Title of Meeting:	Governing Body		Agenda Item: 7.5	
Date of Meeting:	29 October 2020			
Paper Title:	• Emergency, Preparedness, Resilience and Response Policy • Major Incident Plan • Business Continuity Policy		**Session (Tick)**	
			Public	X
			Private	
			Development Session	

Responsible Governing Body Member Lead	Report Author and Job Title
Julie Warren Director of Corporate Services, Governance and Performance	Emma Parker Corporate Services and EPRR Manager

Purpose (this paper if for)	Decision	Discussion	Assurance	Information
	X			

Has the report (or variation of it) been presented to another Committee / Meeting?

If yes, state the Committee / Meeting: Yes. A version of this paper has been reviewed at the Executive Directors Meeting.

Executive Summary

The attached documents have been produced following a review of the predecessor North Yorkshire CCG's Business Continuity and Emergency, Preparedness, Resilience and Response (EPRR) plans.

All NHS funded organisations must meet the requirements of the Civil Contingencies Act 2004 and the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The purpose of this paper is to detail the NY CCG response arrangements in the event of a disruption to business continuity or a major incident and identify immediate steps for management and response.

The Business Continuity Plan (BCP) (see Appendix A) sets out the procedures for responding to any disruptive incidents affecting it core activities and how the CCG will recover from any disruption affecting its critical activities.

The EPRR Plan (See Appendix B) and Major Incident Plan (See Appendix C) have been developed to support the Major Incident Planning process, recognising that a Business Continuity scenario could provide the 'trigger' for a major incident response.

The plans outline an ongoing business continuity programme and are committed to:
- Ensuring a comprehensive Business Continuity Management System is established and maintained;
- Ensuring key services, together with their supporting critical activities,
- Ensuring processes and resources, will be identified by undertaking business impact analysis;
- Ensuring risk mitigation strategies will be applied to reduce the impact of disruption on key services;
- Ensuring plans will be developed to enable continuity of key services at a minimum acceptable standard following disruption;
- Outlining how business continuity plans will be invoked and the relationship with the CCG Major Incident Plan;
- Ensuring plans are subject to on-going exercising and revision;

- Ensuring the CCG Governing Body is assured that the Business Continuity Management System remains up to date and relevant.

By implementing and maintaining a business continuity management programme, the CCG seeks to achieve the following priorities should a disruptive incident affect the CCG.

The outcomes of this programme aim to ensure:

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

Recommendations
The Governing Body is being asking to:
- Note that the Executive Directors have reviewed and agreed the attached documentation.

- Review and accept the Critical CCG Activities (See Appendix A: BCP - Section 7.0).

- Note the roles and supporting officers (See Appendix A: BCP - Section 4.2.1 – 4.2.3 and Appendix C: EPRR Plan – Section 5.2.1 – 5.2.3)

- Approve the attached Emergency, Preparedness, Resilience and Response Policy, the Major Incident Plan and the Business Continuity Policy based on a recommendation from the Executive Directors.

Monitoring
The Governing Body is responsible for approving the group's arrangements for business continuity and emergency planning annually.

The Executive Directors will monitor business continuity and emergency planning and will provide relevant updates to the Governing Body through the Accountable Officer report.

Any statutory / regulatory / legal / NHS Constitution implications	All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	No public or patient engagement is required for this area.
Financial / resource implications	No financial or resource implications have been identified.
Significant Risks to Consider	No significant risks have been identified however any risks that are identified will be monitored through the Governing Body Assurance Framework, Corporate Risk Register of Directorate Risk Register.
Outcome of Impact Assessments completed	Not applicable

Emma Parker

Corporate Services and EPRR Manager

Business Continuity Policy

October 2020

Authorship:	Corporate Services and EPRR Manager
Committee Approved:	Governing Body
Approved date:	October 2020
Review Date:	October 2021
Equality Impact Assessment:	N/A
Sustainability Impact Assessment:	N/A
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	NY-117
Version Number:	0.1

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

PLAN AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1				

Contents

1.0   Introduction

This procedure covers the NHS North Yorkshire Clinical Commissioning Group (CCG) response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as 'emergency preparedness resilience and response' (EPRR). The CCG recognises the importance of thorough and robust planning for emergency preparedness, resilience and response. This includes planning to respond to both major incidents and those which may affect business continuity.

The Accountable Officer of the CCG has the statutory responsibility for the Emergency Preparedness Resilience and Response arrangements of the CCG under the Civil Contingencies Act 2004 (CCA), Health and Social Care Act 2012, NHS England, Emergency Planning Framework and other central Government Guidance.

The CCG Accountable Emergency Officer (AEO) is responsible for '*ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event*' (Emergency Officers for Emergency Preparedness, Resilience and Response (EPRR) 2012).

CCGs must assure their Governing Body, NHS England and Local Health Resilience Partners that suitable arrangements are developed, tested and maintained.

This plan has been developed to support the Major Incident Planning process, recognising that a Business Continuity scenario could provide the 'trigger' for a major incident response.

Copies of this document are held in the On-Call Pack on the y drive at \\NYH.org.uk\data\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack** and in Desk Top On-Call Packs held by:

- On-Call Directors
- First Managers On-Call
- Emergency Officer (Corporate Services and EPRR Manager)

2.0   Purpose

This Business Continuity Plan is intended to help the CCG to overcome any unexpected disaster to its premises at CCG premises, key personnel, or to any important systems that it relies upon in its day to day operations.

In the event of service interruption, this plan sets out the framework for the CCG to:

- Manage and maintain the continuation of critical core functions and services
- Manage the recovery and restoration of normal functions and services

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The plan holder (Accountable Emergency Officer) is responsible for coordinating any response under the plan. If the plan holder is unavailable, this duty will fall to the Head of Finance.

2.1 Objectives of the Business Continuity Plan

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

2.2 Outcomes of the Business Continuity Plan

The outcomes of this plan aim to ensure:

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

3.0 Scope of the Plan

This plan relates to the business continuity management of the business functions within the CCG. It addresses those services which are provided by the Directorates:

- Acute Commissioning
- Strategy and Integration
- Quality and Clinical Governance
- Finance and Contracting
- Corporate Services

3.1   Out of Scope

This plan does not outline the arrangements for business continuity management of services and business functions carried out by the CCG's providers and service suppliers, such as:

- Acute Trusts
- North Yorkshire County Council
- North of England Commissioning Support
- Harrogate, Ryedale and Scarborough Borough Councils
- Other CCGs where Memorandum of Understandings are in place for the hosting of services
- NHS England (co-commissioning Primary Care Services)

The CCG is heavily reliant on the services provided by the above organisations. Contractually these organisations are required to ensure arrangements for business continuity and major incident response are in place and assurance is given to the CCG that the processes are robust.

4.0   Duties, Accountabilities and Responsibilities

4.1   Duties

4.1.1   Legal and Statutory Duties and Responsibilities

The Civil Contingencies Act (CCA) 2004 places a duty on CCGs to have business continuity plans in place to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The duty relates to all functions, not just emergency response functions.

The model adopted aligns with best practice expectations placed upon all NHS organisations in the NHS England's Business Continuity Management Framework (service resilience) (2013) and the associated requirements listed in the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

4.1.2   Specific duties and responsibilities within the CCG

For the Business Continuity Plan to be effective and become embedded in the organisation, responsibilities from the Accountable Officer downwards need to be agreed and communicated so that everyone is aware of what is expected from them.

4.1.3   Category of Responder

Category 1 Responders (main NHS providers and NHG England) have a legal obligation under the Civil Contingencies Act 2004 (CCA) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business Continuity Management. Category 1

Responders are also responsible for warning and informing the public in relation to emergencies.

CCGs are Category 2 Responders. This means that the CCG has a legal obligation under the Civil Contingencies Act 2004 (CCA) to support the Category 1 Responders.

As a Category 2 Responder, the CCG has a role in supporting NHS England and providers of NHS funded care in planning for and responding to an **influenza pandemic**.

4.2 Accountabilities

4.2.1 Accountable Officer

Has overall statutory responsibility for the strategic and operational management of the CCG, including ensuring that the CCG has in place robust arrangements for business continuity management and service recovery. They should ensure that Governing Body is kept fully informed of significant business continuity risks and any associated significant developments or issues.

4.2.2 The Accountable Emergency Officer (AEO)

The AEO is the CCG Accountable Officer. They are responsible for ensuring that the CCG is prepared and resourced for dealing with a major incident or event. They attend the Local Health Resilience Partnership (LHRP) and ensure that processes are in place to regularly assess the risks to the population it serves. This includes community and national risks.

4.2.3 The Senior Responsible Officer

The SRO is the Director of Corporate Services, Governance and Performance and supports and deputises for the AEO. This post is supported by the Assistant Director of Corporate Services

4.2.4 Executive Directors

Have a responsibility for ensuring that they hold up to date copies of the Business Continuity Plans and Business Impact Assessments relevant to their individual directorates and circulate as appropriate to identified managers.

4.2.5 CCG Governing Body

Is responsible for setting the strategic context in which business continuity and service recovery procedures are developed, and for the formal review and approval of this plan and the Business Continuity Plan. The Governing Body is also responsible for determining the accepted levels of 'business as usual', through monitoring service delivery and approving suggested developments.

4.2.6 Corporate Risk Review Group

Executive Directors

Receives the EPRR work programme for quarterly

Corporate Risk Review Group (CRRG)

Accountable to the Executive Directors, the CRRG monitors and maintains the risk registers for the organisation, which includes risks relating to business continuity and emergency preparedness. Significant risk reports are reviewed by Committees and the Governing Body as described within the Risk Management Strategy.

4.2.7 The Business Continuity Manager (BCM)

The BCM is the Corporate Services and EPRR Manager. They are responsible for ensuring there is on-going dialogue and collaboration between the Business Continuity function and those teams with Major Incident Planning responsibilities.

They are also responsible for ensuring that business continuity management plans to support the core business functions are completed and updated as necessary. They are responsible for ensuring:

- Directorate leads document and review their Business Impact Assessments on an annual basis or when necessary;
- Training needs are identified, including appropriate induction training and more specialist training for those filling specific roles
- Advice, guidance and instruction on business continuity matters is available, particularly the production of Business Continuity Plans
- Business continuity exercises are conducted in line with national guidance and in liaison with the other organisation managers
- That awareness and knowledge of the business continuity plan is embedded among staff.
- Attending the Local Resilience Forum where risks and potential risks to the local population are highlighted and any response or action required is discussed.

4.2.8 CCG Heads of Service

Will support the Business Continuity Manager ensuring that

- Critical services and resources are identified across their team ensuring that their element of the Business Continuity plan is reviewed at six monthly intervals and updated as necessary to maintain good quality control of document information.
- Any revisions are notified to the Business Continuity Manager
- Encourage and participate in training or exercises.
- Contribute to the review and updating of the Business Continuity plan regularly in light of lessons learned from exercises or incidents, research or changes in staff.
- Support business continuity awareness and acceptance amongst staff and ensure that all of their staff are aware of their responsibilities within the Business Continuity plan.

4.2.9 *All CCG Staff*

Are responsible for ensuring familiarity and co-operation with this Business Continuity Plan and in particular are required to report any risks to the delivery of the organisation's strategic aims and related objectives via normal reporting arrangements.

4.3 Responsibilities

4.3.1 *Commissioning Responsibilities*

The CCG also has a statutory duty to deliver essential functions to meet its commissioning responsibilities for the CCG population.   The purpose of this plan is to map these key functions and consider alternative ways of delivery in the short term until normal service is restored. Any long term disruption would need further discussion by the CCG's Governing Body.

4.4 Responsibilities for Approval

The Governing Body is responsible for the group's arrangements for business continuity and emergency planning.

5.0 Management Team - Key Contacts

In order to evoke the business continuity plan the following available members of the Management Team need to have agreed that the CCG has suffered a break to business continuity and will co-ordinate the CCGs response for their areas of responsibility.

Executive Directors

Name	Role
Amanda Bloor	Accountable Officer
Wendy Balmain	Director of Strategy and integration
Sue Peckitt	Chief Nurse
Jane Hawkard	Chief Finance Office
Simon Cox	Director of Acute Commissioning (tbc)
Julie Warren	Director of Corporate Services, Governance and Performance

Senior Managers
As required

Vanessa Burns	Deputy Director of Acute Commissioning
Alison Levin	Deputy Director Management Accounting and Contracting
Kirsty Kitching	Assistant Director Mental Health and LD
Alec Cowell	Assistant Director of Financial Services and Reporting
Jane Baxter	Assistant Director of Corporate Services
Steve Jordan	Assistant Director of Contracting and Procurement
Clare Hedges	Head of Acute Commissioning
John Darley	Head of Acute Commissioning
Sam Haward	Head of Community Services and Integration
Andrew Dangerfield	Head of Primary Care Transformation

Contact details are available at [Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**](#)

6.0 Threats to the CCG's Business Continuity

There are a number of potential threats that would impact on the CCG's ability to continue its day to day business functionality.

