

NHS Sheffield CCG

Business Continuity Policy and Business Continuity Plan

**IF YOU ARE RESPONDING TO A BUSINESS CONTINUITY INCIDENT, GO
STRAIGHT TO PAGE 20 AND USE THE FLOWCHART ON PAGE 22**

February 2022

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Policy Number:	CO001/04/2023
Date ratified:	23 February 2022
Name of originator/author:	This policy is based on NHS Doncaster CCG's Policy and has been adapted for NHS Sheffield CCG by Sue Laing, Corporate Services Risk and Governance Manager with the permission of the Chief of Corporate Services Doncaster CCG
Name of Sponsor:	Brian Hughes, Deputy Accountable Officer
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<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>



Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval

Status of Policy: Revised

1.	Details of Policy/Procedural Document	
1.1	Policy No:	CO001/04/2023
1.2	Title of Policy/document:	Business Continuity Policy and Plan
1.3	Sponsor	Brian Hughes, Deputy Accountable Officer
1.4	Author:	Sue Laing, updated by Sue Berry
1.5	Lead Committee	Governance Sub-committee
1.5	Reason for policy/document:	Statutory requirement
1.6	Who does the policy affect?	All staff
1.7	Are the National Guidelines/Codes of Practice etc issued?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2.	Information Collation	
2.1	Where was Policy information obtained from?	Shared in collaboration with South Yorkshire & Bassetlaw CCG Governance Leads
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	Structure already in place to support
4.	Consultation Process	
4.1	Was there external/internal consultation?	South Yorkshire & Bassetlaw CCG Governance Leads
4.2	List groups/persons involved	South Yorkshire & Bassetlaw CCG Governance Leads
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	
5.	Implementation	
5.1	How and to whom will the policy be distributed?	Weekly Round-Up and Team Briefings
5.2	If there are implementation requirements such as training please detail.	Loggist training
5.3	What is the cost of implementation and how will this be funded	N/A
6.	Monitoring	
6.1	How will this be monitored	Governance Sub-committee
6.2	Frequency of Monitoring	6 monthly

Version	Date	Comment
2.0	November 2017	This policy has been developed across South Yorkshire and Bassetlaw CCG's in line with national guidance. Localisation of the policy reflects the position for Sheffield CCG.
2.1	January 2019	Changes to names and job titles throughout
		Additional references added including ISO 22313 and EPRR
		Update to references and links to other documents
		Amendment to reference to Data Security Protection Toolkit throughout
		Update to Equality and Diversity Statement
		Changes to Sponsor including roles and responsibilities
Business Continuity Plan	January 2019	Update to Incident flow chart
		Changes to methods of communication section
2.2	April 2021	Changes to the location of the Incident Command room from the lower floor of 722 to the first floor Sharman and Bean Room.
		Inclusion of the new Covid Act 2020
		The out of hours contact for the CCG in an emergency is via the SYB CCG On Call Rota. This is accessed through the Rotherham General Hospital switchboard (01709 820000) and requesting to speak to the 'On Call Director for the CCGs.
		Incident Log table P41 replaced with new loggist table
		Removed from section 5.4/5.5 reference to eMBED. Added in SYB CCGs
		Appendix E changed to include new Critical Service-specific Actions Templat
2.3	January 2022	Changes to job titles (sponsor) and Names of Deputy Accountable Officer and Lead EPRR
		Update of legislation publication dates
		Update on section 5.5 remove the words '...provider ' as CCG can be both provider and commissioner
		Updates to the Risk Matrix Appendix B
		Update to the colour of the risk matrix replacing black with purple

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SECTION A – POLICY

1 Policy Statement, Aims and Objectives

- 1.1 NHS Sheffield CCG, together with its partners and stakeholders has a duty to protect and promote the health of the community, including in times of emergency. The CCG is committed to complying with legislation and guidance in relation to emergency preparedness and business continuity management as detailed in the NHS England [Emergency Preparedness Framework 2015](#)
- 1.2 The role of the Clinical Commissioning Group (CCG) is to commission healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so, the CCG will develop, maintain and continually improve the business continuity management systems. This means having suitable plans which set out how the organisation will maintain continuity in its services during a disruption from identified local risks and how the organisation will recover delivery of key services in line with ISO 22301. This policy is important because it will help the CCG make sure that it can continue to deliver its business on behalf of patients in times of disruption.
- 1.3 The aim of this procedure is to enable the CCG 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.
- 1.4 The objectives are:
- To identify key CCG functions / 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
- 1.5 The CCG recognises the potential operational and financial losses associated with a major service interruption, and the importance of maintaining viable recovery strategies.
- 1.6 This policy is intended to provide a framework for the CCG to follow in the event of an incident such as fire, flood, bomb or terrorist attack, power and / or communication failure or any other emergency that may impact upon the daily operations of the CCG. It describes the proposed policy for implementing and maintaining a suitable business continuity process within the CCG, including

the roles and responsibilities of the officers with the responsibility for implementing it.

