

## BUSINESS CONTINUITY POLICY

### January 2018

<b>Authorship :</b>	Pennie Furneaux, Risk and Assurance Manager
<b>Reviewing Committee :</b>	Governance Steering Group
<b>Date :</b>	Circulated
<b>Approval Body :</b>	Executive Committee Governing Body
<b>Approved Date :</b>	07 March 2018
<b>Review Date:</b>	January 2020
<b>Equality Impact Assessment :</b>	Yes
<b>Sustainability Impact Assessment :</b>	Yes
<b>Related Policies :</b>	<ul style="list-style-type: none"> <li>• COR06 Communications Protocol</li> <li>• COR17 Emergency Resilience Response Policy</li> <li>• COR18 On-Call Policy</li> <li>• IG06 Information Risk Policy</li> </ul>
<b>Target Audience :</b>	All CCG staff and commissioning support staff who provide essential support to the CCG.
<b>Policy Reference No. :</b>	COR16
<b>Version Number :</b>	3.0

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.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by and Date</b>	<b>Date on Internet</b>
2.0	Pennie Furneaux	Reformat Redraft to meet CCG requirements	Audit Committee Governing Body	Feb 2015
2.1	Pennie Furneaux Risk and Assurance Manager	Responsibilities and job titles to reflect changes in organisational structure Update to hazards in line with NHS England guidance: water contamination	Executive Committee – 07 March 2018	21 March 2018

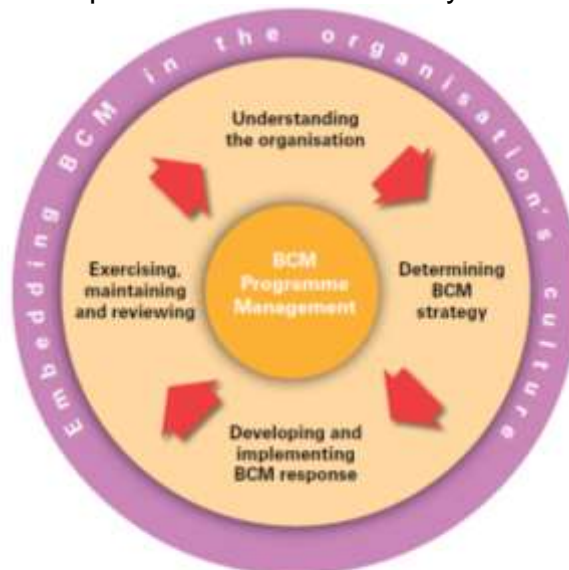
**To request this document in a different language or in a different format, please contact: 01904 555 870 or [valeofyork.contactus@nhs.net](mailto:valeofyork.contactus@nhs.net)**

## CONTENTS

1.	INTRODUCTION.....	4
2.	POLICY STATEMENT .....	5
3.	IMPACT ANALYSES .....	6
4.	SCOPE.....	6
5.	POLICY PURPOSE/AIMS & FAILURE TO COMPLY .....	6
6.	PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS.....	7
7.	ROLES / RESPONSIBILITIES / DUTIES.....	8
8.	UNDERSTANDING THE ORGANISATION.....	8
9.	POLICY IMPLEMENTATION.....	8
10.	TRAINING AND AWARENESS.....	9
11.	MONITORING AND AUDIT .....	9
12.	POLICY REVIEW.....	9
13.	STRATEGY TO IMPLEMENT A BUSINESS CONTINUITY MANAGEMENT SYSTEM .....	9
14.	BUSINESS CONTINUITY PLAN - COMMUNICATIONS.....	20
15.	REFERENCES.....	22
16.	ASSOCIATED CCG POLICIES .....	22
17.	CONTACT DETAILS .....	22
18.	APPENDIX 1 : EQUALITY IMPACT ANALYSIS FORM .....	23
19.	APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT.....	27

