergency response and support to Category 1 responders;
- Mobilisation of the workforce, and support for staff safety and welfare;
- Provision of IT;
- Maintaining communications with the general public and CCG staff;
- Essential Finance functions; including the making and receiving of payments;
- Essential HR processes;
- Safeguarding adults and children;
- Continuity of contract management responsibilities; and
- System leadership role.

11.2   The critical function analysis also identified those functions that are less critical and could be suspended are detailed in Annex 2.

11.3   If an incident occurs and this Plan is activated, permission will be sought from the Chief Officer or their nominated deputy to suspend service functions detailed above in order to release CCG staff to provide support to critical functions provided in other areas of the CCG.

11.4   Each department will identify its own critical functions required to maintain it service and where necessary, will develop team Plans in support of these functions.

11.5   In the event of an emergency, or business interruption, the CCG will endeavour to maintain services as usual or as close to the usual standard as possible. However, where it is clear that this is not achievable, the Executive Director in conjunction with the Chief Officer (or on-call Director/Manager if out of hours) will decide which priority functions of the department must continue, depending on the nature of the business interruption.

12.   Services Impacting on all teams and departments within the CCG.

12.1   There are a number of functions and services that, if a failure occurs, would impact all teams within the CCG.

12.2   IT Systems

12.2.1   The CCG, like many organisations, rely upon IT systems for their day to day business. A disaster that prevents the organisation from accessing these systems whether caused by the failure of the systems themselves, or being due to an incident such as fire or flooding will potentially have a serious impact on the continuation of the CCG's functions.

12.2.2   If there is a failure in the IT system or any standalone computer for important data for a prolonged period of time, staff will need to change to a paper back-up system where possible to capture the data so that this can be recorded on the system retrospectively.

12.2.3   The development of telecommunications that are reliant upon the IT network makes it likely that telephone failure will also result from any IT network failure.

12.2.4   If there is a loss of hardware or software through theft or damage then advice should be sought from ICT Services, South, Central & West CSU and the incident reported to the CCG's Governance team for capture on the Risk Register. The CSU provider operates under a Service Level Agreement under which they have arrangements to activate their organisation's Disaster Recovery Plan to cope with any event causing prolonged interruption of service.

12.2.5   Restoration of services will be managed through the ICT Disaster Recovery Plan developed and held by the South, Central and West CSU.

12.2.6   Each GP Practice IT functions are provided and overseen by NHS England who would provide support and guidance in the event of IT failure.

12.3   Failure of Telecommunications

12.3.1   Telephones within Aldershot Centre for Health are managed by the South, Central & West CSU ICT Team and form part of their Business Continuity Plan.

12.4   Failure of Utilities – Electricity/Gas/Water Supplies

12.4.1   The buildings occupied by North East Hampshire & Farnham CCG are managed by NHS Property Services Ltd

12.4.2   The fault should be reported and a request made as to whether they are able to give an indication of the length of time the supply will be unavailable.

12.4.3   In the event that the water supply fails the impact of the following must be assessed:
* Toilets

- Hand hygiene
- Drinking water

12.4.4 If heating is lost an assessment should be made to the effect of the loss of the heating related to the time of year and the forecast temperature as to whether services can continue from the affected location. This should be carried out in conjunction with NHS Property Services Ltd.

12.4.5 All plumbing issues should be reported to NHS Property Services Ltd.

12.5 Premises

12.5.1 Loss of access to Aldershot Centre for Health (CCG Headquarters) may occur for a number of reasons e.g. fire damage, flooding, loss of power, security alert etc.

12.5.2 If premises are unable to be used then services may need to be suspended or relocated. Each department plan will detail who to contact and measures to be taken. The Business Continuity Lead will assist in finding alternative accommodation should CCG buildings be affected.

12.5.3 Alternative locations for three core staff will include Surrey Heath CCG Headquarters, Surrey Heath Borough Council Offices, Knoll Road, Camberley. Other consideration needs to be given to Omega House, 112 London Road Eastleigh and Home working.

12.5.4 If a temporary relocation to Knoll Road is required, an alert will be placed on the CCG website by the Communications Team and on the CCG Main reception telephone answer machine informing the public of the relocation and predicted length of disruption.

12.5.5 Staff working from home will be required to report to their line manager daily until such time as the offices are available and suitable for occupancy.