- 1.7 This policy will support the organisation to think ahead in order to avoid or mitigate risk, take corrective action and be in control of the outcome of an emergency.

2 Legislation and Guidance

The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Cabinet Office standard, ISO 22301 lays out the requirements for business continuity management. The organisational Business Continuity Plan (BCP) will be designed to meet the requirements of this standard.
- ISO 22313 defines Recovery Time Objective (RTO) as the period of time following an incident within which a product or service must be resumed, activity must be resumed, or resources must be recovered.
- [NHS England Emergency Preparedness \(EPRR\) Framework 2015](#)

3 Scope

- 3.1 This policy applies to those members of staff that are directly employed by NHS Sheffield CCG and for whom NHS Sheffield CCG has a legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Sheffield CCG or working on NHS Sheffield CCG premises and forms part of their arrangements with NHS Sheffield CCG. As part of good employment practice, agency workers are also required to abide by NHS Sheffield CCG policies and procedures as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Sheffield CCG.

4 Definitions

BCM Business Continuity Management

Business Continuity Management (BCM) - a holistic management process that identifies potential threats to an organization and the impacts to business operations those threats, if realized, might cause, and which provides a framework for building organizational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. (Source: ISO 22301:2019)

BCP Business Continuity Plan

Business Continuity Planning is the creation of a strategy through the recognition of threats and risks facing the

organisation, with an eye to ensuring that staff and assets are protected and able to function in the event of a disaster.

EPRR **Emergency Preparedness, Resilience and Response**
EPRR is a strategic national framework containing principles for health emergency preparedness, resilience and response for the NHS in England at all levels including NHS provider organisations, providers of NHS-funded care, clinical commissioning groups (CCGs), GPs and other primary and community care organisations.

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, Covid Act 2020, the NHS standard contract, the NHS England Core Standards for EPRR and NHS England business continuity management framework

5 Accountabilities and Responsibilities

5.1 Overall accountability for ensuring that there are systems and processes to effectively manage business continuity lies with the Accountable Officer. Responsibility is also delegated to the following individuals:

Accountable Officer / Executive Team

Delegated responsibility for:

- Reviewing the business continuity status and the application of the policy and standards in all business undertakings
- Enforcing compliance through assurance activities, provision of appropriate levels of resource and budget to achieve the required level of business continuity competence.

Accountable Emergency Officer (AEO) / Deputy Accountable Officer delegated to Lead EPRR

Responsibility for:

- Co-ordinating the overall management of an incident, providing strategic direction of organisational recovery plans
- Determining the criteria for implementing the Business Continuity Plan
- Overseeing the implementation of the Business Continuity Policy and Standards
- Deciding when to escalate to the Emergency Preparedness, Resilience and Response Policy framework and deciding when to escalate to the Area Team.

- Ensuring information governance standards continue to be applied to data and information during an incident
- Leading the recovery plan following the incident
- **EPRR Lead** Supporting staff across the organisation to develop operational business continuity plans
- Ensuring that the organisational Business Continuity Plan is reviewed and updated at regular intervals to determine whether any changes are required to procedures or responsibilities
- Managing training and awareness of the plan and maintaining the plan including change control and testing.

Line Managers

Responsibility for:

- Assessing their specific area of expertise and planning action for any necessary recovery phase, setting out procedures and staffing needs and specifying any equipment or technical resource which may be required in the recovery phase.
- Holding two copies of the Business Continuity Plan allocated to them. It is intended that one copy should be located at the holder's home address so that it is easily accessible and the second in a folder clearly marked Business Continuity Plan (BCP) at their office base. The BCP folder will also contain recovery procedures, contacts, lists of vital materials or instructions on how to obtain them.

Staff

Responsibilities of staff (including all employees, whether full / part time, agency, bank or volunteers) are:

- Achieving an adequate level of general awareness regarding business continuity
Being aware of the contents of their own business areas disaster recovery plan and any specific role or responsibilities allocated.
- Participating actively in the business continuity programme when required
- Ensuring information governance standards continue to be applied to data and information during an incident

Governance Sub-committee

Responsibility for

- Ratifying this policy
- Seeking assurance that up to date policies and plans being implemented effectively in the event of a business continuity incident

6 Dissemination and Review

6.1 Dissemination

The effective implementation of this procedural document will support openness and transparency. NHS Sheffield CCG will:

- Ensure all staff have access to this procedural document via the organisation's website
- Communicate to staff any relevant action to be taken in respect of business continuity issues
- Ensure that relevant training programmes raise and sustain awareness of the importance of effective business continuity management

6.2 Review

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a bi-annual basis or when a change in legislation dictates.