## 1. INTRODUCTION

- 1.1. NHS Vale of York Clinical Commissioning Group, (the CCG); must deliver an effective Business Continuity Management System (BCMS) in order to secure the best possible outcomes for patients and to successfully deliver the its strategic objectives and operational plan.
- 1.2. In addition, the CCG must comply with the Civil Contingencies Act (2004) in developing robust Business Continuity Plans (BCPs).
- 1.3. Commissioning is a key function of the NHS and CCGs. The CCG plays a key role within the local health system, therefore, it important that the organisation is able to continue its activities in the face of situations that might be, or could lead to, disruption, loss, emergency or crisis.
- 1.4. In order to effectively carry out its commissioning functions, the CCG requires access to resources to ensure that all of its activities are delivered effectively. These resources fall into five broad categories :
  - People
  - Premises
  - Technology
  - Information
  - Suppliers and partners
- 1.5. A business continuity incident becomes possible when access to resources is threatened. Threats can emerge internally or externally, ranging from a technology failure to an influenza pandemic.
- 1.6. The CCG's strategy for dealing with these threats to resources is to implement a robust BCMS to identify and analyse risks to business continuity, where possible take measures to prevent incidents occurring, and to document and implement BCPs in order to minimise the impact of incidents when they do occur.



Reference: BS25999-1, 2006

## Definitions

- 1.7. The table below provides definitions of key terms used within this policy, (Source ISO 22301:2012).

Definitions	
<b>BC</b>	<b>Business continuity</b> is the <b>capability of the organisation</b> to continue delivery of its products and services at acceptable levels following a disruptive incident.
<b>BCM</b>	<b>Business continuity management</b> is a holistic management process that provides a <b>framework for building organisational resilience</b> with the capability of an effective response that safeguards the interests of key stakeholders, reputation, brand and value-creating activities.
<b>BCMP</b>	A <b>business continuity management programme</b> is the <b>ongoing management and governance process</b> supported by top management and appropriately resourced to implement and maintain BCM.
<b>BCP</b>	A <b>business continuity plan</b> provides <b>documented procedures</b> that guide the organisation to respond, recover, resume and restore to a pre- defined level of operation following disruption.

## 2. POLICY STATEMENT

- 2.1. The Vale of York Clinical Commissioning Group is committed to ensuring robust and effective Business Continuity Management (BCM) as a key mechanism to restore and deliver continuity of key services in the event of an incident.
- 2.2. This policy statement provides a framework for the CCG to follow in the event of an incident, such as fire, flood, bomb, staff absence, power and communication failure. It also states the process for implementing and maintaining a robust BCMS.
- 2.3. The CCG's business continuity plans will be based on the following standards :
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
  - ISO 22301:2012 - Business Continuity Management Systems - Requirements.
  - ISO / PAS 22399: 2007 - Guideline for Incident Preparedness and Operational Continuity Management.
  - Recognised standards of corporate governance.
- 2.4. This policy statement will support the organisation to think ahead in order to avoid or mitigate risk, take corrective action and be in control of the outcome in the event of an incident, emergency or disaster.

### **3. IMPACT ANALYSES**

#### **Equality**

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

#### **Sustainability**

- 3.2. A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached.

### **4. SCOPE**

- 4.1. This policy will apply to all activities that come under the operations of the CCG as well as the activities of the commissioning support, members of which provide essential support to the CCG.
- 4.2. This policy will be applicable to the main site used by the CCG; namely West Offices, Station Approach, York. The premises are owned and maintained by City of York Council, and the premises are shared with council employed staff.
- 4.3. The organisation does not operate in isolation and has extensive networks and relationships with external parties, both NHS and those from the private sector.
- 4.4. This document recognises the importance of managing these third party relationships but they are not included within its scope. The organisation is reviewing and progressing the development of its BCM capacity and capability, those third parties relied upon to deliver the organisation's critical services will be expected to have their own BCM frameworks in place.

### **5. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY**

- 5.1. To enable the response to business disruptions to take place in a co-ordinated manner, in order to continue key business operations at the highest level achievable in the circumstances.

#### **Objectives**

- To identify key services which, if interrupted for any reason, would have the greatest impact on 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 maintain and / or resume key services in the shortest possible time.

#### **Priorities**

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

- Protect the safety of people employed by or working with the CCG;
- Maintain, recover, resume or restore the CCG's priority activities;
- Protect the interests of CCG stakeholders;
- Protect the CCG's finances, property, resources and reputation.