12.6 Fuel Shortages

12.6.1 In the event of a fuel shortage the ability to maintain services may be affected. If it has been necessary for the invocation of the National Fuel Plan then the Incident Group will be convened to oversee the management of the situation within the CCG

12.6.2 It is unlikely there will be provision of fuel for staff to get to their work base and the responsibility for alternative travel arrangements is with the individual members of staff in discussion with their line manager.

12.7 Staff Shortages

12.7.1 The absence of staff will have a varying effect depending on their role. In some cases roles can be covered by other staff but others may be highly specialised and necessary arrangements will be detailed in departmental plans as to whether a service can continue particularly if the service depends on that person alone.

12.7.2 There may be a scenario when a number of staff are all incapacitated at the same time such as pandemic influenza. The departmental manager will be responsible for assessing the impact on the ability to continue to provide a service and what contingencies can be put in place, and whether some non- critical services can be cancelled.

12.8   Data Loss

12.8.1 Information is backed up by South, Central and West CSU within the CCG's Information Technology provision and maintenance Service Level Agreement.

12.8.2 Each GP Practice is responsible for storage, recovery and disposal of information. The GP IT function is provided by NHS England who would provide support and direction in the event of any information issues arising.

12.8.3 Each Team within the CCG has a Data Custodian as part of Information Governance requirements. Each Data Custodian develops and holds information business continuity plans relating to data and information held and used by their individual team.

13.   Communication

13.1   If an event occurs that is so severe that alternative arrangements for the provision of care commissioned by the CCGs need to be communicated to the local population, this will be carried out via the Communications Manager after discussion with the Chief Executive or Nominated Deputy who may wish to convene an Incident Group to oversee the situation.

14.   General Practice

14.1   General Practices have their own arrangements for business continuity. This includes a 'buddy system' between practices in the event of premises disruption. The role of the CCG in the event of a primary care incident is that of advice and guidance. A business impact assessment has been carried out for primary care and can be found at Appendix 5 along with key contacts for each practice in Appendix 6

Appendix 1

Business Continuity Management Policy Statement

1. Business Continuity Management (BCM) is an important part of NHS North East Hampshire & Farnham CCG's risk management arrangements. The Civil Contingencies Act (CCA) 2004 1 identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services.

2. It is the policy of the CCG to develop implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of our critical activities from any incident or physical disaster affecting our ability to operate and deliver our services in support of the NHS economy.

3. The aim of Business Continuity Management is to prepare for any disruption to the continuity of the business, whether directly - i.e. within the responsibility control or influence of the business, or indirectly - i.e. due to a major incident occurring to a partner, supplier, dependent or third party, or from a natural disaster.

4. It is recognised that plans to recover from any disruption must consider the impacts not only to our staff, premises, technology and operations whilst maintaining its brand, status, relationships and reputation.

5. Business Continuity arrangements should ensure that the CCG continues to meet its legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.

6. In order for this to be achieved, members of staff should be aware of the plan, critical business functions within their teams and understand their individual role and responsibility in the event of an incident.

North East Hampshire and Farnham
Clinical Commissioning Group

Appendix 2

Functions of the CCG

Job function	Time before business critical	impact of service denial	major dependency	Contingency
Business intelligence	3 days	medium	IT / telephone	Function provided by SCW CSU. BI staff could work from CSU base - Omega House
Commissioning	5 days	low	IT / telephone	No requirement
Contracts	3 days	medium	IT / telephone	Function provided by SCW CSU. BI staff could work from CSU base - Omega House
Finance	3 days	medium	IT / telephone	working from alternate base
Governance	5 days	low	IT / telephone	Governance Team would be involved in the support of any Business Continuity event.
Prescribing	5 days	medium	IT / telephone	No requirement
CCG Admin	24 hrs	required	IT / telephone	Other staff in the CCG to take over core functions provided by admin team e.g telephone answering, diary management.
HQ Offices	immediate	severe	access to building	Core staff to Surrey Heath CCG HQ, other staff home-working on agreement with their line manager.
IT - full access	immediate	severe	IT/telephone	home working via VPN login
IT - guest login	3 days	minimal	minimal impact	critical users can work via wireless and VPN
Wireless	3 days	minimal	only guest users affected	Wireless users will need to work off site including home-working via VPN login.
IT & Wireless	immediate	High	all users affected	home working and off site working
IT - Telephones	24 hrs	High	all users affected	Staff requested to use mobile phones.
Power	immediate	high	all users affected	Generator does not supply any CCG offices *
Light	8 hrs. summer 4 hours winter	high	all users affected	as above users may need to work off site
Heat	24 hrs	medium	all users affected	the building is very energy efficient users can work for several hours
Water	half day	high	all users affected	home working and off site working
Access 24 hr	**immediate**	**medium**	**emergency incident only**	**Access required for Emergency incident alternate base Surrey Heath offices**
Access working day	**only incident emergency process affected**	**medium**	**emergency incident only**	**Core staff to Surrey Heath CCG HQ, other staff home-working on agreement with their line manager.**