7 References and links to other documents

NHS Sheffield CCG for the purposes of business continuity planning, is governed by:

- [Civil Contingencies Act 2004](#),
- [NHS Commissioning Board Emergency Preparedness Framework 2015](#)

[NHS England Emergency Preparedness, Resilience and Response Framework Core Standards](#)

This is supplemented by the business continuity requirement with the [Department of Health, Data Security and Protection Toolkit](#)

8 Equality & Diversity Statement

NHS Sheffield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the protected characteristics of the Equalities Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their age, disability, gender reassignment, marital status, pregnancy and maternity, race, religion or belief and sex. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. Eg:

- If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.
- Requesting the document provided in a different sized font or colour

NHS Sheffield CCG embraces the six staff pledges in the [NHS Constitution](#). This policy is consistent with these pledges.

SECTION B - PROCEDURE

1 Introduction

NHS Sheffield CCG (CCG) for the purposes of Business Continuity Planning is governed by the *Civil Contingencies Act 2004*, *NHS Commissioning Board Emergency Preparedness Framework 2013* and *NHS England Emergency Preparedness, Resilience and Response Framework 2015*. This is supplemented by the Business Continuity requirement with the Department of Health, Data Security and Protection Toolkit:

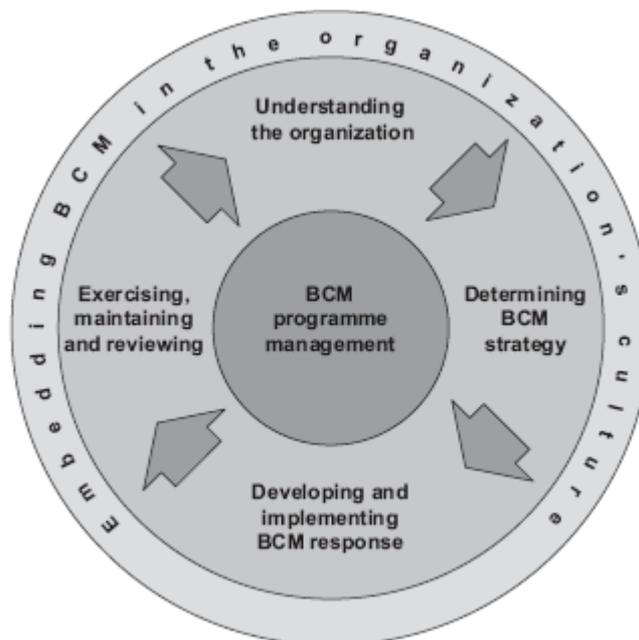
The role of the Clinical Commissioning Group (CCG) as a Category Two responder is to commission healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so the CCG will develop, maintain and continually improve the business continuity management systems. This means having suitable plans which set out how the organisation will maintain continuity in its services during a disruption from identified local risks and how the organisation will recover delivery of key services in line with ISO22301. The importance of this policy is to ensure continuation of the business of the CCG on behalf of patients in times of disruption. The CCG in conjunction with partners and stakeholders has a duty to protect and promote the health of the community, including in the event of a business continuity incident/s and/or critical and/or major incident/s.

The Cabinet Office standard, ISO 22301, lays out the requirements for business continuity management. The business continuity plan (BCP) will be designed to meet the requirements of this standard.

2 The approach to Business Continuity Management (BCM)

- 2.1 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 which support our commissioning activities can be restored and maintained as soon as is practically possible.
- 2.2 Business Continuity Management (BCM) is a holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.
- 2.3 The diagram (figure 1) illustrates the Business Continuity Management (BCM) Cycle to develop a robust BCM culture across the organisation.

Fig 1



2.4 In the event of an emergency or business interruption, the CCG will endeavour to maintain services as usual or as close to the usual standard as is practically possible, however it may be evident that this is unachievable. The functions of the organisation will therefore be identified, defined and prioritised using a Business Impact Analysis (BIA).

3 Stage 1 – Understanding the organisation

3.1 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 may vary over time. The aim of the BIA is to ensure that NHS Sheffield 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.

3.2 Our BIA process:

- Defines the function and its supporting processes
- Determines the impacts of a disruption
- Defines the recovery time objectives (where ISO 22313 defines Recovery Time Objective (RTO) as the period of time following an incident within which a product or service must be resumed, activity must be resumed, or resources must be recovered);
- Determines the minimum resources needed to meet those objectives
- Considers any statutory obligations or legal requirements placed on the CCG

3.3 Our BIA result in the identification of those activities whose loss would have the greatest impact in the shortest time and need to be recovered most rapidly.

3.4 The corporate risk register will be considered when undertaking BIA in order to enable the organisation to understand the threats to, and vulnerabilities of, critical activities and supporting resources, including those provided by suppliers, partners and stakeholders.

4 Stage 2 – Determining Business Continuity Management Strategy

4.1 There are numerous possible causes of service disruption

4.2 Business continuity planning will be carried out to minimise the effects of a number of potentially disruptive events. A series of robust plans and mitigation will be developed for these priority areas. The list is not exhaustive and judgement will be applied in each case.