### **Disruptions**

5.3. The CCG's Business Continuity policy seeks to mitigate disruptions that may arise as a consequence of some form of incident, interruption or termination:

- **Loss of people** – A range of possible scenarios (e.g. industrial action, severe weather causing transport disruption/closures, an influenza pandemic) could cause the CCG to experience loss of key personnel, knowledge, skills, relationships or contacts
- **Loss of premises** – Fire, utility failure, civil disorder in a locality or a gas explosion are examples of scenarios that could lead to denial of access to buildings, facilities or accommodation and the inability to undertake CCG activities from a normal place of work
- **Loss of resources** – Resources that support the CCG's activities, such as IT hardware, IT systems and networks, databases, telephony or other equipment may suffer failure, theft or malicious damage
- **Loss of suppliers** – Third party providers of goods and services to the CCG may experience disruption themselves or may suspend or cease operations for some reason (e.g. bankruptcy, fraud investigation, statutory breach)

## **6. PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS**

### **Statutory Instrument**

- Health and Social Care Act 2012,
- Civil Contingencies Act (2004),

### **NHS/Department of Health Guidance**

- NHS Commissioning Board Business Continuity Management Framework (service resilience) 2013
- NHS England Business Continuity Management Toolkit (Jan 2014)
- NHS England EPRR documents and supporting materials, <http://www.commissioningboard.nhs.uk/epr/>

### **CCG Scheme of Delegation**

6.1. The CCG's Scheme of Delegation requires that the group's arrangements for business continuity and emergency planning are approved by the Governing Body.

## **7. ROLES / RESPONSIBILITIES / DUTIES**

7.1. For the BCM Programme to be effective and become embedded in the organisation, responsibilities from the Chief Executive downwards need to be agreed and communicated so that everyone is aware of what is expected from them. The sections below provide summary details of the responsibilities of key individuals and committees.

### **Chief Officer Responsibilities**

7.2. The Chief Clinical Officer (CCO) of the CCG has overall responsibility for business continuity management within the organisation and is responsible on behalf of the Governing Body for ensuring the implementation of business continuity arrangements throughout the organisation.

### **Senior Officers and Line Managers**

7.3. All senior officers and managers will ensure that nominated business continuity leads maintain business continuity management arrangements, including Business Continuity Plans, for prioritised activities within their area of responsibility. This will include assurance from external service providers.

### **All individuals**

7.4. All staff must be aware of the Business Continuity Plan (BCP) that affects their business areas and their individual role following invocation.

7.5. It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy.

## **8. UNDERSTANDING THE ORGANISATION**

### **Business Critical Functions, Systems and Processes**

8.1. 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 BC Manager, Information Asset Owners and relevant BCP Owners to undertake risk assessments and business impact analysis, and then taking action to reduce risks and/or produce BC Plans covering those areas identified as high or medium risk.

### **Non-Critical Functions, Systems and Processes**

8.2. 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 BCP Owner to ensure these areas are kept under review and take account of any changes which may have an impact on their status.

## **9. POLICY IMPLEMENTATION**

9.1. Following approval by the Governing Body the policy will be sent to:

- The Communications Manager who will disseminate to all staff via the team newsletter process



- The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
- The Practice Managers of all member practices for information, (if appropriate).
- Business partners and stakeholders as appropriate.

## **10. TRAINING AND AWARENESS**

- 10.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 10.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

## **11. MONITORING AND AUDIT**

- 11.1. The Quality and Finance Committee is responsible for monitoring the effectiveness of this policy and for providing assurance to the Governing Body regarding compliance with the policy. The Quality and Finance Committee will receive reports on a bi-annual basis.
- 11.2. Monitoring of this policy may form part of the Internal Audit review of governance compliance.

## **12. POLICY REVIEW**

- 12.1. This policy will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

## **13. STRATEGY TO IMPLEMENT A BUSINESS CONTINUITY MANAGEMENT SYSTEM**

### **Assigning Responsibilities**

- 13.1. BCM has the support of senior management. To support implementation of the Business Continuity Management System, each team should nominate a BCM Lead to with responsibility for taking the programme forward.
- 13.2. BCM Leads have responsibility for :
  - reviewing team BC plans;
  - maintaining their team's BC Plan and supporting Action Card(s);
  - ensuring that supporting Standard Operating Procedures are maintained and made available to staff;
  - staff are appropriately trained to implement the plans; and

- organising exercises to test their plan.