Appendix 3

Invoking the Business Continuity Plan – Recovery Template

Reason for invoking the plan: Date: Time:
Brief summary of the situation:
Team/Departments Affected:
Other organisations Involved/affected/alerted:
Date:

Actions Required:	by whom:

Immediate:

Within the remaining working day:

Within 24 hrs (1 working day):

Within 3 working days:

Within 1 week:

Situation update required every _____ hours / days

Appendix 4

Key CCG Contacts

CCG Headquarters	01252 335154
Out of Hours	07010 063245
For issues in hours relating to failure of landlines call the on-call Manager who will cascade	

External Organisations

CSU, Omega House, Eastleigh	02380 627444
Frimley Park Hospital Site	01276 604604
Southern Health NHS Trust	02380 874000
Virgin Care (surrey)	01483 782080
Surrey & Borders Partnership Trust	01883 383838
South East Coast Ambulance Service	0208 7868987
South Central Ambulance Service	01962 898235
NHUC	01276 526622

Appendix 5

Business Impact Assessments

1. **Governing Body Members Role and Responsibility**
   - To provide leadership (including clinical leadership) in their individual/specialist areas
   - To undertake statutory roles and duties (SIRO, Caldicott Guardian, Safeguarding, Data Protection Officer)
   - To attend meetings of the CCG Governing Body and the Committees of which they are members
   - To ensure that the Governing Body meets its duties

2. **Minimum Levels of Service that need to be maintained**
   a) Performance of statutory duties within set timescales / 3 days
   b) Availability of clinical leadership within 24 hours
   c) Ongoing governance of the organisation within 5 working days
   d) Scheduled meetings of the Governing Body and key committees to the prescribed frequency

3. **Contingency**

Priority for the Restoration of Services

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1. Critical: Immediate Response - Danger to staff and/or patients. Prevents provision of an essential service/function
2. Urgent: Within 8 hours – Will degrade to 'Critical' if not addressed within this time band
3. Essential: Within 24 hours – Major disruption – no danger to staff and/or patients. Does not prevent provision of an essential service/function
4. Important: Within 3 days – Will affect services without causing danger to patients
5. Necessary: Within 7 days – Minor disruption to services
6. Routine: Within 14 days – Will not directly disrupt services but will cause inconvenience
7. Non-Urgent: Within 28 days – Will involve non-urgent repair

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Threat	Priority for	Contingency measures required	Action required to restore service	Risk if priority unable to be

	restoring service			met
Loss of staff	3	a/b) deputies for each statutory and clinical lead role. Secure external support where necessary	Formal appointment of successors if loss persists	Impact on stability of clinical/statutory leadership
	4	c/d) defer meeting dates. Endeavour to meet quorums at meetings. Chair's action subject to ratification as outlined in Standing orders.		Impact upon ability to conduct business, progress work plans and maintain governance/ assurance
Loss of telephone communication	3	a-d) Use of email instead (using email contact list for all GB members and corporate staff). Use mobile phones provisioned by the CCG	Contact ICT Service Desk	Impact on ability to maintain stability of clinical/statutory leadership.
Loss of e-mail	3	a-d) Use of telephone and postal or despatch systems (using telephone and address contact lists for all GB members).	Contact ICT Service Desk	Impact on ability to maintain clinical/ statutory leadership. Inherent Info Governance Risk around confidential information in the postal system. Special Mail will be used.
Loss of internet	4	a-d) Other research methods. Copies of key documents stored in Microsoft Office format.	Contact ICT Service Desk	
Loss of Microsoft Office	3	a-d) Copies of key documents stored in .pdf forma	Contact ICT Service Desk	
Loss of access to stored documents (servers)	4	a-d) Copies of key documents stored on alternate servers, battle box and on intranet, emergency encrypted memory stick	Contact ICT helpdesk or Head of Governance for hardcopies and emergency encrypted memory stick	
Loss of individual IT Systems	6	Hot desk working will apply	N/A if at HQ	N/A
Fuel Shortage	5	d) Use of telephone conferencing facilities	N/A	Impact on conduct of business and possible governance risk.
Loss of Buildings	6	c/d) Use of alternative sites and home working	As determined e.g Surrey Heath CCG Offices	Possible overload on alternative sites.