- **People:** Loss of key staff short and long term including significant national or international incidents impacting on the CCG, such as a pandemic
- **Premises:** Loss of the workplace in the short and long term
- **Technology:** Loss of information and communications technology infrastructure services
- **Information:** Loss of data
- **Suppliers and Partners:** Business continuity affecting suppliers and / or partners
- Any other requirements as identified by the BIA

5 Stage 3 – Developing and Implementing the Business Continuity Management Response

5.1 The following areas will be included in the CCG's Business Continuity Plan:

- **Business Impact Assessment / Hazard Identification – Local Risk**

The process of identifying business functions and the effect a business disruption will have on them. Risk assessment is the process of risk identification, analysis and evaluation using a risk matrix

- **Critical Activities**

Those activities whose loss would have the greatest impact in the shortest time and need to be recovered most rapidly. Critical activities will be reflected on our Governing Body Assurance Framework (GBAF) or Corporate Risk Register, as appropriate.

- **Communications Strategy**

Internal and external communications and how the CCG cascades information.

5.2 The response to an emergency or business continuity incident does not necessarily or automatically translate into the declaration of a major incident and the implementation of a full recovery operation. Incidents may cause a temporary or partial interruption of activities with limited or no short term or longer term impact. It will be the responsibility of the CCG Executive Team to evaluate and declare the appropriate level of response.

5.3 The severity of an incident will be identified as set out below – and is linked to the CCG risk scoring matrix.

Business Continuity Incident Rating	CCG Risk scoring matrix description and score	
Negligible	Low	1 – 3
Minor	Medium	4 – 9
Moderate	High	10 – 14
Major	Very High (Serious)	15 – 19
Extreme	Critical	20 – 25

5.4 The severity level will indicate the urgency of recovering the business service, and also the order in which services should be reinstated.

5.5 The CCG is both a commissioner and provider (safeguarding and CHC for example) and therefore some of the functions may have a direct impact on providers of health services. Therefore the risks to our stakeholders resulting from a major incident affecting the CCG could be significant.

6 Stage 4 – Exercising, maintaining and reviewing

6.1 Exercises can expose vulnerabilities in an organisation’s structure, initiate processes needed to strengthen both internal and external communications and can help improve management decision making during an incident. They are also used to assess and identify gaps in competencies and further training that is required for staff.

6.2 The ongoing viability of the business continuity programme can only be determined through continual tests and improvements. The Deputy Accountable Officer will be responsible for ensuring regular tests and revisions

are made to the business continuity plan to ensure they provide the level of assurance required.

6.3 Exercises and tests will:

- Be consistent with the scope and objectives of the business continuity management system (BCMS)
- Be based on appropriate scenarios that are well planned with clearly defined aims and objectives
- Minimise the risk of disruption of operations
- Produce post-exercise reports
- Be conducted at planned intervals and when there are significant changes within the organisation or to be environment in which it operates

6.4 We aim to exercise and test our business continuity arrangements alongside partner NHS organisations where practicable.

6.5 We will share lessons learned and post exercise reports with all interested parties.

6.6 We will aim to run or participate in:

- A live partnership exercise every three years
- A desktop exercise annually
- A communications test 6 monthly

7 Plan activation

7.1 The director within the work area concerned will decide in discussion with other available directors and the Accountable Officer whether the plan or any part of it should be activated.

7.2 Out of hours the decision will be made by the on-call lead officer

7.3 Immediate response and management functions required to handle an incident will be led by the most senior CCG officer on site / on call.

7.4 Once the plan is activated, the incident will be managed by the most senior CCG officer of the work area in which the incident occurred.

7.5 The relevant director has responsibility for convening a response team to ensure that essential services are maintained and that recovery plans are put into place. The response team membership is at the discretion of the senior manager as each incident is different. Members could include another Director, Accountable Officer, EPRR lead, and a member of the Communications Team.

- 7.6 Anyone called to attend the response team by the lead Director must attend as soon as practicable. .
- 7.7 Good record keeping is paramount if the BCM plan is initiated. The director leading the crisis is responsible for ensuring that accurate records are kept of all decisions and actions (including expenses) taken once the BCM plan is initiated.

8 Stand-down

- 8.1 The director managing the incident has authority to stand down the plan in consultation with the Accountable Officer
- 8.2 Following activation and stand down of the plan a debrief report detailing the incident, actions taken and lessons learned will be provided to the Governance Sub-committee. The EPRR Lead will lead the creation of the report.
- 8.3 We will risk assess recovery and liaise with partners and stakeholders to minimise our recovery impact upon them.