### Preparing a Business Continuity Plan

13.3. A Business Impact Analysis, (BIA) should be undertaken to identify and document key products/asset, services and the critical activities. The BIA should also:

- Outline the resources required to deliver these;
- the impact that a disruption of these activities would have on the Team's ability to deliver it's objectives and functions; and
- The resources required to resume activities.

13.4. The CCG has identified relevant risks according to NHS England guidance as follows:

Hazards and threats relevant to the CCG			
Hazard of threat		Y or N	Why?
1	Fire or flood	Y	Potential inability to access premises and assets required to conduct business. (See CCG Action Card: Loss of Access to building - Fire Flood or other major incident)
2	Loss of electronic records	Y	Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of VDI Network; and Action card - Loss of Power)
3	Loss of paper records	Y	Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of Access to building - Fire Flood or other major incident)
4	IT systems/application failure	Y	Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of VDI Network; and Action Card - Loss of Power)
5	Mobile telephony failure	Y	Potential inability to maintain contact with business partners and stakeholders. (Covered under CCG Action Card: Loss of Phone Network for West Offices.)
6	Major IT network outage	Y	Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of VDI Network)
7	Denial of premises	Y	Potential inability to access premises and assets required to conduct business. (See CCG Action Card: Loss of Access to building - Fire Flood or other major incident; and Action Card - Loss of Power)

Hazards and threats relevant to the CCG		
Hazard of threat	Y or N	Why?
8	Y	Shared risk under lease agreement for premises and support services agreement with CSU. (See CCG Action Cards: Loss of Access to building - Fire Flood or other major incident; and Action Card - Loss of Power; and Action Cards: Unplanned Absence and Unplanned Absence - Sickness Epidemic - Governing Body.)
9	Y	(See CCG Action Card: Loss or Theft of Equipment)
10	Y	Risk shared under lease agreement for premises. (See CCG Action Cards: Loss of Access to building - Fire Flood or other major incident)
11	Y	Risk shared under lease agreement for premises. (See CCG Action Cards: Unplanned Absence and Unplanned Absence - Sickness Epidemic - Governing Body.)
12	Y	Potential lack of sufficiently skilled staff to conduct business safely and appropriately and discharge CCG obligations and duties. (See CCG Action Card: Unplanned Absence and
13	Y	Unplanned Absence - Sickness Epidemic - Governing Body.)
14	Y	
15	Y	
16	Y	Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of Access to building - Fire Flood or other major incident) Potential inability to access records required to conduct business. (Covered under CCG Action Card: Loss of VDi Network)
17	N	Not a public facing service. Risk managed under HR policies.
18	Y	Business premises may be uninhabitable May impact delivery of services

13.5. The outcomes of the BIA are documented in the team's Business Continuity Plan, (BCP). The BCP should assess the impact of disruption or loss of key products/ asset, services and the critical activities over a period of time and agree the maximum length of time that the team can manage the disruption caused without threatening the organisation's viability, either financially, impact on patient care or through loss of reputation. (This is referred to as the Maximum Tolerable Period of Disruption, (MTPD)).

- 13.6. The BCP should also identify and agree the point in time at which each key product, service, activity needs to be resumed if significant damage or loss to the organisation is to be avoided. This is referred to as the Recovery Time Objective, (RTO). In determining and agreeing the RTO the following should be taken into account:
- The confidence in the MTPD and mitigation arrangements; and
  - That there is sufficient built-in margin for unforeseen difficulties with recovery.
- 13.7. The CCG has prepared a template plan.
- 13.8. The template plan is supported by BC Action Cards. The BC Action Card provides details of risk assessment undertaken for each event, and how likely that a disruption or loss would occur. Risks should take account of :
- Loss of staff
  - Loss of systems (IT and telecommunications)
  - Loss of utilities e.g. water, electricity etc.
  - Loss of access to premises;
  - Loss of key suppliers; and
  - Disruption to transport.
- 13.9. This list is not exhaustive.
- 13.10. Risks should be assessed in reference to the CCG's risk assessment matrix. Risks may then be ranked in order of threats to business continuity and a decision to be taken regarding :
- Treat, take action to reduce impact/likelihood of disruption;
  - Tolerate, accept risk at the identified level;
  - Transfer, implement insurance or contractual/SLA and manage risk under contract; or
  - Terminate, change, suspend product, service, function.
- 13.11. The BC Action Cards document escalation processes, and SOPs that support the implementation of the plan.
- 13.12. BC Action Cards should cover threats of loss or disruption to the following :
- People;
  - Premises;
  - Technology;
  - Information; and
  - Supplies/partners.