4.   Chief (Accountable) Officer Role and Responsibility

- To undertake the statutory roles and duties of the post

5.   Minimum Levels of Service that need to be maintained

a) Statutory roles (Health and Safety, Employment Rights, Occupiers Liability)
b) Strategic Leadership
c) Governance regarding decision making
d) Outward facing role ('front of house')
e) Delivery of and progress against objectives

6.   Contingency

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1. Critical: Immediate Response - Danger to staff and/or patients. Prevents provision of an essential service/function
2. Urgent: Within 8 hours – Will degrade to 'Critical' if not addressed within this time band
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4. Important: Within 3 days – Will affect services without causing danger to patients
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6. Routine: Within 14 days – Will not directly disrupt services but will cause inconvenience
7. Non-Urgent: Within 28 days – Will involve non-urgent repair

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Threat	Priority for restoring service	Contingency measures required	Action required to restore service	Risk if priority unable to be met
Loss of staff	2	a-e) Succession planning of deputies for each statutory and lead role of the AO. Secure external support where necessary	Formal appointment of successor if loss persists.	Impact on workloads of other Governing Body Members and risk of objectives not being achieved
Loss of telephone communication	3	a-e) Use of email instead (using email contact list for all GB members and corporate staff).	Contact ICT Service Desk	Impact on ability to manage the CCG and risk of objectives not being achieved.
Loss of e-mail	3	a-e) Use of telephone and postal or systems (using telephone and address contact lists for all GB members and corporate staff)	Contact ICT Service Desk	Impact on ability to manage the CCG and risk of objectives not being achieved. Inherent Info Governance Risk around confidential information in the postal system. Safe haven facsimile arrangements will be required and Registered Mail will be used.
Loss of internet	4	a-e) Other research methods. Copies of key documents stored in Microsoft Office format.	Contact ICT Service Desk	
Loss of Microsoft Office	3	a-e) Copies of key documents stored in .pdf format. Stored and managed on a tablet device	Contact ICT Service Desk	
Loss of access to stored documents (servers)	4	a-e) copies of key documents stored on alternate servers and on intranet	Contact ICT Service Desk	
Loss of individual IT Systems		N/A	Contact ICT Service Desk	
Fuel Shortage	5	a-e) Use of Virtual Private Networking for staff with laptops. Use of video conferencing and telephone conferencing.	N/A	Impact on ability to manage the CCG and risk of objectives not being met
Loss of Buildings	6	a-e) Use of alternate NHS accommodation and VPN for home working	Relocate to Surrey Heath CCG HQ	Possible overload on other sites.

Chief Finance Officer Role and Responsibility

- To develop the financial strategy for the organisation
- To ensure sound financial management across the organisation
- To provide financial governance across the organisation
- To undertake the statutory roles and duties including: Bribery Act, Public Contracts and Public Procurement
- To oversee the ICT service

7.   Minimum Levels of Service that need to be maintained:

a) Access to Invoicing and Payments system within 3 days (including contract payments & pay of CCG staff)
b) Monitoring financial position within 3 days (within 1 day if within first week of month)
c) Monitoring bank accounts within 3 days

8.   Contingency

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1. Critical: Immediate Response - Danger to staff and/or patients. Prevents provision of an essential service/function
2. Urgent: Within 8 hours – Will degrade to 'Critical' if not addressed within this time band
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6. Routine: Within 14 days – Will not directly disrupt services but will cause inconvenience
7. Non-Urgent: Within 28 days – Will involve non-urgent repair