Functions within the CCG have been categorised as critical, essential and routine. The functions by category are described below in Section 7.0

Not all services will be deemed critical. The framework will therefore help identify the high, medium and low risk factors so that effort can be applied where it will have most value.

7.0 Critical CCG Activities

CATEGORY 1 Critical - resume within 24 hours
Emergency Preparedness - Planning and Response
Oversight, Management and Monitoring of communications and Engagement

CATEGORY 2 Essential- Resume within 24 – 48 hours
Authorisation of payments to NHS provider organisations
Authorisation of payments to essential suppliers and independent contractors
Authorisation of payments to non-essential suppliers and independent contractors
Financial external returns to NHSE, including monthly finance information and financial plan returns etc.
Quality and Performance - Statutory/external activity return
Continuing Healthcare Decision making
Safeguarding
Serious Incidents
Authorisation of payments to NHS provider organisations
Authorisation of payments to essential suppliers and independent contractors
Authorisation of payments to non-essential suppliers & independent contractors
Individual Funding Requests
Respond to telephone calls/enquiries regarding Continuing Healthcare
Respond to telephone calls/enquiries regarding Safeguarding
Respond to telephone calls/enquiries regarding Personal Health Budgets

CATEGORY 3 Routine - Resume as soon as practical (ideally 2 weeks)
Complaints Management
Freedom of Information request processing
Maintenance of Assurance Framework and Risk Register

CATEGORY 3
Routine - Resume as soon as practical (ideally 2 weeks)
Manage the business agendas for the CCG Governing Body, Executive Team and subcommittee meetings; minute taking process delivery and supervision
Overseeing the delivery of the HR, corporate governance and information governance functions of the CSU.
Corporate Health and Safety
QIPPs relating to Primary Care
Primary Care activity / quality
Service Redesign - Primary Care Element
Development of QP pathways and establishment of monitoring systems
Support of Primary Care Contracting
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
Key Provider Contract Management meetings Planning and Forecasting
Ad hoc data analyses
Management, development and ongoing monitoring of compliance and performance against the quality expectations within main provider contracts, assessment of performance on quality schedule
KPIs and CQUIN delivery
Management of the GP Feedback System
Strategic Planning - coordinating the processes required to deliver strategic and operational plans
Organisational Development - liaise with team in ACS to enable and monitor delivery of SLA
Equality and Diversity - liaise with ACS lead to ensure CCG compliance and commitment to this agenda

8.0 Staff safety

Staff safety remains high priority. If it is not safe for staff to be in a CCG premises or travelling to and from a CCG premises or on CCG business then staff should remain at home. This decision will be taken by the Director on-call or another Director.

In the unlikely event that some staff are not able to travel home due to disruption then they will stay with a colleague where possible or alternative accommodation will be sought.

9.0 Activating the Plan

9.1 Director on Call

Is responsible for activating and coordinating the plan following discussion with the First Manager on-call and other Directors. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario

it is possible to delegate the leadership of the business continuity plan to the first manager on-call or other suitable delegate. If there is an incident that requires evacuation of a CCG premises and the Director on call is not on site they should delegate the responsibility to an individual who is in on site.

9.2   Business Continuity Manager

Is the key link with the Director on-call. They are responsible for ensuring that the business continuity plan is activated and that all staff are kept informed and updated.

9.3   Triggers for activation of plan

The Business Continuity Plan will also be activated by the Director on Call when the major incident plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all teams will need to activate their business continuity plan.

10.0 Action Cards

Action Cards should be used to initially address any potential threat to business continuity. They are available in the On-Call Pack Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Business Continuity Action Cards**

The following Action Cards are available on file:

1. Partial loss of staff
2. Complete loss of staff (>40%)
3. Loss of access to a CCG premises (or the surrounding area or roads) for longer than the maximum acceptable downtime.
4. Loss of telephone communication
5. Loss of network connectivity for an anticipated prolonged period
6. Loss of email
7. Loss of electrical supply for longer than the maximum acceptable downtime
8. Loss of gas supply for longer than the maximum acceptable downtime
9. Loss of water supply for longer than the maximum acceptable downtime
10. Loss of security
11. Transportation issues
12. Fuel shortage
13. Adverse weather conditions

It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

Contact details of staff and key stakeholders are included in the On-Call Pack Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**

11.0 Incident Control Team

If the incident looks like it may be prolonged it may be necessary to set up an Incident Control Team (Directors and Heads of Service) and an Incident Co-ordination Centre to ensure the CCG critical activities are continued.

The team should meet at 1 Grimbald Crag Court in Boardroom One, Building One or communicate via teleconference. If Boardroom One is affected by the incident move to Boardroom Two, Building Two.

Key individuals, or their deputies, involved would be:

- Accountable Officer
- Accountable Emergency Officer
- First On-call Manager
- Chief Nurse
- Communications Manager
- Additional Heads of Service/Assistant Directors
- Co-opted members may also include facility management from NHS Property Services and NECs IMT lead.

12.0 Communications

Communication processes and cascade systems are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

K**ey contact details** are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**

Each member of SMT will keep a copy of this business continuity plan on their desktop so that it can be actioned as and when necessary from any location. This Desk Top On-Call pack includes all key contact details

Any initial communication with staff must include the following information:

1. What the incident is
2. What the cause of the Incident is or may have been (if known)
3. How long the incident is likely to last
4. How the incident is to affect their work and alternative working arrangements
5. What is expected of them during the course of the incident; and
6. Confirmation of how communication should be maintained between them and the Head of Service.
7. Date/Time of next communication

Communication to staff will be via the following means, as decided to be the most appropriate and effective:

- Emails (if available) to work nhs.net accounts
- Telephone (if available) to either their work, home or mobile numbers as appropriate
- Firetext – Text Message System
- Information and updates on the intranet website (if available)
- Team meetings
- Monthly staff briefing

All key organisational contact details are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**

TO NOTE - All-Staff contact details are only provided in the Desktop On-Call Packs as personal information is not saved in the All Staff area of the y drive

12.1 Cascade Notification

Cascade System instructions are available in the On-Call Pack saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

12.2 Text Cascade System

A text message can be sent to the following groups of people using the Firetext system

- All Staff
- Senior Management Team
- Governing Body
- Communications Team

The system can be accessed at https://app.firetext.co.uk/

Instructions are included in the *Communication Cascade System Processes* document.

12.3 Manual Cascade System

Notification to staff will operate in a cascade system where by notification is made via direct line management routes as outlined in the *Communication Cascade System Processes* document.

12.4 Telephone Numbers

A telephone cascade list with work, home and mobile numbers for staff will be in the Desk Top On-Call Packs and with the Corporate Services Team. It will be the responsibility of staff to ensure this is kept up to date by notification to the Corporate Services Team at nyccg.EPRR@nhs.net

13.0 Record Keeping

It is important that there is a clear record of decisions taken which should be recorded on the log pages in the action cards saved here [Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Business Continuity Action Cards**](#)

As a minimum this information will include:

- The time of the incident
- The nature of the decision;
- The reason for the decision;
- The date and time of the decision;
- Who has taken the decision;
- The extent of consultation and advice from external stakeholders;
- Who has been notified of decisions made;
- Any review dates of the decision.

14.0 Finance and resources

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

15.0 Recovery Process & Lessons Learned

Recovery from an incident or event is as equally important as the business continuity management process. It is important that recovery is a managed and coordinated process led by the Emergency Accountable Officer.

After the recovery process is complete a lessons learned session should be undertaken and the business continuity plan updated to reflect any lessons learned.

15.1 Capturing lessons learned and improvement plans

All incidents should be followed by an immediate de-brief with the staff concerned with the aim of providing answers to the following questions:

- What went well?
- What needs improving?

The outcomes and results of incidents and de-briefs will be recorded by the BC Manager and made available to auditors, the Chief Finance Officer and/or the IMT Senior Team if requested. The BCP Owner is responsible for amending the plan to reflect the outcomes and lessons learnt.

This may also require amendment to standard operating procedures and consideration of risks reported to be reviewed and updated.

16.0 Training

Advice on this plan can be obtained from the Accountable Emergency Officer or the Corporate Services and EPRR Manager.

17.0 Monitoring Compliance with the Document

Within the CCG, the Business Continuity Manager will ensure that annual assurance reports are submitted to the Governing Body outlining the current status of the CCG's emergency preparedness.

This Plan and any associated BC Plans may be subject to review by the organisation's Internal or External Auditors as part of their annual audit plan, to ensure it is being implemented effectively. Any such reviews will be carried out with the full support of staff requested to contribute to the audit. The findings and recommendations arising from the audit will be considered using standard audit reporting procedures.

The Governing Body is responsible for approving the group's arrangements for business continuity and emergency planning.

The Executive Directors will monitor business continuity and emergency planning and will provide relevant updates to the Governing Body through the Accountable Officer report.

The Governing Body will receive a full briefing on business continuity and emergency planning in public annually.

Any business continuity and emergency planning risks that may affect the delivery of the strategic objectives will be included within the Governing Body Assurance Framework which is received by the Governing Body three times yearly, twice in public and once at the development session.

18.0 Arrangements for Review

The Business Continuity Manager is responsible for ensuring plan and guidance on all business continuity arrangements is developed, including the production and maintenance of the CCG Business Continuity Plan which is approved by Governing Body.

The Associate Director of Corporate Services is responsible for ensuring the plan is reviewed on an annual basis or earlier as a result of changes to legislation or changes to

CCG structures and/or procedures. Each team will undertake an annual business impact analysis and review the team business continuity plan accordingly.

19.0 Dissemination

This plan will be made available to all Members and staff via the CCG's website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The plan will be brought to the attention of all new Members and staff via the induction process.

Following approval by Governing Body, this plan will be distributed to the CCG Heads of Service for dissemination to all their staff.

20.0 Associated Documentation

- Emergency Preparedness, Resilience and Response Policy
- On Call Pack
- Surge and Escalation Plan
- Flexible Working Policy

21.0 References

- Civil Contingencies Act 2004
- NHS Commissioning Board Emergency Preparedness Framework 2013
- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

22.0 Key Partners

This document aims to ensure the organisation is willing and capable of working with the wide range of Third Parties that either provides services to the organisation, or where the organisation has a dependency on them in order to deliver its own critical functions, systems or processes.

This will be achieved by:

- active co-operation and collaboration with relevant Third Parties on strategic or inter-agency BC initiatives
- ensuring our critical suppliers and providers have appropriate BC Plans in place; ensuring any contracts entered into include BC requirements
- reviewing our supplier and provider arrangements to reduce the possibility of a 'single point of failure' being created

- ensuring Third Parties are considered during Departmental BIA, risk assessment and BC Planning processes.

23.0 On Call Pack References (Appendices)

The following documents are all saved and maintained in the CCG On-Call Pack saved here \\NYH.org.uk\data\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack**

Desktop On-Call Pack

All First On-Call Managers and On-Call Directors must ensure that this folder is copied on to their work laptop desktop to ensure accessibility during any loss of Network Connectivity

First On-Call Managers and On-Call Directors will be sent revised documents by the Corporate Services and EPRR Manager

23.1 Flu Plan

Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity\On-Call Pack\Flu Plan

23.2 Action Cards

The following Action cards are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Business Continuity Action Cards**:

BC1.	Partial Loss of Staff
BC2.	Complete or Near Complete loss of staff (e.g. pandemic flu)
BC3.	Loss of Access - If the building becomes unavailable for use:
BC4.	Loss of Telecommunications
BC5.	Loss of Network Connectivity
BC6.	Loss of Email
BC7.	Loss of Electrical Supply
BC8.	Loss of Water Supply
BC9.	Loss of Security
BC10.	Loss of Transportation
BC11.	Fuel Shortages
BC12.	Adverse Weather Conditions (Particularly flooding and snow)

23.3 Communication Cascade System

Instructions for the manual and electronic cascade of communications to all staff is saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

23.4 Contact Details

IMPORTANT - Use Mobile devices to call so that identifiable numbers are logged. Switchboards have no Caller ID so will be ignored.as a cold call.

