

Emergency Preparedness, Resilience and Response 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 124
Version Number:	1.0

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	Corporate Services and EPRR Manager		Approved by Directors (October 2020)	
1.0	Corporate Services and EPRR Manager		Approved by Governing Body (October 2020)	

Contents

1.0	Introduction.....	4
2.0	Purpose	4
2.1	Objectives of the EPRR Policy	4
2.2	Outcomes of the EPRR Policy.....	5
3.0	Definitions / Explanation of Terms	5
4.0	Scope of the Policy	6
4.1	Within Scope.....	6
4.2	Out of Scope	6
5.0	Duties, Accountabilities and Responsibilities.....	6
5.1	Duties.....	6
5.2	Accountabilities	7
5.3	Responsibilities	9
5.4	Responsibilities for Approval	9
6.0	Activating the Plan.....	9
6.1	Director on Call	9
6.2	Heads of Service on-call	10
6.3	Triggers for activation of plan	10
6.4	Action Cards	10
7.0	BUSINESS CONTINUITY PLANNING	10
7.1	Understanding the Organisation.....	11
7.2	Business Impact Analysis (BIA).....	11
7.3	Risk Assessment.....	11
7.4	Maximum Acceptable Downtime (MAD)	12
7.5	Non-Critical Functions, Systems & Processes.....	13
7.6	Legal Requirements & Implications	13
7.7	Selecting business continuity options	13
7.8	Developing and implementing a business continuity response	14
8.0	Public Sector Equality Duty	18
9.0	Training.....	18
10.0	Monitoring Compliance with the Document.....	18
11.0	Arrangements for Review	19
12.0	Dissemination	19
13.0	Associated Documentation	19
14.0	References	19
15.0	Key Partners.....	20
16.0	Appendices.....	21
16.1	Appendix 1 – CCG Functions RAG Rating	21

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

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.

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
<u>Procedures Review</u> : ensure procedures needed in a recovery are available, understandable and current. Can be tested as a table-top exercise.	<u>Simulation Testing</u> : involves a disruptive scenario, but without actually disrupting normal operations. Could include an evolving scenario, rather than having a pre-determined 'end point'.	<u>Notification</u> : 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).
<u>Structured Walk-Through</u> : involving a given scenario, with team members assuming their roles and carrying out actions in chronological order as detailed in the Business Continuity Plan.		<u>Inventory / Checklists</u> : Verifies key resources needed for a recovery, those that should be and actually are available. Should consider resources held elsewhere (if appropriate).
		<u>Parallel Testing</u> : 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 planned 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