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Threat	Priority for restoring service	Contingency measures required	Action required to restore service	Risk if priority unable to be met
Loss of staff	3	a-c) Deputies for each statutory and lead role of the Finance Director.(FD) a-c) Secure external support where necessary.	Formal appointment of successor if loss persists	Impact on workloads of FD and finance teams and risk of financial objectives not being achieved.
Loss of telephone communication	3	a-c) Use of email instead	Contact ICT Service Desk	Impact on ability monitor financial position.
Loss of e-mail	3	a-c) Use of telephone and postal or systems (using telephone and address contact lists – internal and external).	Contact ICT Service Desk	Impact on ability to manage the CCG with risk of statutory requirements not being met and other financial objectives not being achieved.
Loss of internet	4	a-c) Other research methods. Copies of key documents stored in Microsoft Office format.	Contact ICT Service Desk	
Loss of Microsoft Office	3	a-c) Copies of key documents stored in .pdf format.	Contact ICT Service Desk	
Loss of access to stored documents (servers)	3	a-c) copies of key documents stored on alternate servers and on intranet.	Contact ICT Service Desk	
Loss of individual IT Systems	3	a) Contingent process for invoice payment (cheque system).	Contact relevant service provider	Impact on ability pay other organisations with risk of service disruption.
	4	b/c) Contingent process for financial and account monitoring	Contact relevant service provider	Impact on ability to manage finances with risk of not meeting statutory financial balance and other financial objectives.
	4	a) Manual invoicing process	Contact relevant service provider	Impact on cash flow
Fuel Shortage	5	b-c) Use of Virtual Private Networking for staff with laptops. b-c) Use of conferencing	N/A	Impact on ability to manage finances with risk of not meeting statutory financial balance and other financial objectives.
Loss of Buildings	6	a-c) Use of alternative accommodation	Surrey heath CCG HQ	Possible overload on alternative accommodation.

North East Hampshire and Farnham
Clinical Commissioning Group

Threat	Priority for restoring service	Practice Action	CCG Action	Action required to restore service	Risk if priority unable to be met
Loss of staff	2	Practice to arrange deputies for each statutory and clinical lead role. Secure external support if required	CCG to be aware and to work with practice	Practice to formally appoint successor if loss persists	Impact on stability of practice and the need for the CCG to support in providing emergency GP provision on site or via 111 CCG to be updated on a daily basis
	4	Defer any non urgent activity including meetings	No action by CCG		Impact on practice of ability to conduct business, progress work plans and maintain governance and assurance
Loss of telephone communication	2	Advise CCG of plan in place Use of mobile phones and other communication means Contact 111 to advise of issue as patients unable to contact practice	CCG to be aware and help the practice to take action as required	Contact Telecom provider to identify reasons and timescale	Impact of practice to receive inward phone calls from patients and other users The CCG needs to be advised immediately of this to deal with issues of patients and groups at risk not being able to reach a GP
Loss of e-mail	3	Advise CCG of plan in place Use Telephone or similar if available	CCG to be kept aware of impact	Contact Healthcare Computing	Impact on ability to communicate electronically CCG to be kept aware of ongoing issues with IT
Loss of internet	3	Asses impact on clinical systems Advise CCG as other nearby practices may be able to access systems	CCG to be kept aware of impact	Contact Healthcare Computing	Impact on ability to communicate electronically and potential use of clinical systems CCG to be kept aware of ongoing issues with IT and to work with practice to find alternative practice provision if needed
Fuel Shortage	5	Use of telephone appointments, shorter operating hours with agreement with the CCG	CCG aware of local impact		Ensure the CCG is aware of impact and that there is agreement of a course of action in the event of reduced hours of operation or service
Loss of Buildings due to adverse weather, flood or power failure	1	Practice to have in their plan a procedure to deal with these events Specifically redirection of patients, provision at alternative sites or practices and use of 111 and OOH	CCG to be fully aware of situation and involved in resolving Activly working to ensure that services and facilities are bropiught back into use and patients not left without support	Practice to contact insurer, CCG, Healthcare Computing and other relevant persons to ensure service is restored as soon as possible	Impact on provision of service to patients CCG involved in plan for alternative provision in the case of long term closure including other GP sites and use of 111