The following contact details are saved here [Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**](Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity\On-Call Pack\Contacts):

- **Senior Management Team**
    - o   In order to evoke the business continuity plan the following available members of the Senior Management Team (SMT) need to have agreed that the CCG has suffered a break to business continuity and will co-ordinate the CCGs response for their areas of responsibility.

- **Organisational Contact Details**
    - o   Contact details for partner organisations and CCG premises are saved here

- **GP Practice Contact Details**

- **Staff Contact Details**
    - o   Where possible communications to all staff should be cascaded using Firetext (Text messaging system instructions saved as above)
    - o   Where this is not possible staff contact details should be held in Managers/Directors **Desktop On-Call Pack** (Personal Information is not held on the All Staff Y-Drive Area)

Emergency Preparedness, Resilience and Response Policy

October 2020

Authorship:	Corporate Services and EPRR Manager
Committee Approved:	Governing Body
Approved date:	October 2020
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Policy Number:	NY 124
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1				

Contents

1.0   Introduction

NHS North Yorkshire Clinical Commissioning Group (CCG) recognises the importance of thorough and robust planning for emergency preparedness, resilience and response. This includes planning to respond to both major incidents and those which may affect business continuity.

The Accountable Officer of the CCG has the statutory responsibility for the Emergency Preparedness Resilience and Response arrangements of the CCG under the Civil Contingencies Act 2004 (CCA), Health and Social Care Act 2012, NHS England, Emergency Planning Framework and other central Government Guidance.

The CCG Accountable Emergency Officer (AEO) is responsible for '*ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event*' (Emergency Officers for Emergency Preparedness, Resilience and Response (EPRR) 2012).

CCGs must assure their Governing Body, NHS England and Local Health Resilience Partners that suitable arrangements are developed, tested and maintained.

This policy has been developed to support the Major Incident Planning process, recognising that a Business Continuity scenario could provide the 'trigger' for a major incident response.

2.0   Purpose

The purpose of this document is to ensure the organisation's business critical functions, systems and processes are identified. This will be achieved through partnership working between the Business Continuity Manager, Information Asset Owners and relevant Business Continuity Plan owners to undertake risk assessments and business impact analysis, and then taking action to reduce risks and/or produce Business Continuity Plans covering those areas identified as high or medium risk.

The policy will help the CCG to anticipate, prepare for, prevent, respond to and recover from, disruptions, whatever their source and whatever part of the business they affect.

2.1   Objectives of the EPRR Policy

- to ensure a comprehensive Business Continuity Management System is established and maintained;
- to ensure key services, together with their supporting critical activities,
- processes and resources, will be identified by undertaking business impact analysis;
- to ensure risk mitigation strategies will be applied to reduce the impact of disruption on key services;

- to ensure plans will be developed to enable continuity of key services at a minimum acceptable standard following disruption;
- to outline how business continuity plans will be invoked and the relationship with the CCG Major Incident Plan;
- to ensure plans are subject to on-going exercising and revision;
- to ensure the CCG Governing Body is assured that the Business Continuity Management System remains up to date and relevant.

2.2 Outcomes of the EPRR Policy

The outcomes of this policy aim to ensure:

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

3.0 Definitions / Explanation of Terms

For the NHS, business continuity management is defined as the management process that enables a 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.

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

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

4.0   Scope of the Policy

4.1   Within Scope

This policy relates to the business continuity management of the business functions within the CCG. It addresses those services which are provided by the Directorates:

- Acute Commissioning
- Strategy and Integration
- Quality and Clinical Governance
- Finance and Contracting
- Corporate Services

4.2   Out of Scope

This plan does not outline the arrangements for business continuity management of services and business functions carried out by the CCG's providers and service suppliers, such as:

- Acute Trusts
- North Yorkshire County Council
- North of England Commissioning Support
- Harrogate, Ryedale and Scarborough Borough Councils
- Other CCGs where Memorandum of Understandings are in place for the hosting of services
- NHS England (co-commissioning Primary Care Services)

The CCG is heavily reliant on the services provided by the above organisations. Contractually these organisations are required to ensure arrangements for business continuity and major incident response are in place and assurance is given to the CCG that the processes are robust.

5.0   Duties, Accountabilities and Responsibilities

5.1   Duties

5.1.1   *Legal and Statutory Duties and Responsibilities*

The Civil Contingencies Act (CCA) 2004 places a duty on CCGs to have business continuity plans in place to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The duty relates to all functions, not just emergency response functions.

The model adopted aligns with best practice expectations placed upon all NHS organisations in the NHS England's Business Continuity Management Framework (service resilience) (2013) and the associated requirements listed in the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

5.1.2 Specific duties and responsibilities within the CCG

For the Business Continuity policy to be effective and become embedded in the organisation, responsibilities from the Accountable Officer downwards need to be agreed and communicated so that everyone is aware of what is expected from them.

5.1.3 Category of Responder

Category 1 Responders (main NHS providers and NHG England) have a legal obligation under the Civil Contingencies Act 2004 (CCA) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business Continuity Management. Category 1 Responders are also responsible for warning and informing the public in relation to emergencies.

CCGs are Category 2 Responders. This means that the CCG has a legal obligation under the Civil Contingencies Act 2004 (CCA) to support the Category 1 Responders.

As a Category 2 Responder, the CCG has a role in supporting NHS England and providers of NHS funded care in planning for and responding to an **influenza pandemic**.

5.2 Accountabilities

5.2.1 Accountable Officer

Has overall statutory responsibility for the strategic and operational management of the CCG, including ensuring that the CCG has in place robust arrangements for business continuity management and service recovery. They should ensure that Governing Body is kept fully informed of significant business continuity risks and any associated significant developments or issues.

5.2.2 The Accountable Emergency Officer (AEO)

The AEO is the CCG Accountable Officer. They are responsible for ensuring that the CCG is prepared and resourced for dealing with a major incident or event. They attend the Local Health Resilience Partnership (LHRP) and ensure that processes are in place to regularly assess the risks to the population it serves. This includes community and national risks.

5.2.3 The Senior Responsible Officer

The SRO is the Director of Corporate Services, Governance and Performance and supports and deputises for the AEO. This post is supported by the Assistant Director of Corporate Services

5.2.4 Executive Directors

Have a responsibility for ensuring that they hold up to date copies of the Business Continuity Plans and Business Impact Assessments relevant to their individual directorates and circulate as appropriate to identified managers.

5.2.5 CCG Governing Body

Is responsible for setting the strategic context in which business continuity and service recovery procedures are developed, and for the formal review and approval of this Policy and the Business Continuity Plan. The Governing Body is also responsible for determining the accepted levels of 'business as usual', through monitoring service delivery and approving suggested developments.

5.2.6 Corporate Risk Review Group

<u>Executive Directors</u>

Receives the EPRR work programme for quarterly

<u>Corporate Risk Review Group (CRRG)</u>

Accountable to the Executive Directors, the CRRG monitors and maintains the risk registers for the organisation, which includes risks relating to business continuity and emergency preparedness. Significant risk reports are reviewed by Committees and the Governing Body as described within the Risk Management Strategy.

5.2.7 The Business Continuity Manager (BCM)

The BCM is the Corporate Services and EPRR Manager. They are responsible for ensuring there is on-going dialogue and collaboration between the Business Continuity function and those teams with Major Incident Planning responsibilities.

They are also responsible for ensuring that business continuity management plans to support the core business functions are completed and updated as necessary. They are responsible for ensuring:

- Directorate leads document and review their Business Impact Assessments on an annual basis or when necessary;
- Training needs are identified, including appropriate induction training and more specialist training for those filling specific roles
- Advice, guidance and instruction on business continuity matters is available, particularly the production of Business Continuity Plans
- Business continuity exercises are conducted in line with national guidance and in liaison with the other organisation managers
- That awareness and knowledge of the business continuity plan is embedded among staff.
- Attending the Local Resilience Forum where risks and potential risks to the local population are highlighted and any response or action required is discussed.

5.2.8 CCG Heads of Service

Will support the Business Continuity Manager ensuring that

- Critical services and resources are identified across their team ensuring that their element of the Business Continuity plan is reviewed at six monthly intervals and updated as necessary to maintain good quality control of document information.
- Any revisions are notified to the Business Continuity Manager
- Encourage and participate in training or exercises.
- Contribute to the review and updating of the Business Continuity plan regularly in light of lessons learned from exercises or incidents, research or changes in staff.
- Support business continuity awareness and acceptance amongst staff and ensure that all of their staff are aware of their responsibilities within the Business Continuity plan.

5.2.9 All CCG Staff

Are responsible for ensuring familiarity and co-operation with this policy and their Business Continuity Plan and in particular are required to report any risks to the delivery of the organisation's strategic aims and related objectives via normal reporting arrangements.

5.3 Responsibilities

5.3.1 Commissioning Responsibilities

The CCG also has a statutory duty to deliver essential functions to meet its commissioning responsibilities for the CCG population.   The purpose of this plan is to map these key functions and consider alternative ways of delivery in the short term until normal service is restored. Any long term disruption would need further discussion by the CCG's Governing Body.

5.4 Responsibilities for Approval

The Governing Body is responsible for the group's arrangements for business continuity and emergency planning.

6.0 Activating the Plan

6.1 Director on Call

Is responsible for activating and coordinating the plan following discussion with the First Manager on-call and other Directors. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario it is possible to delegate the leadership of the business continuity plan to the senior manager on call or other suitable delegate. If there is an incident that requires evacuation of CCG premises and the Director is not on site they should delegate the responsibility to an individual who is in on site.

6.2   Heads of Service on-call

Is the key link with the Director on-call. They are responsible for ensuring that the business continuity plan is activated and that all staff are kept informed and updated.

6.3   Triggers for activation of plan

The Business Continuity Plan will also be activated by the Director on Call when the Major Incident Plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all teams will need to activate their business continuity plan.

6.4   Action Cards

Action Cards can be found in the Business Continuity Policy and should be used to initially address any potential threat to business continuity. They cover:

1. Partial loss of staff
2. Complete loss of staff (>40%)
3. Loss of access to CCG premises (or the surrounding area/roads) for longer than the maximum acceptable downtime.
4. Loss of telephone communication
5. Loss of network connectivity for an anticipated prolonged period
6. Loss of email
7. Loss of electrical supply for longer than the maximum acceptable downtime
8. Loss of gas supply for longer than the maximum acceptable downtime
9. Loss of water supply for longer than the maximum acceptable downtime
10. Loss of security
11. Transportation issues
12. Fuel shortage
13. Adverse weather conditions

It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

7.0   BUSINESS CONTINUITY PLANNING

The concept of cyclical BCM programme management which follows and the associated stages are directly derived from ISO 22301 and specifically the ISO 22313 Guidance. 7.2.

Figure 1 below demonstrates that steps 1 - 4 are cyclical and these should be repeated at least annually to ensure compliance, currency and quality. Thus business continuity plans and associated elements developed as a result of this policy will be living documents that will change and grow as incidents happen, exercises are held and risks are reassessed.

Figure 1: Business continuity programme elements (Source: ISO 22313)

7.1   Understanding the Organisation

The CCG is responsible for commissioning a wide range of patient services for the local population and in the event of an emergency or business interruption it is essential that critical services can be restored and maintained as soon as is practically possible.

7.2   Business Impact Analysis (BIA)

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

7.2.1   *The BIA process:*

- Defines the function and its supporting processes.
- Determines the impacts of a disruption.
- Defines the recovery time objectives
- Determines the minimum resources needed to meet those objectives.
- Considers any statutory obligations or legal requirements placed on the CCG.

Within the BIA, functions within the CCG have been categorised as critical, essential and routine. The functions by category are summarised in Appendices, see Section 16.1.

7.3   Risk Assessment

This Policy will link to the risk management framework to identify and validate the potential risks to critical business functions and response to major incidents. The criticality of the risks may be assessed according to impact on the organisation in terms of service delivery, finance, operations management or reputation.

Not all services will be deemed critical. The framework will therefore help identify the high, medium and low risk factors so that effort can be applied where it will have most value.

The NYCC community risk register is considered when undertaking business impact analysis in order to enable the organisation to understand the threats to, and vulnerabilities of, critical activities and supporting resources. It can be found at: http://www.emergencynorthyorks.gov.uk/node/10 and https://www.northyorks.gov.uk/resilience-and-emergencies-unit

Any risks identified by the CCG with regards to the Business Continuity Plan and the Major Incident Plan will also be recorded on the CCG risk register.