9 Communications Strategy

- 9.1 Good communication is essential at a time of crisis. A communications strategy will be developed to ensure there are appropriate statements for internal and external communication and processes for ensuring communication to all staff in the case of an emergency. This strategy will be the same across all plans.
- 9.2 The strategy will include reference to procedures for regular communications with partner organisations and other interested parties. This is particularly important during the planning stage for known disruptions such as winter weather. Formal reporting and situation updates may also be required in the lead up to and during a disruption to create a local, regional and national overview of effects across the NHS.
- 9.3 The main aims of the strategy will be to:
- Deliver relevant messages about the incident to the relevant stakeholder group/s
 - Utilise relevant media channels to reassure and inform the public and patients
 - Ensure that messages are timely and relevant to the target audience
- 9.4 A cascade structure will be developed to ensure key individuals within and external to the organisation have been informed of incidents.

10 Business Continuity and Incident Response Packs

- 10.1 The EPRR Lead will develop business continuity packs to be held at the CCG. The contents of these packs will be checked for completeness and updated

regularly, or whenever there is a change in the organisational activities which may affect its contents.

11 Training and Awareness

- 11.1 All Governing Body members and Senior Management Team need to be aware of the contents of this policy and ensure that they are acquainted with the CCG's Business Continuity Plan and have access to the appropriate templates.
- 11.2 The EPRR Lead will identify appropriate levels of training and awareness raising for CCG staff to ensure business continuity becomes part of CCG culture and daily business routines, improving the organisations resilience to the effects of emergencies.
- 11.3 The EPRR Lead will also receive relevant training to ensure they can perform their role effectively and participate in testing.

12 EU Exit Implications for Business Planning

As identified by the Department of Health and Social Care in their "*Brexit Operational Readiness Guidance 2018*" the CCG's Business Continuity Plan needs to incorporate the requirements within the aforementioned Guidance. As the UK has now left the EU it is important to ensure that the CCG is sighted on any potential risks, noting however that most risks lie outside of the CCGs control resting with the DHSC. Therefore, during the process of EU exit please see Appendices A, B and C for the templates for both providers and commissioners to complete. It is expected that this will provide a first level assurance until further information is released and national decisions have been agreed.

NB This Guidance is likely to change once the transition period of exit has ended and therefore this section may be fluid until such time as essential decisions and outcomes have been agreed.

13 External suppliers and contractors

- 13.1 NHS Sheffield CCG will request and assess Business Continuity Plans from partners, stakeholders and providers where appropriate. For our main providers and partners, this will be through the Local Health Resilience Partnership (LHRP) and for suppliers through procurement requirements and subsequently, through contractual arrangements.

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NHS Sheffield CCG Business Continuity Plan

Version:	2.1
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Date ratified:	
Name of originator/author:	This policy is based on NHS Doncaster CCG's Policy and has been adapted for NHS Sheffield CCG by the , Corporate Services Risk and Governance Manager with the permission of the Doncaster CCG Reviewed by Ian Plummer, Health and Safety Manager, Rotherham CCG in 2019
Name of Sponsor:	Brian Hughes, Deputy Accountable Officer,
Name of responsible committee	Governance Sub-committee
Date issued:	
Review date:	March 2023
Target audience:	All Staff

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1. Introduction

1.1 As Category 2 responders under the Civil Contingencies Act 2004, a Clinical Commissioning Group (CCG) is required to have a Business Continuity Plan in place to manage the effects of any incident that might disrupt its normal business.

1.2 Our plan lays down the process to be followed in the event of an incident which impacts upon the delivery of CCG functions by adopting a generic approach to such incidents.

1.3 **Appendix A** shows key contact numbers to use during a Business Continuity incident.

1.4 Based on the Business Impact Analysis shown at **Appendix B**, the following functions are considered to be critical (**Appendix C**):

- CCG Emergency Preparedness, Resilience & Response

1.5 The CCG has staff located at:

722 Prince of Wales Road
Darnall
Sheffield
S9 4EU

2. Incident Identification

2.1 An incident or set of circumstances which might present a risk to the continuity of a CCG function or service may be identified by any member of staff. When an incident or set of circumstances which might present a risk to the continuity of a CCG function or service is identified, it is important that the person identifying the incident knows what to do. In the initial stages, this will involve making sure that the right people have been informed.

2.2 The Business Impact Analysis / Hazard Identification matrix (**Appendix B**) sets out a list of priority incidents:

Staffing shortage: Loss of key staff short and long term including through epidemic / pandemic illness, industrial action, school closures, transport disruption.

Loss of operating premises: Contamination, disruption to utilities (water, gas, electricity, heating/cooling), fire, flooding, structural defect / failure, cordon.