Appendix 6

Practice	GP Lead	GP Lead Email Address	Practice Manager	PM Email Address	Practice Address	Phone	Area
J82030	Dr Usah Couderc	usha.couderc@nhs.net	David Giles	david.giles@nhs.net	**Victoria Practice**, Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire GU11 1AY	01252 335445	A'shot
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J82067	Dr Nick Hughes	n.hughes@nhs.net	Rachel McCrady	rachel.mccrady@nhs.net	**Milestone Surgery**, 208 Farnborough Road, Farnborough, Hampshire GU14 7JN	01252 545078	F'boro
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J82195	Dr Andrew Whitfield	andrewwhitfield@nhs.net	Helen Gledhill	helengledhill@nhs.net	**Southwood Practice**, The Surgery, Links Way, Southwood Village, Farnborough Hampshire GU14 0NA	01252 371715	F'boro
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H81027	Dr David Luscombe	david.luscombe@nhs.net	Gaynor Hardy	gaynorhardy@nhs.net	**The Ferns Medical Practice**, Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS	01252 723122	F'ham
H81088	Dr Ed Wernick	e.wernick@nhs.net	Suzanne Nicholls	suzanne.nicholls@nhs.net	**Downing St Group Practice**, 4 Downing Street, Farnham, Surrey, GU9 7PA	01252 716226	F'ham
H81097	Dr Helen Roberts	helen.roberts2@nhs.net	Anne Green	annegreen@nhs.net	**River Wey Medical Centre**, Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS	01252 730130	F'ham
H81110	Dr Robert Price	rprice1@nhs.net	Christopher James	christopher.james@nhs.net	**Holly Tree Practice**, 42 Boundstone Road, Wrecclesham, Farnham, Surrey, GU10 4TG	01252 793183	F'ham
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J82099	Dr Michelle Sinclair	michelle.sinclair2@nhs.net	Donna Brennan	donnabrennan@nhs.net	**Richmond Surgery**, Richmond Close, Fleet, Hampshire, GU52 7US	01252 811466	Fleet
J82110	Dr. Christopher Higgins	chrishiggins@nhs.net	James Perrin	james.perrin@nhs.net	**Fleet Medical Centre**, Church Road, Fleet, Hampshire, GU51 4PE	01252 613327	Fleet
J82135	Dr. Steven Clarke	stevenclarke@nhs.net	Sally Turnbull	sallyturnbull1@nhs.net	**Branksomewood Healthcare Centre**, Branksomewood Road, Fleet, Hampshire, GU51 4JX	01252 613624	Fleet
J82628	Dr. Mark Tyrrell	mark.tyrrell@nhs.net	Victoria Hawkins	vhawkins1@nhs.net	**Crondall New Surgery**, Redlands Lane, Crondall, Farnham, Surrey, GU10 5RF	01252 850292	Fleet
J82049	Dr. Mark Hinton	markhinton@nhs.net	...s, Business manager - **DO NO**...	karen.toms@nhs.net	**Oakley Health Group** — **Main Correspondence Address & Clinic:** 51 Frogmore Road, Blackwater **Clinic:** Yateley Medical Centre, Oaklands, Yateley Hampshire. GU46 7LS	01252 872791	Yateley
	Dr. Gareth Robinson	grobinson@nhs.net	...ice Manager - **NEH&F CCG E**...	jennifer.taylor1@nhs.net		01252 872333	

Appendix 7

EQUALITY ANALYSIS

Business Continuity Plan	
Author: Head of Governance	**Assessor:** Head of Governance
Director: Roshan Patel, Chief Finance Officer	**Date of Assessment:** 1 August 2016
Equality Act Duties	

Relevance of the document against the duties of the Equality Act:
This should include which aspects of a policy, service, function, etc. are relevant to which duties.

Disability	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Sex	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Race	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Age	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Gender Reassignment	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Sexual Orientation	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Religion or belief	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Marriage and Civil Partnership	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Pregnancy and Maternity	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.
Carers	The Policy has been developed to ensure that all protected characteristics are not penalised by any Business Continuity arrangements.

Please state the aims and objectives of this work How is this proposal linked to the organisation's Business Plan and Strategic Objectives
The Business Continuity Plan It is a requirement of the Civil Contingency Act 2004 that the CCGs have Business Continuity Plans in place to support the CCG's Major Incident Plan.

Who is likely to be affected? e.g. staff, patients, service users
The Plan is aimed at staff in the event of occurrences which disrupt the working of the CCG.

What evidence do you have of the potential impact (positive and negative)?
The Plan has yet to be tested to identify the impact.

Gaps in evidence of potential impact
The Plan has yet to be tested to identify the impact.

Document Consultation
SMT 2 August 2016

Action planning for improvement
N/A