<b>Resource</b>	<b>Issues For Consideration</b>
<b>People</b>	<p>What is the optimum number of staff you require to carry out your critical activities?</p> <p>What is the minimum staffing level with which you could provide a minimum level of service?</p> <p>What skills/level of expertise is required to undertake these activities?</p>
<b>Premises</b>	<p>At what locations do critical activities operate from?</p> <p>What access to alternative premises is there?</p> <p>What equipment and facilities are essential to carry out your critical activities?</p>
<b>Technology</b>	<p>What IT is essential to carry out the critical activities?</p> <p>What systems and means of voice and data communication are required to carry out critical activities.</p>
<b>Information</b>	<p>What information is essential to carry out your critical activities?</p> <p>How is the information stored?</p>
<b>Suppliers and Partners</b>	<p>Who are the priority suppliers/partners on whom the business depends for critical activities?</p> <p>Are key services managed under contract?</p> <p>What are their Business Continuity arrangements?</p>

**Name of Team**

\* Recovery time objective; the period (in hours or days) within which a business process or function must be restored to avoid an unacceptable break in continuity

\*\* Maximum Tolerable Period of Disruption; the timeframe (in hours or days) within which a recovery effort must succeed before the service 'fails'

Unplanned Absence - Sickness, Strike, Work to rule and Fuel Shortage	Key staff unavailable due to sickness (> 30%)							
Sickness epidemic SMT	Key staff unavailable due to sickness (> 30%)							
Fire, Flood or other major incident	No access to West Offices							
Loss or theft of equipment	no access to mobile phones or laptops							
Loss of Phone Network for West Offices	Phone Network Down							
Loss of VDi Network	CCG network down							
Loss of Power to the premises	Loss of power in a locality or wider regional area impacting on IT/access to networks and/or mobile phones							

Key customers and clients - contacts

Key internal and external stakeholders

Customer/Client	Contact Name	Contact Details	Timescale re contact	Internal/ External	Contact Name	Contact Details

**EXAMPLE ACTION CARD**

**Unplanned Absence  
Sickness, Strike, Work to rule and Fuel Shortage  
ACTION CARD**

<b>Description of Event:</b>	Team staff unavailable due to sickness/other unplanned absence
<b>Potential Impact:</b>	Capacity to handle workload and deliver corporate objectives and targets.
<b>Area Impacted:</b>	Name of Area

**Risk Tolerance**

Target Risk				Risk Matrix					
Impact	Likelihood	Score	Agreed Tolerance/ Target		1	2	3	4	5
2	3	6	6	1	1	2	3	4	5
				2	2	4	6	8	10
Include in Risk Register :	Corporate	Team	N/a	3	3	6	9	12	15
			Detail arrangements in Assurance Framework	4	4	8	12	16	20
				5	5	10	15	20	25

**Risk Notes**

**Sickness, Strike, work to rule:** The Team comprises x members of staff, and also provides cover for the *Job Title* and support for the *Job Title*. The level of risk is dependent on cross cover within the team. Cover for the Head of Service is a combination of escalation to *name of role*; and delegation to the two *management posts*, (*Job Title* and *Job Title*). Cover for the Managers is through cross cover, escalation to *Job Title* and delegation to *Job Title* Key risks are:

- Potential for failure to meet mandated standards, statutory duties and deliver key organisational objectives. (The level of risk would increase with period of elapsed time with lack of cover).

Cover for the *Named Post* is currently reliant on availability of *Manager Job Title*, Key risks are:

- failure to submit HR returns, (end of month);
- non-compliance with recruitment/termination of staff procedures;
- lack of follow up on statutory and mandatory training;
- weaknesses in issue and return of IT equipment.