7.4 Maximum Acceptable Downtime (MAD)

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

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

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

For the purposes of business continuity, the CCG defines the following scale of maximum acceptable downtimes:

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

7.5   Non-Critical Functions, Systems & Processes

For those areas of organisation business deemed 'non-critical' as a consequence of completing the BIA and risk assessment processes, it will be the responsibility of the relevant Business Continuity Plan Owner to ensure these areas are kept under review and take account of any changes which may have an impact on their status. If a Business Continuity scenario occurs, these areas will be recovered as a lower priority and according to agreed recovery time objectives. In some scenarios, it may be justified to stop these functions altogether so that all available resources can focus on recovering the critical functions within agreed timescales. Where services are put 'on hold' it is essential that affected users or other stakeholders are notified as part of the recovery effort.

7.6   Legal Requirements & Implications

This Policy aims to ensure the organisation meets its legal obligations both as an employer, e.g. health and safety, and as the 'custodian' of sensitive and personal information relating to both the local population and staff.

Under the Data Protection Act (2000) the organisation is a legally accountable 'data controller' and will ensure there are appropriate safeguards in place to protect sensitive and personal data as part of on-going business practices, and ensure this data is protected and recoverable in a Business Continuity scenario.

Therefore, this document requires that appropriately detailed Disaster Recovery Plans are in place and maintained relating to the technical infrastructure, assets and systems the organisation is responsible for. These responsibilities will cover areas such as:

- Identifying and assigning Recovery Classes to technical assets
- Arranging off-site support and recovery
- Security of critical & vital electronic records
- Recovery of critical & vital systems, assets & infrastructure.

7.7   Selecting business continuity options

A number of areas affecting service resilience have been considered for each function to ensure effective service resilience. These include:

7.7.1   *People*

Information on services and supporting resources, key staff, skills, equipment and contact information.

7.7.2   *Premises*

In the event that CCG premises are unavailable or inaccessible for an extended period alternative accommodation will be sought to house all critical/essential processes. The

minimum office amenity requirements (desks, phones, fax, PCs, etc.) have been identified for each function.

In the event of an incident, alternative accommodation will be sought. If further accommodation is required the CCG will approach partner agencies including other Clinical Commissioning Groups, NHS England Yorkshire and Humber Area Team, adjacent Mental Health Trusts and Acute Trusts.

NB: It is, however, extremely unlikely that this level of response will be required as the majority of CCG personnel responsible for carrying out critical / essential processes will be equipped to work from home or any other base.

7.7.3 *Processes*

Information on IT equipment, software and documentation/records requirements.

7.7.4 *Providers*

The CCG relies upon the products and services of the following organisations to be able to deliver its commissioning responsibilities:

- Acute Trusts
- North Yorkshire County Council
- North of England Commissioning Support
- Harrogate, Ryedale and Scarborough Borough Councils
- Other CCGs where Memorandum of Understandings are in place for the hosting of services

The BIA identifies the support dependencies provided by other organisations such as those listed above. The BIA also identifies those functions provided entirely by other organisations and where recovery of these services would be undertaken through that supplier's business continuity arrangements.

7.8 Developing and implementing a business continuity response

7.8.1 *Triggers for activation of plan*

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

- Loss of access to a CCG premises (due to fire, flood or other incident affecting either the building, surrounding business park or roads) for longer than the determined maximum acceptable downtime (MAD)
- Loss of amenities that support CCG premises including power, water or gas for longer than the determined MAD
- Loss of network connectivity at a CCG premises
- Complete or near complete loss of staff

- Loss of telephone communication
- Loss of email
- Transportation issues
- Fuel shortage

It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

7.8.2 Exercising and Testing

Business Continuity Plans are more likely to be effective in a real life situation if they have previously been tested under simulated and controlled conditions. This gives staff the opportunity to practice their roles and responsibilities and for any assumptions or omissions to be identified and corrected.

This Policy promotes the development of a formal and robust testing framework for all Business Continuity Plans so as to provide on-going assurance to the organisation that plans have been placed under some 'stress' and are fit for purpose, and reassurance to Business Continuity Plan owners that they are well prepared to manage what might otherwise be a very stressful and highly-charged set of circumstances.

7.8.3 Training

On call directors and Team Business Continuity Leads will be provided with business continuity training appropriate to their role. All other staff will require business continuity awareness training in relation to continuity plans for each service and this will be provided by the staff member's line manager.

7.8.4 Exercising

Teams will be expected to undertake business continuity exercises on a regular basis. These may take the form of self-directed exercises by individual services using scenarios on the emergency planning intranet, team table top exercises facilitated by the Assistant Director of Corporate Services and multi- agency exercises.

Exercising can take various forms, from a test of the communications plan, a desk-top walk through, to a live exercise. However in all cases, exercises should be realistic, carefully planned and agreed with stakeholders, so that there is minimum risk of disruption to business processes.

The organisation will aim to support our key partners (NHS and others) in a Business Continuity scenario. This could include loss of a key building or an environmental incident such as flooding. The practice of mutual aid is already firmly established as part of Major Incident Planning and this policy supports a similar approach being adopted for Business Continuity Planning.

7.8.5 Testing Programme

The BCM in collaboration with the Business Continuity Plan Owner will determine the frequency, scope and level of testing – it is expected that any testing will reflect prevailing risks and take account of any recent or planned changes. In any case however, all plans should be subject to some form of testing at least once per calendar year.

Wherever possible, testing of plans will take place according to a timetable, agreed in advance between the Business Continuity Plan Owner and the BCM. In exceptional circumstances, the BCM reserves the right to carry out an unannounced test. However, documented authority for this will have to be granted by the Accountable Emergency Officer.

In all cases, exercises should be realistic, carefully planned and agreed with stakeholders, so that there is minimum risk of disruption to business processes.

Whilst details of the testing will be made locally, the following continuum provides a framework within which these decisions should be made:

Passive	Active/Passive	Active
Procedures Review: ensure procedures needed in a recovery are available, understandable and current. Can be tested as a table-top exercise.	Simulation Testing: involves a disruptive scenario, but without actually disrupting normal operations. Could include an evolving scenario, rather than having a pre-determined 'end point'.	Notification: determines adequacy of call lists and notification procedures; needs to be carried out regularly otherwise it can become out of date quickly (similar to Communication Cascades).
Structured Walk-Through: involving a given scenario, with team members assuming their roles and carrying out actions in chronological order as detailed in the Business Continuity Plan.		Inventory / Checklists: Verifies key resources needed for a recovery, those that should be and actually are available. Should consider resources held elsewhere (if appropriate).
		Parallel Testing: usually involves working with IT to ensure data is recoverable, and accurately reflects known values/outputs using historical data as a comparator.

Passive	Active/Passive	Active
		<u>Full Interruption</u>: invocation of the Business Continuity Plan, only carried out if there is a sound business case for doing so as it disruptive and expensive (may form part of a wider Major Incident Plan testing exercise).

At the CCG the following will occur:

	Frequency	Timing	
Notification	6 months	Q1 & Q3	Corporate Services EPRR Manager
Procedures review every 12 months	12 months	Q3	Heads of Service
Inventory checklists	6 months	Q1 & Q3	Deputy Director of Financial Services and Reporting
Parallel Testing	12 months	Q3	Head of Deputy Director of Financial Services and Reporting
Simulation test 12 months	12 months	Q2	CCG
Full simulation test (part of LHRP operation)	24 months	Usually Q3	Heads of Service

7.8.6 Capturing lessons learned and improvement plans

All testing sessions should be followed by an immediate de-brief with the staff concerned with the aim of providing answers to the following questions:

- What went well?
- What needs improving ?

The outcomes and results of planed tests and de-briefs will be recorded by the BCM and made available to auditors, the Chief Finance Officer and/or the IMT Senior Team if requested. The Corporate Services and EPRR Manager is responsible for amending the plan to reflect the testing outcomes and lessons learnt.

This may also require amendment to standard operating procedures and consideration of risks reported to be reviewed and updated.

7.8.7 Records

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

7.8.8 *Continuous Improvement*

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

- actual incidents and disruptions to business activities;
- exercises and audits;
- re-assessment of risks;
- organisational, facility or systems changes;
- external change including change to partner organisations;
- Management reviews of the effectiveness of the business continuity process.

The above learning and resulting actions will form the EPRR work programme along with any response required to new guidance, publication of reviews following major incidents and learning identified from local incidents or planning exercises.

The outcome of the annual assurance process will also inform the work programme for the following year. The work programme/action plan can be found on the shared drive

8.0   Public Sector Equality Duty

As a result of performing an Equality Impact Analysis, this policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

9.0   Training

Advice on this policy can be obtained from the Accountable Emergency Officer or the Business Continuity Manager.

10.0   Monitoring Compliance with the Document

Within the CCG, the Business Continuity Manager will ensure that annual assurance reports are submitted to the Governing Body outlining the current status of the CCG's emergency preparedness.

This Policy and any associated Business Continuity Plans may be subject to review by the organisation's Internal or External Auditors as part of their annual audit plan, to ensure it is being implemented effectively. Any such reviews will be carried out with the full support of staff requested to contribute to the audit. The findings and recommendations arising from the audit will be considered using standard audit reporting procedures.

The Governing Body is responsible for approving the group's arrangements for business continuity and emergency planning.

The Executive Directors will monitor business continuity and emergency planning and will provide relevant updates to the Governing Body through the Accountable Officer report.

The Governing Body will receive a full briefing on business continuity and emergency planning in public annually.

Any business continuity and emergency planning risks that may affect the delivery of the strategic objectives will be included within the Governing Body Assurance Framework which is received by the Governing Body three times yearly, twice in public and once at the development session.

11.0 Arrangements for Review

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

The Associate Director of Corporate Services is responsible for ensuring the policy and plan is reviewed on an annual basis or earlier as a result of changes to legislation or changes to CCG structures and/or procedures. Each team will undertake an annual business impact analysis and review the team business continuity plan accordingly.

12.0 Dissemination

This policy will be made available to all Members and staff via the CCG's website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process.

Following approval by Governing Body, this policy will be distributed to the CCG Heads of Service for dissemination to all their staff.

13.0 Associated Documentation

- Business Continuity Plan
- On Call Pack
- Surge and Escalation Plan
- Flexible Working Policy

14.0 References

- Civil Contingencies Act 2004

- NHS Commissioning Board Emergency Preparedness Framework 2013
- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

15.0 Key Partners

This document aims to ensure the organisation is willing and capable of working with the wide range of Third Parties that either provides services to the organisation, or where the organisation has a dependency on them in order to deliver its own critical functions, systems or processes.

This will be achieved by:

- active co-operation and collaboration with relevant Third Parties on strategic or inter-agency Business Continuity initiatives
- ensuring our critical suppliers and providers have appropriate Business Continuity Plans in place; ensuring any contracts entered into include Business Continuity requirements
- reviewing our supplier and provider arrangements to reduce the possibility of a 'single point of failure' being created
- ensuring Third Parties are considered during Departmental BIA, risk assessment and Business Continuity Planning processes.

16.0 Appendices

16.1 Appendix 1 – CCG Functions RAG Rating

CATEGORY 1
Critical - resume within 24 hours
Emergency Preparedness - Planning and Response
Oversight, Management and Monitoring of communications and Engagement

CATEGORY 2
Essential- Resume within 24 – 48 hours
Authorisation of payments to NHS provider organisations
Authorisation of payments to essential suppliers and independent contractors
Authorisation of payments to non-essential suppliers and independent contractors
Financial external returns to NHSE, including monthly finance information and financial plan returns etc.
Quality and Performance - Statutory/external activity return
Continuing Healthcare Decision making
Safeguarding
Serious Incidents
Authorisation of payments to NHS provider organisations
Authorisation of payments to essential suppliers and independent contractors
Authorisation of payments to non-essential suppliers & independent contractors
Individual Funding Requests
Respond to telephone calls/enquiries regarding Continuing Healthcare
Respond to telephone calls/enquiries regarding Safeguarding
Respond to telephone calls/enquiries regarding Personal Health Budgets

CATEGORY 3
Routine - Resume as soon as practical (ideally 2 weeks)
Complaints Management
Freedom of Information request processing
Maintenance of Assurance Framework and Risk Register
Manage the business agendas for the CCG Governing Body, Executive Team and subcommittee meetings; minute taking process delivery and supervision
Overseeing the delivery of the HR, corporate governance and information governance functions of the CSU.
Corporate Health and Safety
QIPPs relating to Primary Care
Primary Care activity / quality
Service Redesign - Primary Care Element
Development of QP pathways and establishment of monitoring systems
Support of Primary Care Contracting
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.