Information Technology failure: major electronic attacks or severe disruption to the IT network and systems (telephone network, data network, active directory, hardware failure, loss of major application, loss of mobile phone network, loss of switchboard, server failure)

Information/data loss: Data stolen / lost, destruction of paper files, failure of back-up or failsafe, temporary loss of connection

Supplier failure: Contract breach, industrial action, stock management failure, supplier goes into administration, supply chain collapse

3. Incident declaration

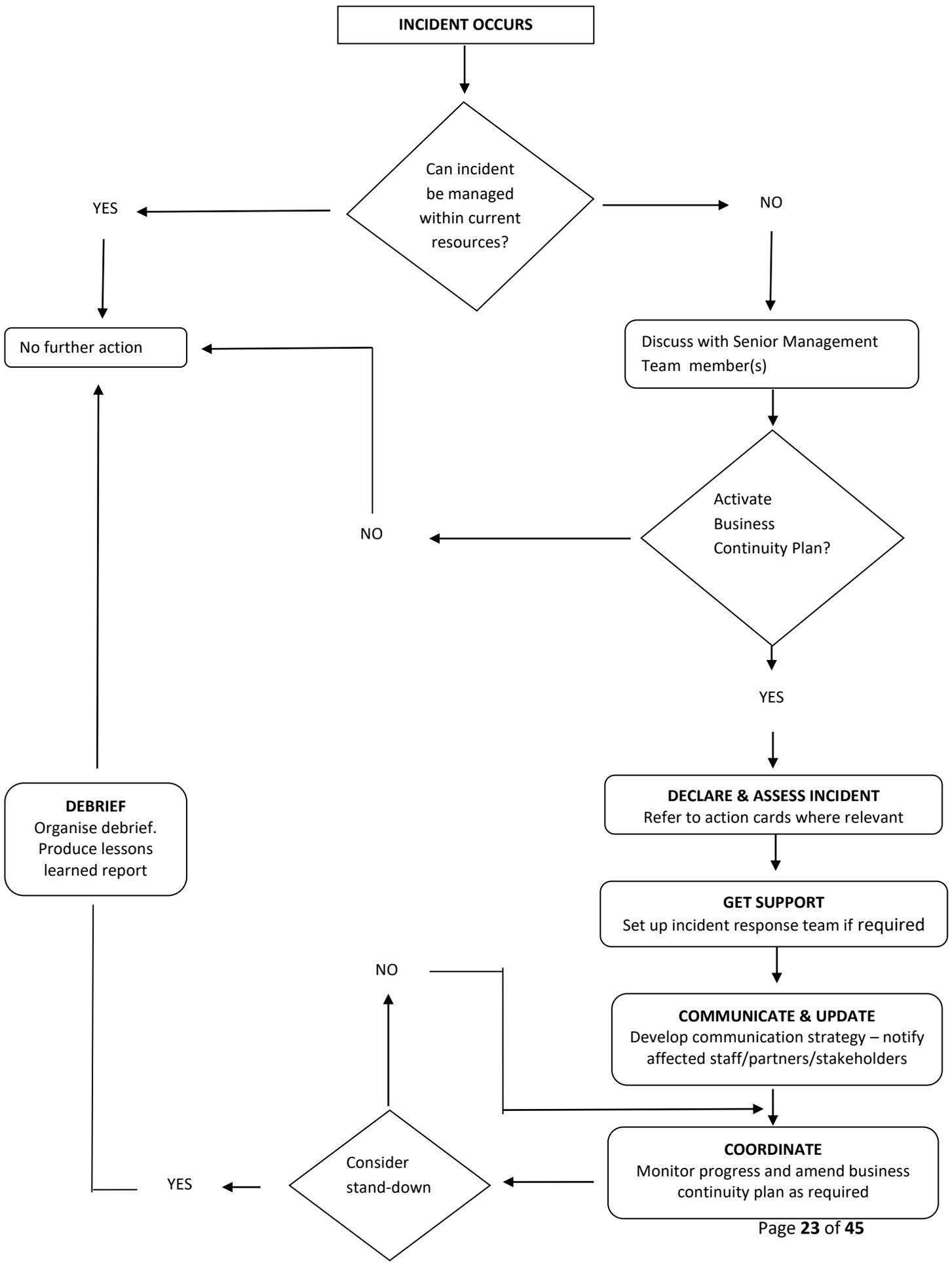
- 3.1 The following officers within the CCG (or in their absence their Deputies) can declare an incident where business continuity is disrupted or at risk of disruption:

DESIGNATION	TELEPHONE
Accountable Officer	0114 3051104
Director of Finance	0114 3051102
Chief Nurse	0114 3051075
Deputy Accountable Officer	0114 3051104
Director of Commissioning Development	0114 3054668
EPRR Lead	0114 305????

- 3.2 If the incident is categorised as a Major Incident, move to follow the steps in the [CCG Emergency Preparedness, Resilience & Response Policy](#).

- Follow the Escalation Flowchart in the CCG's [Emergency Preparedness, Resilience & Response Policy](#).

- 3.3 The diagram on the next page describes the process for invoking and then progressing a business continuity incident.