The Admin Team provides a vital corporate wide administration support service. Cover is within team.

Key risks are

- lack of meeting support;
- minutes not available on a timely basis, (this may also impact mandatory publication schedules if appropriate support is not available for Chief Officers, and GB minutes etc.). The level of risk is more immediate depending on the level of absence within the team).

**Fuel Shortage** relating to extreme weather conditions and staff wouldn't be able to get into the offices, Staff would be required to contact the *Job Title* of their issues getting into work and what plans they had for the day with regards to meetings. *Job Title* will then Inform key members of staff, GP Practices and send a message to the public with contact details for key members of staff who would be covering. If the *Manager Titles* are unable to get into the offices, they have the ability to work from home, they have the correct equipment and would need to be contactable throughout their period of absence from the office.



**Assumptions**

Adequate cover within team under normal operating arrangements. Post vacancies are appropriately managed.

**Risk Assessment Categories****Impact**

Rating	Classification	HR/Staffing
1	Negligible	Short-term low staffing level that temporarily reduces service quality (< 1 day)
2	Minor	Low staffing level that reduces the service quality
3	Moderate	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training
4	Serious	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training
5	Catastrophic	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an on-going basis

**Probability**

Rating	Classification	Broad descriptors of frequency	Time framed descriptors of frequency
1	Rare	This will probably never happen/recur	Not expected for years
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to happen at least monthly
4	Likely	Will probably happen/recur but it is not a persisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen/recur, possibly frequently	Expected to occur at least daily

## Actions

Risk Assessment			Action to be taken:	Trigger Criteria		Who	Reference to SOPs
Impact	Likelihood	Score		Length of Time	% Loss of Resource		
2	3	6	<i>Job Title</i> : Inform Team, AMs, <i>Job Title</i> as appropriate. Review diaries; arrange Admin cover for supported meetings.	Team staff, Less than 7½ Hours	30%>	<i>Job Title</i>	
2	3	6	In addition to above, review prioritisation of workloads.	Team/Key/Core Staff More than 7½ Hours – up to 2 weeks	30%>	<i>Job Title</i>	
				More than 2 weeks up a 1 month.	30%>		
3	2	6	In addition to above, consider employing ad hoc temporary staff to cover identified pressures.	More than a month	30%>	<i>Job Title</i>	
3	2	6	<i>Job Title</i> : Inform Team, AMs, <i>Job Title</i> as appropriate. Review diaries; arrange Admin cover for supported meetings. Review prioritisation of workloads.	All staff, Less than 7½ Hours	30%<>60%	<i>Job Title</i>	
3	1	3	Review commitments within team and where necessary with Programme Leads. Deputy Cos. Prioritise diary commitments. Consider cover within delivery teams.	More than 7½ Hours – up to 2 weeks	30%<>60%	<i>Job Title</i>	
3	1	3	In addition to above, consider ad hoc temp cover for Admin Team if needed to meet core services	More than 2 weeks up a 1 month.	30%<>60%	<i>Job Title</i>	
				More than a month	30%<>60%		
3	1	3	Prioritise diary commitments. Consider cover within delivery teams. Consider ad hoc temp cover for Admin Team if needed to meet core services	All staff, Less than 7½ Hours	60%<	<i>Job Title</i>	
3	1	3		More than 7½ Hours – up to 2 weeks	60%<		
4	1	4		More than 2 weeks up a 1 month.	60%<		
4	1	4		More than a month	60%<		

**Approvals**

Name/Job Title		Date	Name/Job Title		Date	Next Review Date
Reviewed By:			Authorised By: (Head of Team)			

## 14. BUSINESS CONTINUITY PLAN - COMMUNICATIONS

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

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

- Deliver relevant messages about the incident to the relevant stakeholder group/s
- Utilise media channels (radio and print) to reassure and inform the public and patients
- Ensure that messages are timely and relevant to the target audience.

### **Stakeholders**

14.3. Our stakeholders are divided into two categories – internal and external – with specific communications mechanisms for each one.

- **Internal** - West Offices based staff, Strategic Clinical Executive members – GP leads and Governing Body members
- **External** - GP Practices, Media, Local Authority, NHS England Area Team, Services Providers, e.g. York Hospitals NHS Foundation Trust, York Ambulances Services and other provider organisations.