CATEGORY 3
Routine - Resume as soon as practical (ideally 2 weeks)
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
Key Provider Contract Management meetings Planning and Forecasting
Ad hoc data analyses
Management, development and ongoing monitoring of compliance and performance against the quality expectations within main provider contracts, assessment of performance on quality schedule
KPIs and CQUIN delivery
Management of the GP Feedback System
Strategic Planning - coordinating the processes required to deliver strategic and operational plans
Organisational Development - liaise with team in ACS to enable and monitor delivery of SLA
Equality and Diversity - liaise with ACS lead to ensure CCG compliance and commitment to this agenda

Major Incident Response Plan
October 2020

Authorship:	Corporate Services EPRR Manager
Committee Approved:	Governing Body
Approved date:	October 2020
Review Date:	October 2021
Equality Impact Assessment:	N/A
Sustainability Impact Assessment:	N/A
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	NY-203
Version Number:	0.1

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1				

Contents

1.0 Identifying significant incidents or emergencies

1.1 Overview

This procedure covers the NHS North Yorkshire Clinical Commissioning Group (CCG) response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as 'emergency preparedness resilience and response' (EPRR). The CCG recognises the importance of thorough and robust planning for emergency preparedness, resilience and response. This includes planning to respond to both major incidents and those which may affect business continuity.

1.2 Definition

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements.

Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;

- Any occurrence where NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

- An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.

- The term ''major incident'' is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

1.3 Key Terms and Notifications

The following terms may be used to determine the status of incident response:

- **Major Incident Standby** – Situation is unclear or has the potential to escalate.

  This alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a "big bang", a "rising tide" or a pre-planned event.

- **Major Incident Declared** - Situation requires special arrangements to be implemented.

  This alerts NHS organisations that they need to activate their plan and mobilise additional resources.

- **Major Incident Cancelled** - Situation did not materialise or has been dealt with.

  This message cancels either of the first two messages at any time

- **Major Incident Stand Down** - Emergency response to the incident has been completed.

  All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route. While ambulance services will notify the receiving hospitals that the scene is clear of live casualties, it is the responsibility of each NHS Organisation to assess when it is appropriate for them to stand down their own response.

It is important that any parts of the organisation and external organisations alerted to a major incident are also informed when the incident has been stood down.

Types of Notifications

- "**Slow burn**" – notification of a flu circulation from NHS England or Public Health England and pandemic planning
- "**Short term**" – industrial action, local event, or known extended snow forecast.
- "**Sudden impact**" - flooding, industrial incident, any sudden service disruption to elements of health and care delivery.

1.4   Types of incident

An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident.

Examples of these scenarios are:

- **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, and violent crime.

- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents.

- **Rising Tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.

- **Cloud on the Horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.

- **Headline news** – public or media alarm about an impending situation.

- **Internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.

- **CBRN(e)** – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device

- **HAZMAT** – Incident involving Hazardous Materials.

- **Mass casualties**.

1.5 Incident level

As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below. If in doubt consider escalating to level above and communicating.

Incident Level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

1.6 Triage levels

Priority is given to patients most likely to deteriorate clinically and triage takes account of vital signs, pre-hospital clinical course, mechanism of injury and other medical conditions.

Triage is a dynamic process and patients should be reassessed frequently. In the UK, the 'P system' is conventionally used at a major incident:

- **P1** Immediate priority: Require immediate life-saving intervention (Red).

- **P2** Urgent priority: Requires significant intervention within 2 to 4 hours (Yellow).

- **P3** Delayed priority: Require intervention, but not within 4 hours (Green).

- **P4** Expectant priority: treatment at an early stage would divert resources from potentially beneficial casualties, with no significant chance of a successful outcome (Black).

Triage systems are most often used following trauma incidents but may be required in other situations, such as an influenza epidemic.

2.0   The Role of the CCG within the Local Area

The CCG is a Category 2 Responder and is seen as a 'co-operating body'.

The CCG is less likely to be involved in the heart of the planning, but may be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information.

It is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.

A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally.

When events like these happen, the CCG's emergency resilience arrangements will be activated.

It is important that all staff are familiar with this procedure and are aware of their responsibilities.

Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer.

All CCG departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

3.0   Scenarios

3.1   Major incident declared by an Ambulance Service

Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHSE North Yorkshire and Humber Team whenever the service declares a "major incident" or "major incident standby".

NHSE North Yorkshire and Humber Team is also responsible for advising the NHS England of any major incidents or other significant incidents.

- Level 1 – CCG establishes co-ordination of local NHS response and maintains contact with NHSE Yorkshire and Humber

- Level 2 to 4 – NHSE Yorkshire and Humber establishes strategic co-ordination of NHS response in Yorkshire and Humber

	Direction of Information for all major incidents and major incident standby declarations
	Direction of information flow to services and organisations only informed if scale and nature of incident requires it.
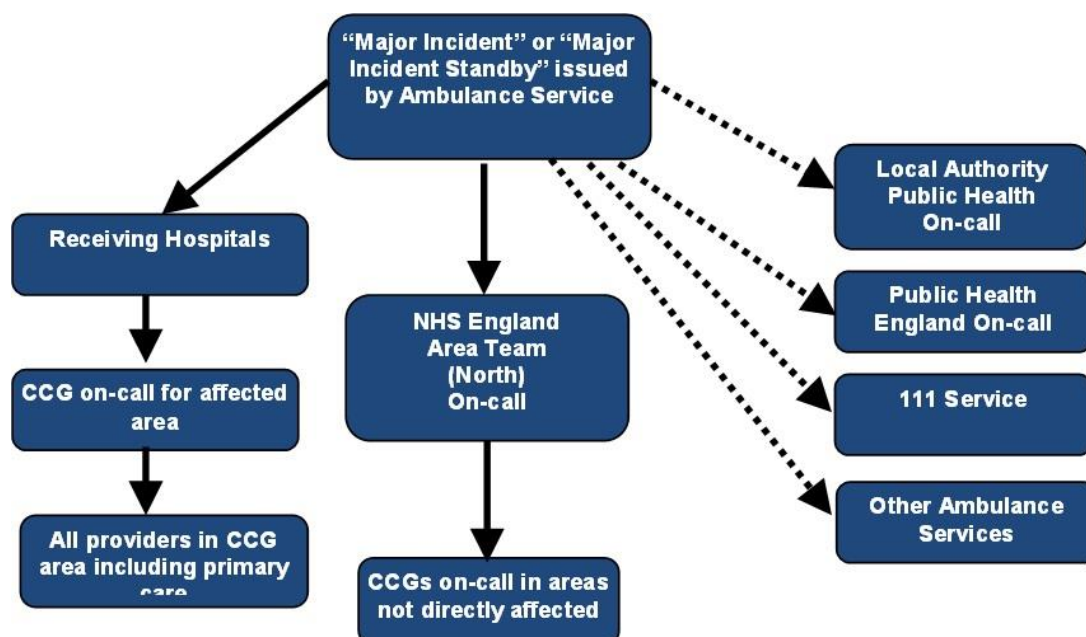
3.2 Major Incident Declared By Provider

NHS funded organisations are responsible for informing their commissioning CCGs and the ambulance service whenever they are activated or declare a "major incident" or a "major incident standby."

The CCG will then inform NHSE Area Team.

Incident occurs

Does the incident need to be escalated?

NO → Manage with internal arrangements

YES

Has a "major incident" or "major incident standby" been declared?

NO → Provider notifies the CCG for information and action

YES

Provider informs the ambulance service for cascade

CCG informs NHS Area Team Level of response is agreed and jointly consider declaration of major incident if not already done.

Is incident level 1?

YES → CCG establishes coordination of local NHS Response and maintains contact with NHSE Yorkshire and Humber

NO

Is incident level 2,3,4?

YES → NHSE Area Team establishes strategic coordination of NHS response in Yorkshire and Humber

NO → CCG and NHSE Area Team consult regional director on-call to agree level of response required

Actions By Provider

Actions By CCG

Actions By Area Team

3.3 Major Incident declared by NHS England

The NHS England North Yorkshire and Humber Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area "major incident," "major incident standby," or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform acute hospitals and the CCG will inform other providers.

Top down Cascade by NHS England
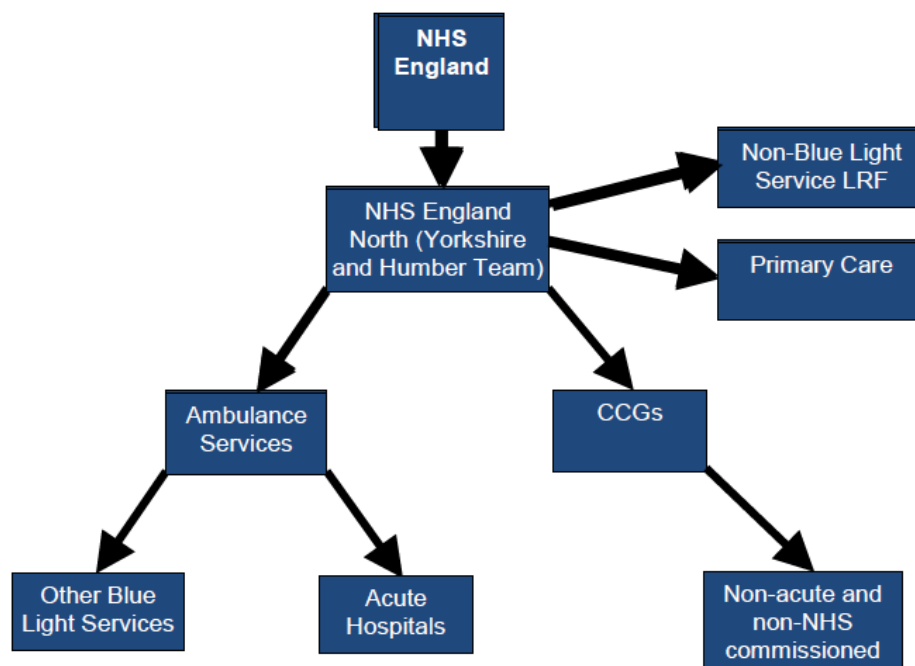
3.4 Independent Plan Activation

Any Head of Service may activate the Incident Response Plan after discussion with the Accountable Emergency Officer regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.

3.5 Guide for on call senior manager alerted to actual or potential major incident

VERIFY
The caller's credentials, the contact details. The information provided and the known facts of the incident

ASSESS
Is it a major incident for the CCG or another health organisation?
Is action by the CCG necessary? You could contact other managers to discuss.

DECIDE
Is it a major incident for the CCG or another health organisation?
Is action by the CCG necessary?

SHARE
Contact Director on call and discuss

Monitor developments   **Decide**   Activate the Plan

ACTIVATE
The Plan will be activated by the Accountable Officer or relevant Senior Manager
Follow actions on Action Card MI-1

Communicate
Who else needs to know?

Internal	Who can help me?	External
Incident Control Team	How do I access help?	Emergency services (inc police)
Medical Team		Multi-agency partners
		Health Community Colleagues

If required, activate Incident Control Centre (Knaresborough Office) and Incident Control Team (Senior Management Team / relevant senior managers)

Loggists (CCG admin staff members) set up Incident Control Centre and coordinate a meeting of the identified Incident Control Team

Hold initial meeting, agree current situation and decisions to be made.
Liaise with multi-agency partners.
Agree any communications.
Agree frequency of meetings.
Ensure the meeting is minuted and a log kept of all decisions.

4.0 Planning and Prevention

4.1 *Partnership working*

In order to ensure coordinated planning and response across our area, it is essential that the CCG works closely with partner agencies across the area, ensuring appropriate representation.

- Category 1 and 2 Responders come together to form **Local Resilience Forums** (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the NHSE Area Team.
- For the NHS, the strategic forum for joint planning for health emergencies is via the **Local Health Resilience Partnership** (LHRP) that supports the health sector's contribution to multi-agency planning through the Local Resilience Forum (LRF).