4 Managing a declared business continuity incident

4.1 The overarching aim is to systematically review the situation and maintain overall control of the CCG response.

Incident Declared	<ul style="list-style-type: none"> • Identify an incident manager • Move to the SYB ICS Incident Control Room, First Floor Sharman and Bean Rooms • Start a log of the incident (Appendix D) documenting information and actions • If a major incident is declared by the Accountable Emergency Officer (AEO) / Deputy Accountable Officer STOP and move to Emergency Preparedness, Resilient and Response policy and escalation flowchart
Assess Incident	<ul style="list-style-type: none"> • Assess the risk and impact of the incident to the organisation – this may be based on which resources are affected: <ul style="list-style-type: none"> - People - Premises - Technology - Information - Suppliers and partners • Assess the likely duration of the incident • Identify which critical functions are affected by the incident (Appendix C) • Assess any wider implications of the incident (eg to providers / stakeholders / partners) • Take any actions required to ensure Category A functions continue unhindered and Category B functions can be resumed within 3 – 7 calendar days (See Action Template – Appendix E)
Get Support	<ul style="list-style-type: none"> • Identify who can help to manage the incident (this will be dependent on the type of incident) • For an incident response team if required
Communicate	<ul style="list-style-type: none"> • Develop a communication strategy for the incident – the generic strategy is detailed below • Ensure that staff are briefed about the incident and given clear instructions, including if applicable,

	<p>whether they should relocate or go home and when they are expected to return</p> <ul style="list-style-type: none"> • Inform key chain partners as necessary • Where a major incident has been declared, escalate according to the Escalation Flowchart in the CCG's <i>Emergency Preparedness, Resilience and Response Policy</i>
Update	<ul style="list-style-type: none"> • Update staff and other key stakeholders with recovery plans and estimated recovery time objectives
Coordinate next steps	<ul style="list-style-type: none"> • Once the main priorities have been dealt with, you might consider scaling down the Business Continuity Team, or handing over to another member of staff to deal with the medium and long term issues, or the day-to-day recovery of the incident • If an incident is going to go on for more than 4 – 8 hours, establish a rota for staff within the team and regular hand over for the Business Continuity Manager role. • Incident Manger to authorise Stand Down
Organise Debrief	<ul style="list-style-type: none"> • Ensure debrief meetings are held, logged information is retained and lessons learned captured in a final report. A debrief tool is shown in Appendix F.

4.2 The CCG Incident Control Room is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer (AEO) or their nominated deputy as required. The CCG Incident Control Centre is located in:

The SYB ICS Office First Floor Sharman & Bean Room
722 Prince of Wales Road
Darnall
Sheffield S9 4EU

Telephone Bean meeting room: A dedicated BCP number to be confirmed.

The decant plan, should the Incident Control Room be compromised, will be the premises of one of the other South Yorkshire and Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid and can be enacted via contract with the Chief Officer (or their nominated deputy) of each CCG:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group

- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group

5 Communications Strategy

- 5.1 During a period of business continuity it is vital that communications 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 plans.
- 5.2 NHS Sheffield CCG already has communication channels with our key stakeholders, partners, providers and supply chain. These will continue to be used and built upon during management of a business continuity incident.
- 5.3 For a CCG specific incident the business continuity team 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 relevant media channels to reassure and inform the public and patients
 - Ensure that messages are timely and relevant to the target audience
- 5.4 **Stakeholders:** Our stakeholders are divided into two categories with specific communications mechanisms for each one:

Internal	<ul style="list-style-type: none"> • Staff at 722 Prince of Wales Road and those who work remotely • ICS
External	<ul style="list-style-type: none"> • Sheffield City Council • NHS England Local Area Team • Sheffield Health and Social Care NHS Foundation Trust • Sheffield Teaching Hospitals NHS Foundation Trust • Sheffield Children’s NHS Foundation Trust • Member Practices • Primary Care Sheffield • Care Homes and Domiciliary Care Organisations • Media • Voluntary Sector • Healthwatch • NHS Property Services (landlord for 722 Prince of Wales Road) • CPP Ltd (Superior Landlord’s Agent)

- SYB CCG: Barnsley, Rotherham, Doncaster & Bassetlaw

5.5 Communication methods

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

<p>Internal</p>	<p>Staff, Governing Body Members and GP Leads</p> <p>Sheffield CCG / ICS</p> <p>It is essential that staff are informed and kept 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 include:</p> <ul style="list-style-type: none"> • Text messages/phone call via directors (deputy directors in their absence) to their teams – used to disseminate an initial message about the incident, containing immediate actions needed and how further messages will be communicated. • Email – staff can receive messages via the CCG’s distribution lists (held electronically) in normal working hours and via remote working • Social Media eg Twitter, Facebook
<p>External</p>	<p>GP Member Practices</p> <p>Member practices will be informed of any incidents relating to business continuity via email. Contact details for the CCG throughout the affected period will be shared and practice staff advised to visit the CCG website for updates.</p> <p>Media – Print and Broadcast</p> <p>Managing the media should take place in line with the CCG’s existing protocols. The Communications Lead has good links with the media, which will 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 will be issued to the local printed media dependent on the incident timing in relation to the paper publication day. Media statements may be required following an incident and once normal business has resumed. Information will also be published using the CCG’s social media sites eg Twitter and Facebook with links to the website for more detail.</p> <p>Partners</p> <p>When an incident impacts on the business of the CCG it is imperative that we inform colleagues at our local partner organisations. Depending on the nature of the incident this will be done either by</p>