### **Methods of Communication during an incident**

14.4. The communication activity used will be activated in conjunction with any incident detailed in the business continuity plan and will be specific to each of the relevant stakeholder affected.

### **Internal Stakeholders**

#### **Staff, Governing Body members and GP leads**

14.5. It is essential that we inform staff and keep them up-to-date with any incident that impacts on the ability to undertake their role or has a direct impact on the organisation. This incident could be triggered by a multi-agency source or from within the CCG. The methods used to communicate with staff will be :

- Text message/phone call – used to disseminate an initial message about the incident, containing immediate actions needed and how further messages will be communicated. This is most useful when the incident occurs out of office hours. The CCG maintains a staff contact list.
- Email – Staff can receive messages via the CCG's distribution lists (held electronically) in normal working hours
- Intranet – Information to be posted on the CCG's home page before and after the incident. Any information during an incident should be communicated through other mechanisms as access may be limited.

- Website –CCG Intranet information where staff can get up-to-date information without having access to CCG specific systems. This section of the public site could be updated remotely and would ensure that everyone could access accurate, timely information.

## **External Stakeholders**

### **GP Practices**

- 14.6. Member practices of the CCG would be informed of any incidents relating to business continuity via email. Contact details for the CCG throughout the affected period would be shared and practice staff would be advised to visit the CCG website for updates.

### **Media – print and broadcast**

- 14.7. Managing the media should take place in line with the CCG's Communications protocol. The communications team have good links with the media, which would be utilised for any incident that requires information communicating to local people and patients. Local radio stations would be able to broadcast public information in their regular bulletins. Information would be issued to the local printed media dependent on the incident timing in relation to the paper publication day. Media statement may be required following an incident and once normal business has resumed.
- 14.8. Information would also be published using the CCG's social media sites with links to the website for more detail.

### **Partners – Local Authority, NHS England Area Team, Voluntary Sector and Healthwatch, eMBED**

- 14.9. When an incident impacts on the business of the CCG it is imperative that we inform colleagues at our local partner organisations. Depending on the nature of the incident this would be done either by telephone or by email – via the Chief Officer, Chair or Business Continuity lead. Partner organisations would be encouraged to disseminate the details to their staff via communication channels.

### **Providers – All providers from who we commission a healthcare service**

- 14.10. Depending on the nature of the incident this would be done either by telephone or by email – via the Chief Officer, Chair or Business Continuity lead. Provider organisations would be encouraged to disseminate the details to their staff via communication channels, providing details of alternative ways to contact the CCG during the period of the incident. Notice would then be given once the incident was resolved and normal business resumed.
- 14.11. Key contacts within the CCG should advise counterparts in the provider organisations of their contact details during the incident.

### **Out -of-Hours communication**

- 14.12. There is no formal out-of-hours communication service within the CCG, however all senior staff hold work mobiles and senior officers have been provided with the Communication Manager's mobile number should be contacted in the case of an incident that may affect business continuity. Messages and notifications can be posted on the public website using an internet connection in any location and there are a number of officers with the organisation who access to the admin section.

## 15. REFERENCES

- **Good Practice Guidelines 2013**, *A Guide to Global Good Practice in Business Continuity*, Business Continuity Institute
- **ISO 22301:2012**, Societal security – Business continuity management systems – Requirements, International Organization for Standardization
- **ISO 22313:2012**, Societal security – Business continuity management systems – Guidance, International Organization for Standardization
- PAS 2015, Framework for Health Services Resilience, (2010) British Standards Institute
- How Prepared Are You? Business Continuity Toolkit. HM Government.
- NHS England Business Continuity Policy, August 2013, Gateway Ref: 000241
- NHS England Emergency Preparedness Framework 2013, NHS England
- NHS England Business Continuity Management Framework 2013 (Service Resilience), NHS England
- NHS England Core Standards for Emergency Preparedness, Resilience and Response, NHS England
- **The Route Map to Business Continuity Management**, *Meeting the Requirements of ISO 22301*, John Sharp, (2012) British Standards Institute