The diagram below shows the NHS England's EPRR response structure and its interaction with key partner organisations.
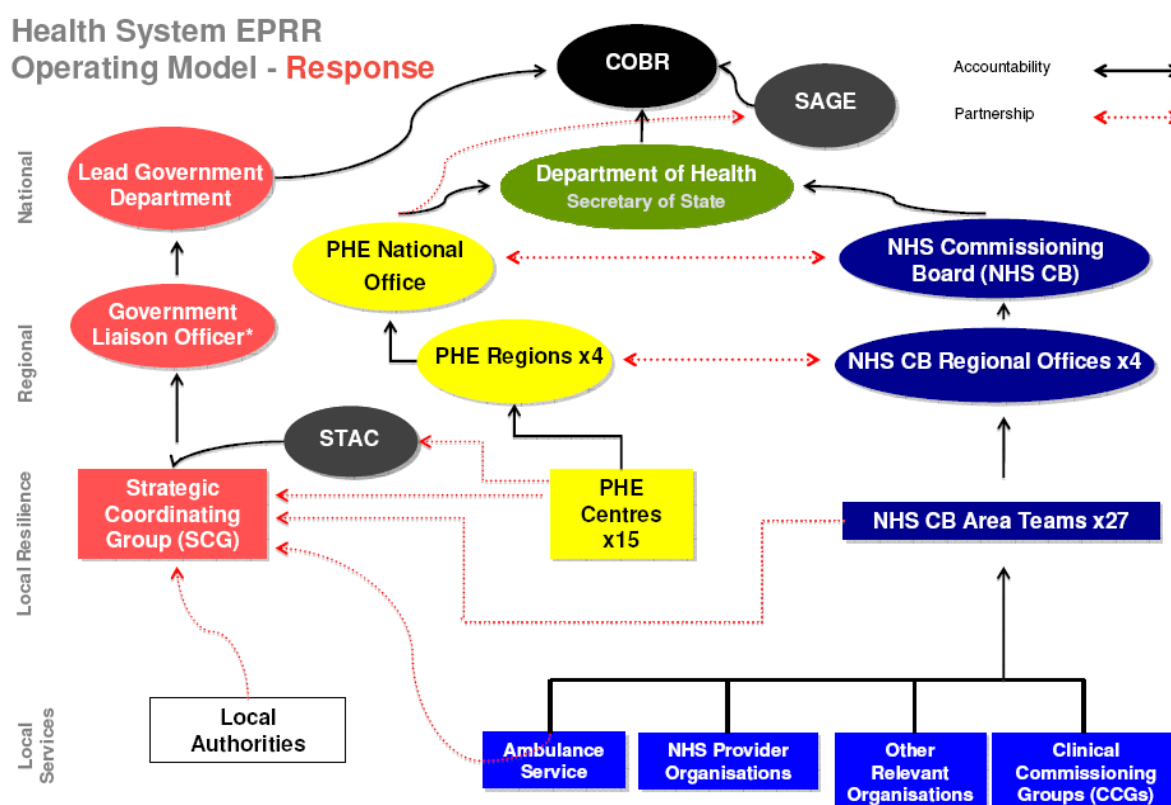
4.2 *Contracting responsibilities*

CCGs are responsible for ensuring that resilience and response is "commissioned in" as part of the standard provider contracts and that provider plans reflect the local risks

identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by NHS England Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses the CCG as a route of escalation where providers are not meeting expected standards.

5.0   Hazard Analysis and Risk Assessment

A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum.

Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier.

Any external risk may be required to be entered onto the North Yorkshire LRF Community Risk Register if it is felt to pose a significant risk to the population.

This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

5.1   North Yorkshire Community Risk Register

Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. The North Yorkshire Community Risk Register is available to download from:
http://www.emergencynorthyorks.gov.uk/index.aspx?articleid=11778

Nine risks have been identified per the Public Risk register published by the North Yorkshire Resilience Forum May 2017 (version 7) as "Very High Risk" (Very High Risks are classified as "primary or critical risks requiring immediate attention"), as follows:

- Pandemic Influenza.
- Flooding.
- Severe Weather
- Industrial Incident
- Marine Pollution

- Disruption or Failure Electrical Network.
- Industrial Action.
- Animal Health.
- Hazardous Transport
- Cyber Security

5.2 Specific Local Risks

A number of specific risks that the CCG may potentially have are listed below alongside the planned response.

Assurance will be obtained through the contracting route by the CCG's Commissioning/Contracting lead and also via local partnership emergency planning fora within the local geographic area.

Fuel shortage	International and national shortages of fuel can adversely impact on the delivery of NHS services. The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.
Flooding	The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare. The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.
Evacuation & Shelter	Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises. The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.

Pandemic influenza	Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year. The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the local A&E Delivery Boards to manage unplanned care as a result of pandemic influenza and will manage normal local surge and escalation.
Infectious/ contagious diseases	E.g. Ebola and Marburg viruses. Alerts are received from NHS England and Resilience Direct. Yorkshire Ambulance Trust and York Hospitals Trust have trained staff in containment of infectious diseases.
Heatwave	The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather. The CCG will seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents. The CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the A&E Delivery Boards to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.

Severe Winter Weather	Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices.

Winter brings with it many hazards that can affect people either directly or indirectly. Severe weather is one of the most common disruptions people face during winter.

The CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience.

Local risks identified will be escalated appropriately.

The CCG will work with and through the A&E Delivery Boards to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation through winter communication plans. |
| Diverts | The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber area.

An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk – this includes, and relates to, all hospital sites receiving CCG patients.

The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand.

A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity.

Details of any diverts involving local hospital trusts "out of hours" will be directed to the e-mail in box nyccg.eprr@nhs.net and will be followed up the next working day directly with the provider. Diverts affecting local hospital trusts "in hours" will be advised through the agreed escalation protocol (copy in the Appendices – see section 21.6) |

5.3   Assurance

The Governing Body is responsible for approving the group's arrangements for business continuity and emergency planning.

The Executive Directors will monitor business continuity and emergency planning and will provide relevant updates to the Governing Body through the Accountable Officer report.

The Governing Body will receive a full briefing on business continuity and emergency planning in public annually.

Any business continuity and emergency planning risks that may affect the delivery of the strategic objectives will be included within the Governing Body Assurance Framework which is received by the Governing Body three times yearly, twice in public and once at the development session.

6.0 Managing a Major Incident

In the case of a major incident (a serious threat to a community as a whole), then a CCG will usually enact its Major Incident Plan. During their out of hours shift, the On-call Manager will mostly deal with the emerging incident with the use of the On-Call Pack

6.1 Decision Making

Whilst acting as a Commander in an on-call role and dealing with any emergencies or incidents using Section 3, on-call Managers should have regard to the JESIP Joint Decision making model (Section 6.2) to help bring together the available information, reconcile objectives and make effective decisions. Figure 5 provides a more specific pathway on the steps to be taken during an incident.

6.2 JESIP Joint Decision Making Model
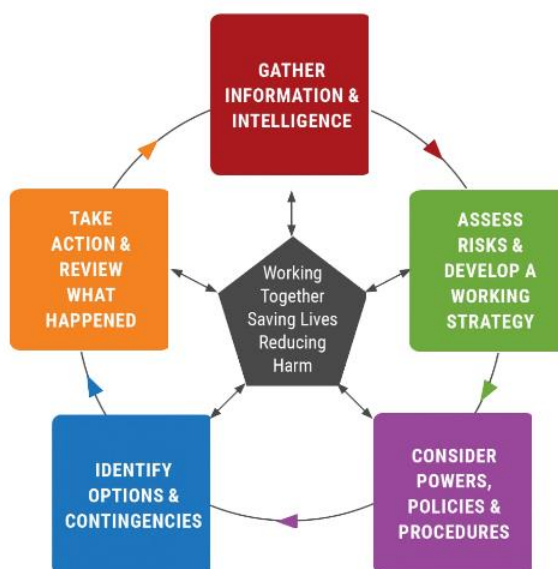
7.0 General Incident Management

In addition to the main actions detailed above when dealing with a major/critical/business continuity incident, the following ought to be given general consideration by the On-call Manager.

7.1 Command and Control

When liaising with NHS England you may be required to play a part in the Command and Control of the incident and base yourself at an individual CCG Office or emergency Control Centre.

Command and Control is usually established through three different commanders:

- Strategic (Gold)
- Tactical (Silver)
- Operational (Bronze).

Each Category 1 Responder including CCG Providers will have the three different commanders.

7.1.1 Strategic (Gold) Command

Has overall command of the organisation's resources and will provide strategic oversight and objectives, triggering activity under the plan, and also lead recovery when / if required. In a declared emergency (i.e. not a locally dealt with emergency), the CCG's Gold Commander usually takes the form of NHS England and feed into the CCGs as required.

7.1.2 Tactical (Silver) Command

Is directly responsible for managing the organisations response to the incident, will develop the specific actions needed, will oversee implementation and report to Strategic. The On-call Manager for the CCGs would be the Silver Command in a declared emergency reporting to NHS England Gold Command.

7.1.3 Operational (Bronze) Command

Refers to those responsible for managing the main working elements of the response to an incident and will invoke and carry out actions required by this plan. Not all of these command levels are necessarily activated, this will depend on the scale of incident and response, the task of strategic and tactical control may at times be combined.

When there is a local emergency (i.e. not a declared emergency), the Gold Commander reverts to being the CCG's On-call Manager in the absence of NHS England needing to be involved.

8.0 Handover

There are two different types of handover that ought to be considered by the on-call Manager:

8.1   Handover from out of hours to in hours

If an incident occurs out of hours, you may wish to email through to "in hours" staff with a brief summary of the calls that came in and decisions taken. Staff you may wish to inform are the directors and emergency planning or winter staff. Your email should include:

- Date and time the call came in
- Which organisation the call came from and the name and job title of the person making that call.
- The issue stated
- Any action taken
- Any further action that needs to be taken during office hours to follow up.

You may wish to complete the Log Sheet at in the Major Incidents Action Cards (*MI 6 – Incident Log Pages* saved here [Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Major Incident Action Cards**](#)) to do this, or you may which to use the body of the email being sent.

8.2   Handover from one On-call Manager to another:

At the end of your week on call (which will be on a Friday), you may wish to email through to the new Director-on-Call any issues you experienced during the week. Again, use the proforma in the bullet points above.

Remember that a nil return can be helpful, too.

9.0   Escalation, Activation & Response

VERIFY
The caller's credentials, the contact details. The information provided and the known facts of the incident

↓

ASSESS
Is it a major incident for the CCG or another health organisation?
Is action by the CCG necessary? Contact other Heads of Service/Directors to discuss..

↓

DECIDE
Is it a major incident for the CCG or another health organisation?
Is action or stand-by by the CCG necessary?

↓

Monitor developments   Activate the Plan

↓

ACTIVATE
The Plan will be activated by the Accountable Officer or relevant Senior Manager
Follow actions on Action Card MI-1

↓

Escalate
Identify the Category 1 Lead for escalation.
Consider the Police and the NYCC Duty Officer

NHS England Y&H (Healthcare incidents)	**NHS Property Services** (Buildings / Facilities)	**Public Health England** (Infectious Diseases)
PAGER SERVICE LEAVE MESSAGE 0333 012 4267 (back up 0203 949 7273) Non-urgent email contact is: england.syb-eprr@nhs.net	NHS Property Services on call Escalation. 0191 337 1593	In-Hours: Notify via the local Director of Public Health 01904 687100 Out of Hours – message service 0114 304 9843

↓

If required, activate Incident Control Centre (Knaresborough Office) and Incident Control Team (Heads of Service/Directors)

↓

- Loggist (designated staff) begins to complete the incident log. See Action Card
- Support staff attend Incident Control Centre and set up equipment as required

↓

- Hold initial meeting, agree current situation and decisions to be made.
- Liaise with multi-agency partners.
- Agree any communications.
- Agree frequency of meetings.
- Ensure the meeting is minuted and a log kept of all decisions.

9.1   Action Cards

All action cards describing the activation process and the response are available in the On-Call file here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Major Incident Action Cards**

9.2   CCG Response

As a Category 2 Responder (as identified under the Civil Contingency Act 2004), the CCG must respond to reasonable requests to assist and co-operate with NHSE and/or the Local Authority should any emergency require wider NHS resources to be mobilised.

Through its contracts, the CCG will oversee service delivery across the local health economy to prevent "business as usual" pressures and minor incidents within individual providers from becoming significant or major incidents.

This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge pressure.

The CCG A&E Delivery Board escalation process, work plans and meetings provide a process to manage these pressures and to escalate to NHSE as appropriate.

9.3   Local NHSE (Y&H) Team Response

The North Yorkshire & Humber operates a two tier on-call system for Emergency Preparedness, Resilience and Response (EPRR).

This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber.

In respect of EPRR for incidents/risks that **only affect the NHS**, the North Yorkshire & the Humber Area covers the following North Yorkshire local authority areas:

- North Yorkshire County Council

- York City Council

In respect of EPRR for incidents/risks that affect all multi-agency partners, the North Yorkshire & the Humber Local Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF.

The initial communication of an incident alert to the first on-call officer of the NHSE (Y&H) area is via any of the organisations.

An additional role of the NHSE (Y&H) is to activate the response from independent contractors as required.

9.4   Public Health England

Public Health England co-ordinate any incident that relates to infectious diseases.

10.0 Communications

The On-Call Manager should not just give consideration to whether internal communications need to be sent to CCG Staff, but also whether or not external communications need to be sent out or whether this needs to be appropriately managed in the case of more serious incidents. You may wish to consider involving the CCG Communications Lead(s) to deal with all media enquiries or external communications.

10.1 External Communications

10.1.1 Multi-agency response

The Police would lead on the communications and media support.

10.1.2 Non-public health incident

NHSE (Y&H) would lead on the communications.

10.1.3 Public Health incident

Public Health England would lead on communications

10.1.4 The CCG

Role would be to liaise with the NHSE or Category 1 Responder communication lead as appropriate, supply information as requested and cascade communications.

10.1.5 NHS Blood and Transplant

Will be responsible for any public messages regarding the donation of blood. NHS England will reflect this messaging in communications with the public.

10.1.6 Additional NHS England Information

Public messaging will be delivered through a dedicated incident page on NHS Choices (www.nhs.uk/incident). An editable version for publishing is available here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

This page will only go live if a Level 4 incident is declared and this page is not visible at other times. A sample of the content of the NHS Choices web page is attached at Appendix 4. It will contain commonly recognised information about the incident and will signpost the public to places where they can obtain further information (such as the relevant police website, or missing persons bureau).

It will also inform people of which hospitals are receiving mass casualties and where and how to obtain alternative healthcare services.

Appropriate public messaging will also be delivered through use of traditional and social media. Messages will be developed by the EPRR Communications Lead in conjunction with the Incident Director and will be issued via the NHS England national media team.

All messaging should be agreed with the local Strategic Coordination Group prior to issue and should be open and transparent, reflecting an accurate picture of the situation as it is known at that time.

10.2 Internal Communications with Staff

All contact details are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity\On-Call Pack\Contacts

TO NOTE - All-Staff contact details are only provided in the Desktop On-Call Packs as personal information is not saved in the All Staff area of the y drive

10.2.1 Content

Any initial communication with staff must include the following information:

- What the incident is
- What the cause of the Incident is or may have been (if known)
- How long the incident is likely to last
- How the incident is to affect their work and alternative working arrangements
- What is expected of them during the course of the incident; and
- Confirmation of how communication should be maintained between them and the Head of Service.
- Date/Time of next communication

10.2.2 Method

Communication to staff will be via the following means, as decided to be the most appropriate and effective:

- Emails (if available) to work nhs.net accounts
- Telephone (if available) to either their work, home or mobile numbers as appropriate
- Firetext (Group text messaging system – instructions are available in the cascade systems processes document)
- Information and updates on the intranet website (if available)
- Team meetings
- Monthly staff briefing

10.2.3 Text Cascade System – Firetext

A text message can be sent to the following groups of people using the Firetext system

- All Staff
- Senior Management Team
- Governing Body
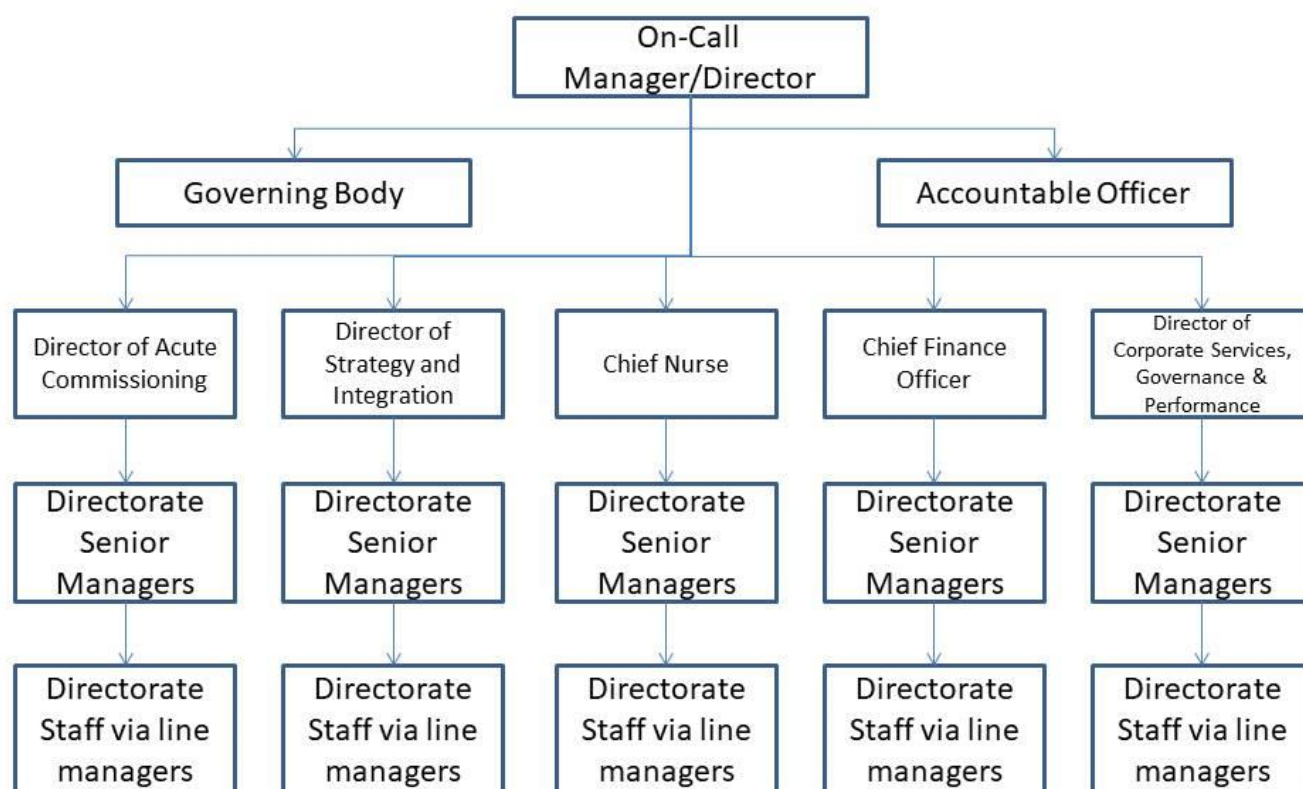- Communications Team

The system can be accessed at https://app.firetext.co.uk/

Login details

Email address – nyccg.eprr@nhs.net
Password – N0rthY0rkshire2020! (**Note 0s are numerical**)

Instructions

- The following is a screen shot of what you will see when you log in
- Select the group you wish to contact using the system
- Type Message
- Click Send/Schedule for later

11.0 Record Keeping

Any decisions made during an external or internal Major or Critical Incident or when dealing with escalation or surge under this plan should be recorded in the log sheet found in the Action Cards (MI 6 – Incident log pages available at Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Action Cards\Major Incident Action Cards**.

The CCG has trained loggists for use in an emergency (full list is saved here Y:\North Yorkshire CCGs\Directorate of Corporate Services Governance and Performance\Corporate Services and EPRR\Business Continuity and EPRR\On Call**On-Call Pack\Contacts**).

Loggists can be contacted to assist in record keeping during an emergency in an Emergency Control Centre if this is deemed necessary. Once a Loggist is contacted and starts working with the Incident Manager, they will log any decisions for them. The On-call Manager can then stop logging their own decisions using the Log Sheet at, but must give any completed sheets to their loggist for storage with their log book.

For incidents or accidents that do not require the set-up of an Emergency Control Centre or the use of loggists, the On-Call Manager should encourage staff to report any incidents relating to the situation through their own internal incident reporting procedures.

11.1 Information Governance

For further details regarding sharing personal information see in Appendices (See section 21.7)
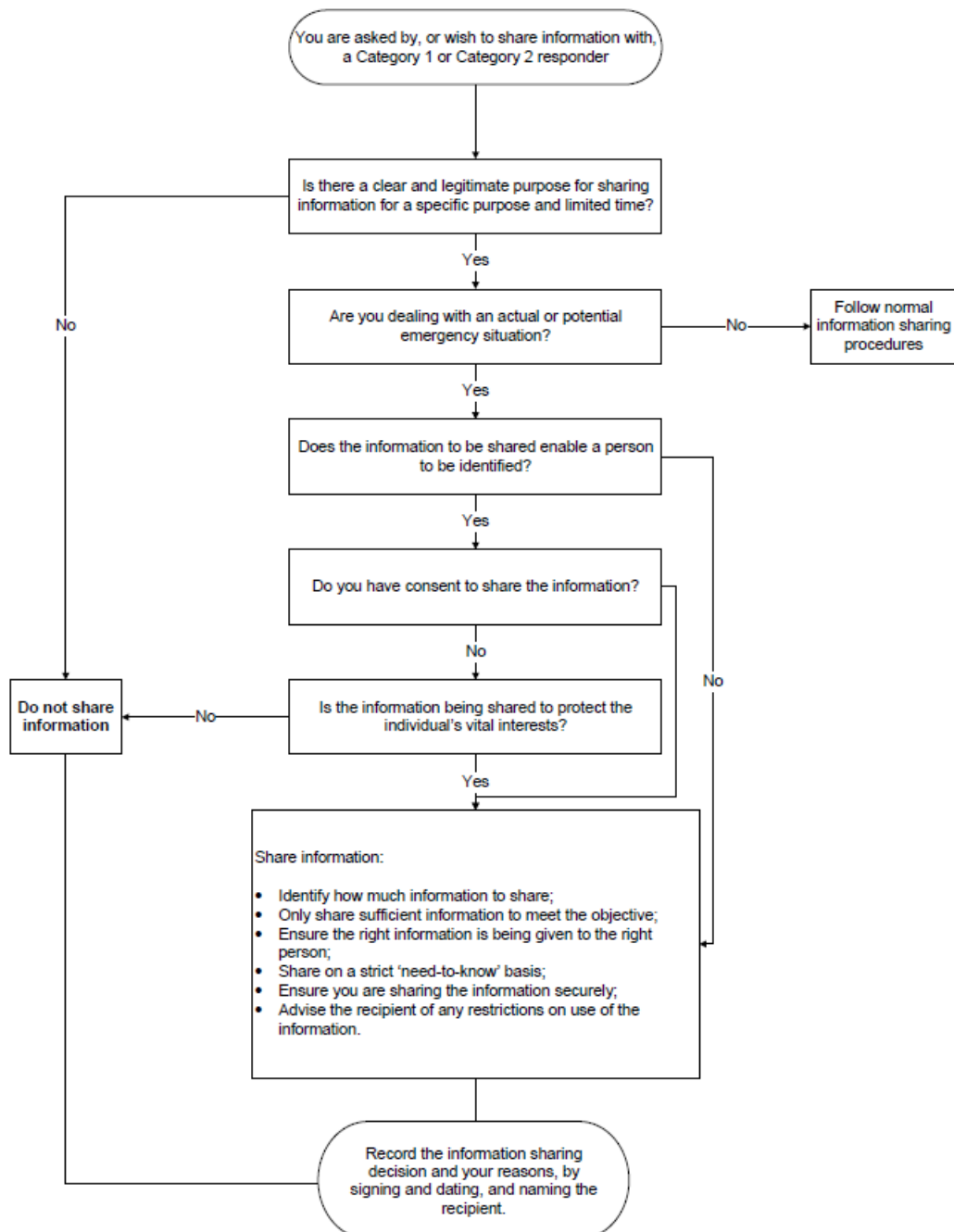
12.0 Vulnerable People

The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people.

It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans.

Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:

- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;

- Those with mental health conditions or learning difficulties;

- Others who are dependent, such as children or very elderly.

- Homeless

The CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other Providers such as the acute trusts and TEWV as well as healthcare services such as local GPs and Social Care.

13.0 Stand Down

After discussion with the Accountable Emergency Officer or their deputy, the incident may be stood down if it can be dealt with using normal resources. The appropriate personnel should be notified a watching brief maintained.

Continue to reassess the situation as further information becomes available and determine if any additional action is required.

In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.

14.0 Recovery

Recovery and the return to normal working is an important part of the management of all major incidents and should commence at the earliest opportunity.

In many incidents, the recovery will involve taking stock of the overall impact and facilitating the restoration of normal health services in line with CCGs' Business Continuity Plans, and the BCP's of local providers affected by the incident. The recovery from an incident should run in parallel to the management of the incident itself, and may require the appointment of a separate Incident Manager to lead this function.

A Clinical Commissioning Group's role in recovery might include:

- renegotiating priorities for recovery with commissioned services (e.g. the work required to reinstate critical services in line with provider's BCPs);
- assessing and arranging for the continuing need of primary and community health services such as psychological support and counselling, and planning alongside Local Authorities to meet the psychosocial needs of the local population following the incident.
- provision of care and support to any CCG staff that may have been personally affected;
- consideration of legal and financial risks that might ensue.