## 16. ASSOCIATED CCG POLICIES

- COR06 Communications Protocol
- COR17 Emergency Resilience Response Policy
- COR18 On-Call Policy

## 17. CONTACT DETAILS

### **Governance Team**

Telephone: 01904 555778

Email: [voyccg.governance@nhs.net](mailto:voyccg.governance@nhs.net)

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

18. APPENDIX 1 : EQUALITY IMPACT ANALYSIS FORM

1.	<b>Title of policy/ programme/ service being analysed</b>
	<b>Business Continuity Policy and Strategy</b>
2.	<b>Please state the aims and objectives of this work.</b>
	<p>The Vale of York Clinical Commissioning Group is committed to ensuring robust and effective Business Continuity Management (BCM) as a key mechanism to restore and deliver continuity of key services in the event of an incident.</p> <p>This policy statement provides a framework for the CCG to follow in the event of an incident, such as fire, flood, bomb, staff absence, power and communication failure. It also states the process for implementing and maintaining a robust BCMS</p>
3.	<b>Who is likely to be affected? (e.g. staff, patients, service users)</b>
	Primarily CCG staff, however, if Business Continuity arrangements are not effective patients and service providers may be impacted.
4.	<b>What sources of equality information have you used to inform your piece of work?</b>
	NHS England guidance
5.	<b>What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</b>
	<p>The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.</p> <p>The Business Continuity Policy relates to internal processes only, therefore there is a limited impact of this policy on staff and service users. Related policies where there is an impact, such as Staff Sickness, have undergone a thorough impact assessment.</p> <p>This policy and its framework will be adopted for a range of emergencies and situations. Depending on the nature of such circumstances, managers will liaise with staff to identify any particular needs for interim working arrangements and where possible make any reasonable adjustments.</p>

6.	<b>Who have you involved in the development of this piece of work?</b>	
	<p><b>Internal involvement:</b> Senior Management team Audit Committee Consultation with Team leads</p> <p><b>Stakeholder involvement:</b> System Resilience Forum</p> <p><b>Patient / carer / public involvement:</b> N/A</p>	
7.	<p><b>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</b></p>	
<p><b>Disability</b> People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>	
<p>This policy and its framework will be adopted for a range of emergencies and situations. Depending on the nature of such circumstances, managers will liaise with staff to identify any particular needs for interim working arrangements and where possible make any reasonable adjustments.</p>		
<p><b>Sex</b> Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc.</p>	
<p>N/A</p>		
<p><b>Race or nationality</b> People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>	
<p>N/A</p>		
<p><b>Age</b> This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>	



N/A	
<b>Trans</b> People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
<b>Sexual orientation</b> This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
<b>Religion or belief</b> Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
<b>Marriage and Civil Partnership</b> Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
<b>Pregnancy and maternity</b> Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
<b>Carers</b> This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/A	
<b>Other disadvantaged groups</b> This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
N/A	

<b>8.</b>	<b>Action planning for improvement</b> Please outline what mitigating actions have been considered to eliminate any adverse impact?
-----------	--

<b>Sign off</b>	
	Name and signature of person / team who carried out this analysis <i>Helen Sikora, Policy and Strategy Manager</i> <i>Audit Committee</i>
	Date analysis completed <i>December 2014</i>
	Name and signature of responsible Director
	Date analysis was approved by responsible Director

## 19. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy Name
What is the main purpose of the document	
Date completed	
Completed by	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?			
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?			
	Will it reduce 'care miles' (telecare, care closer) to home?			
	Will it promote active travel (cycling, walking)?			
	Will it improve access to opportunities and facilities for all groups?			
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?			
	Will it promote ethical purchasing of goods or services?			
Procurement	Will it promote greater efficiency of resource use?			
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?			
	Will it support local or regional supply chains?			
	Will it promote access to local services (care closer to home)?			
	Will it make current activities more efficient or alter service delivery models			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled?			
	Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?			
	Will it promote or support equal employment opportunities?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			
	Will it offer employment opportunities to disadvantaged groups?			
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?			
	Will it increase safety and security in new buildings and developments?			
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?			
	Will it provide sympathetic and appropriate landscaping around new development?			
	Will it improve access to the built environment?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?			
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?			
	Will it promote prevention and self-management?			
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?			
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			