The CCG will participate in any recovery planning that takes place within the ECC or between local providers.

14.1.1 Debriefing and Staff Support

The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. Helpline numbers are available in the On- Call pack here [Y:\North Yorkshire CCGs\Directorate of Corporate Services Governance and Performance\Corporate Services and EPRR\Business Continuity and EPRR**On Call\On-Call Pack\Recovery**](#).

This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.

Any lessons learned from the incident will be fed back to staff and actioned appropriately.

15.0 Testing & Monitoring of Plans

The CCG's emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.

As part of the CCG's emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.

"Live" incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.

16.0 Arrangements for Review

The Business Continuity Manager is responsible for ensuring policy and guidance on all business continuity arrangements is developed, including the production and maintenance of the CCG Major Incident Plan which is approved by Governing Body.

The Associate Director of Corporate Services is responsible for ensuring the policy and plan is reviewed on an annual basis or earlier as a result of changes to legislation or changes to CCG structures and/or procedures. Each team will undertake an annual business impact analysis and review the team business continuity plan accordingly.

17.0 Dissemination

This plan will be made available to all Members and staff via the CCG's website.

Following approval by Governing Body, this policy will be distributed to the CCG Heads of Service for dissemination to all their staff.

18.0 Associated Documentation

- Emergency Preparedness, Resilience and Response Policy
- On Call Pack
- Surge and Escalation Plan
- Flexible Working Policy

19.0 References

- Civil Contingencies Act 2004
- NHS Commissioning Board Emergency Preparedness Framework 2013
- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

20.0 Key Partners

This document aims to ensure the organisation is willing and capable of working with the wide range of Third Parties that either provides services to the organisation, or where the organisation has a dependency on them in order to deliver its own critical functions, systems or processes.

This will be achieved by:

- active co-operation and collaboration with relevant Third Parties on strategic or inter-agency BC initiatives
- ensuring our critical suppliers and providers have appropriate BC Plans in place; ensuring any contracts entered into include BC requirements
- reviewing our supplier and provider arrangements to reduce the possibility of a 'single point of failure' being created

- ensuring Third Parties are considered during Departmental BIA, risk assessment and BC Planning processes.

21.0 On Call Pack References and Appendices

The following documents are all saved and maintained in the CCG On-Call Pack saved here \\NYH.org.uk\data\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack**

Desktop On-Call Pack

All First On-Call Managers and On-Call Directors must ensure that this folder is copied on to their work laptop desktop to ensure accessibility during any loss of Network Connectivity

First On-Call Managers and On-Call Directors will be sent revised documents by the Corporate Services and EPRR Manager

21.1 External Communications

Standard text to publish on the NHS Choices Webpage in the case of a major incident is available to edit here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

21.2 Internal Communication Cascade System

Instructions for the manual and electronic cascade of communications to all staff is saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Comms Procedures & Cascade Systems**

21.3 Contact Details

IMPORTANT - Use Mobile devices to call so that identifiable numbers are logged. Switchboards have no Caller ID so will be ignored.as a cold call.

The following contact details are saved here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**:

- **Senior Management Team**
  - o In order to evoke the business continuity plan the following available members of the Senior Management Team (SMT) need to have agreed that the CCG has suffered a break to business continuity and will co-ordinate the CCGs response for their areas of responsibility.

- **Organisational Contact Details**
  - o Contact details for partner organisations and CCG premises are saved here

- **GP Practice Contact Details**

- **Staff Contact Details**
  - Where possible communications to all staff should be cascaded using Firetext (Text messaging system instructions saved as above)
  - Where this is not possible staff contact details should be held in Managers/Directors **Desktop On-Call Pack** (Personal Information is not held on the All Staff Y-Drive Area)

21.4 Access to post incident mental health services

Leaflet is available here Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Recovery**

21.5 Appendix 1 - Action Cards

<u>Roles and Responsibilities</u>

Key individuals, or their deputies, involved would be:

- Accountable Officer

- Accountable Emergency Officer

- First On-call Manager

- Communications Manager

- Additional Heads of Service/Directors

- Co-opted members may also include facility management from NHS Property Services and eMBED IMT lead.

These action cards describes the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

The following Action cards are saved here **Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity\On-Call Pack\Action Cards\Major Incident Action Cards**:

MI1.   Escalation, Activation & Response
MI2.   Incident Lead Executive
MI3.   Incident Emergency Planning Co-Ordinator
MI4.   Communications Lead
MI5.   Loggist
MI6.   Incident Log Pages
MI7.   Support Staff

NOTE:

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENT ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE

All STAFF SHOULD ALSO MAKE THEIR OWN NOTES FOR REFERENCE DURING AND FOLLOWING THE INCIDENT

21.6 Appendix 2 – NHS North Yorkshire CCG Divert Policy

The Yorkshire Ambulance Divert Request Form is available in the On Call Pack here

The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute response, community response, intermediate care and community in-patient capacity.

Trusts with multiple sites should have locally agreed arrangements to manage patient flows, these arrangements are not part of this divert policy. Similarly, current network systems in place for the management of specialist services e.g. Neonatal and Critical Care have their own escalation systems and are outside the remit of this policy.

The process below outlines what is required by each organisation when they have to initiate and implement their escalation plans leading to invocation of this divert policy.

Principles for all Trusts

The decision to divert patients should only be taken when Trusts do not have a single bed, including an escalation bed into which a patient can be placed. Under no circumstances should it be used to protect elective beds or, to avoid excessive waits in Accident and Emergency Departments.

The decision to divert patients from acute hospital trusts, outside local established network arrangements, must be authorised by the Trust's Director of Operations or their Executive Director on-call following discussion with the Consultant in charge/On-Call for Accident and Emergency department in the diverting hospital.

Before approaching other acute hospital trusts all pre-escalation arrangements must be exhausted.

The Accident and Emergency Department at the diverting trust must remain open for resuscitation and emergency paediatric attendances.

Once the decision to divert has been made, the diverting on-call Executive Director must consult and agree the parameters of the diversion with the receiving Trust on-call Executive Director.

The receiving Director must discuss the divert with the receiving Consultant in charge /On-Call for Accident and Emergency and be assured and take responsibility that the receiving Trust has capacity to accept the divert in order to minimise clinical risk.

This agreement must include the timeframe for initial divert (**Maximum 4 hours)** and the time of review.

Once agreement has been made between the diverting and receiving Trusts Executive Directors, the diverting Trust's Director on-call must contact and agree the diversion arrangements with the Ambulance Trust Gold on-call using the Ambulance Divert Request

Form (attached). A completed copy of this form should be sent to Yorkshire Ambulance Service (YAS) within 60 minutes of the request being initiated.

The Ambulance Service Gold on-call Director will risk assess the implications of the diversion with the diverting Trust's Executive Director on-call before agreeing to the diversion request and agreeing a timeframe for the request to be reviewed, which will be **no longer than 4 hours**. The risk assessment will include consideration of the number of diversions already in place and the impact than an additional diversion may have on patient safety and their ability to maintain a normal service.

All diverts (**intra site and inter site**) will be documented by YAS. This will include a list of individual patients who have been diverted.

Each Trust Director on-call responsible for implementing a patient diversion process should cascade information regarding this action as appropriate to **internal** policies.

The on-call Director in the diverting Trust responsible for implementing a patient diversion process should inform NHS England via the on-call number (contact numbers are available here [Y:\North Yorkshire CCGs\0 ALL STAFF\EPRR and Business Continuity**On-Call Pack\Contacts**](#)).

If a divert cannot be agreed or there are concerns that a divert may present a significant risk, then the Trust Director on-call responsible for requesting a patient divert should contact the NHS England (North) Area Team 1st on-call immediately.

Ambulance Service

If an Ambulance Clinician determines that the patient's condition is not sufficiently clinically stable to be diverted then the patient will be taken to the nearest Accident and Emergency Department for stabilisation prior to onward transfer.

NHS 111

NHS 111 must not divert calls to the GP Out of Hours (GOOOH) Service without discussion and agreement with the receiving Director on call and the senior clinician on duty in the GPOOH Service. The GPOOH Service must have capacity to accept the divert in order to minimise clinical risk.

CCG

The CCG will monitor the generic email boxes as well as the named winter planning leads email inboxes and pick up issues on the next working day directly with providers.

January 2018
Review: October 2020

21.7 Appendix 3 – Information Governance – Sharing of Personal Information

The Civil Contingencies Act 2004 (CCA) requires the PCT, as a Category One responder, to share information with other Category One and Category Two responders to facilitate risk assessment, assist business continuity planning and inform the planning for, response to and recovery from an emergency.

The CCA makes an initial presumption that all information should be shared, however it recognises that the release of some information, and of information to some audiences, may need to be restricted. Any information that is shared can be restricted in its use by the providing organisation.

Whilst there is a formal procedure for requesting information under the CCA, other alternatives should be considered first. Where possible, information should be shared as part of a culture of co-operation.

It is possible that the PCT might be asked to share personal data, as defined by the Data Protection Act 1998 (DPA), in order to assist in the response to the major incident. An example would be a request from the emergency services to provide information regarding vulnerable people within a community to assist during an evacuation. Personal data is defined with the DPA as any data relating to a living individual who can be identified from the data. The DPA further defines some personal data as sensitive personal data and this would include data relating to an individual's health. The way in which personal data can be used is governed by the 8 data protection principles in schedule 1 of the DPA.

The balance in either sharing or not sharing information can shift during the phases of an emergency. Consideration should be given to the risks and harm which may result if the information is not shared. During an emergency, it is more likely than not that it will be in the interests of the individual for personal data to be shared. When considering the legal issues and to help get the right decision in an emergency, it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions:

- Is it unfair to the individual to disclose their information?

- What expectations would they have in the emergency at hand?

- Am I acting for their benefit and is it in the public interest to share this information?

Whilst the answers to these questions are not a substitute for deciding about fair and lawful processing, whether a DPA condition is met, or whether a duty of confidentiality applies, they are useful tools for getting to the right view.

A number of enabling conditions must be met by organisations that wish to share sensitive data about any living individual, if the information could be used to identify that individual. Dependent upon the circumstances of the emergency, it is possible that the enabling conditions could reasonable be met. The key conditions which must be met are:

- A legal basis to share the information – the regulations made under the CCA to provide a legitimising criteria for the sharing of the personal data under the DPA.

- A condition from Schedule 2 of the DPA – sharing information to protect the person's vital interests (vital interests include situations where there is a risk of significant harm to life) would meet this condition.

- A condition from Schedule 3 of the DPA – sharing information to protect someone's vital interests from when the person to whom the information relates cannot consent, is unreasonably withholding consent, or consent cannot reasonably obtained would meet this condition.

- In order to remain compliant with the DPA, when sharing information as part of CCA duties, the following requirements must also be met:

- Information is being shared for a specific purpose;

- Information is being shared for a limited time;

- Information is only to be shared between named Category 1 and Category 2 responders that have a defined (as assessed by the requesting organisation or individual).

The processing of personal data must be proportionate to the requirements of the emergency. Whilst there may be a need to identify a particular individual as requiring additional assistance due to their being vulnerable, there is unlikely to be a need to share specific medical or health information. The principle should be to share the minimum amount of personal data. The 6 Caldicott principles must be followed when handling patient-identifiable information. They are:

- Justify the purpose(s) of every proposed use or transfer;

- Don't use it unless it is absolutely necessary, and;

- Use the minimum necessary;

- Access to it should be on a strict need-to-know basis;

- Everyone with access to it should be aware of their responsibilities, and;

- Understand and comply with the law.

In making any decision to share information or not, a record should always be kept of the reasons for the decision. Where the decision is made to share data, then a record should be kept of what the information was and who it was shared with. Individuals should be informed that their data may be shared for emergency response or recovery purposes unless to do so involves disproportionate effort.

The Human Rights Act 1998 (HRA) provides individuals with the right to respect for private and family life, home and correspondence. Where data collection and sharing is taking place without the individual's consent, the protection afforded by the HRA may be

relevant. The HRA does provide lawful restrictions on these rights for use by public authorities in certain circumstances such as public safety and the protection of health. The collection and sharing of data in the pursuit of these lawful aims (sharing data in an emergency) is therefore likely to be legitimate.

Further information regarding the sharing of information in an emergency can be found in the document 'Data Protection and Sharing – Guidance for Emergency planners and Responders' via http://www.cabinetoffice.gov.uk/media/132709/dataprotection.pdf