	<p>telephone or by email – via the Accountable Officer, Chair, Accountable Emergency Officer or Business Continuity Lead. Provider organisations will 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 will then be given once the incident was resolved and normal business resumed.</p> <p>Key contacts within the CCG should advise counterparts in provider organisations of their contact details during the incident.</p>
Out of Hours	<p>The out of hours contact for the CCG in an emergency is via the SYB CCG On Call Rota. This is accessed through the Rotherham General Hospital switchboard (01709 820000) and requesting to speak to the 'On Call Director for the CCGs. There is no formal out-of hours communication service within the CCG, however senior officers have been provided with the Deputy Director of Communication's mobile telephone number who should be contacted in the case of an incident that may affect business continuity. Where possible social media may be used to share messages and notifications</p>

5.6 NHS Sheffield CCG's Communications Team is located at:

722 Prince of Wales Road
Darnall
Sheffield S9 4EU

Telephone: 0114 3051088 and 0114 3051312
Email: sheccg.comms@nhs.net
Twitter: @nhssheffieldccg

6 Business Continuity Governance

- 6.1 This plan will be ratified by the Governance Sub-committee
- 6.2 The plan will be reviewed by the CCG's SRO for EPRR and BCP and the EPRR Lead on a 6 monthly basis and updated for any changes that have occurred during the previous quarter, eg changes in staff contact details, changes in CCG functions etc. It will also be updated with any recommendations arising from a debrief session.
- 6.3 Communication of this Plan to staff will be via Team Brief and Business Continuity Leads . The plan will also be available on the CCG website.
- 6.4 The CCG will ensure that relevant staff are trained with the knowledge and skills required of them in this area, as defined by the National Occupation Standards for Civil Contingencies and NHS England competencies.
- 6.5 This plan will be tested using risk-assessed worse-case scenarios.

Key Contacts

A detailed list of contacts for all providers and partners is held by On-call team members

Partner	Telephone Number (s)	Lead Contact(s)	Address
NHS England (South Yorkshire and Bassetlaw)	England.sybldn@nhs.net	Director	South Yorkshire and Bassetlaw office Oak House Moorhead Way Bramley Rotherham S66 1YY
Sheffield Teaching Hospitals NHS Foundation Trust	0114 271335	Chief Executive Emergency Planning Lead	Beech Hill Road Sheffield S10
Sheffield Children's NHS Foundation Trust	0114 2717317	Chief Executive Emergency Planning Lead	Western Bank Sheffield S10 2TH
Sheffield Health and Social Care NHS Foundation Trust	0114 2716716	Chief Executive Emergency Planning Lead	Fulwood House Fulwood Old Road Sheffield S10 3TH
NHS Barnsley CCG	01226 730000	Chief Officer Emergency Planning Lead	49/51 Gawber Road Barnsley S75 2PY
NHS Bassetlaw CCG	01777 274400	Chief Officer Emergency Planning Lead	Retford Hospital North Road Retford Notts DN22 7XF
NHS Doncaster CCG	01302 566300	Chief Officer Head of Corporate Governance	Sovereign House Heavens Walk Doncaster DN4 5HZ
NHS Rotherham CCG	01709 302000	Chief Officer	Oak House

		Emergency Planning Lead	Moorhead Way Bramley Rotherham S66 1YY
Sheffield City Council	0114 2736782	Chief Officer Emergency Planning Lead	Town Hall Pinstone Street Sheffield S1 2HH

Business Impact Analysis/Hazard Identification – Local

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
Fire	1	Loss of use of some or all of premises	4	4	Fire Procedures	Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access if cannot work from home
Flood	1	Loss of use of some or all of premises	4	4		Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access if cannot work from home
Terrorist or criminal attack	1	Loss of use of premises. Possible loss of staff	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
Significant chemical contamination	1	Loss of use of premises. Possible loss of staff.	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
Loss of local IT systems	2	No access to email, electronic files, telephones. There is a PCN shared who files via our server that may be impacted	4	12	IT back-up systems	Remote working through Nhs.net. Access to paper files. Access to Teams working and email.	As short term could manage.

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
Loss of National Communications via IT	1	Loss of ability to communicate within directorates and externally via email	4	4	Directorate communication plans	Fall back on other forms of communication using mobile phones, desk phones.	Same as short term
Loss of power within NHS buildings	2	No access to email, electronic files, telephones Loss of use of premises	3	6	48 hour back-up generator – servers first floor and part ground floor	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
Loss of water	2	Access to Toilets and beverages Cleaning functions	3	6		Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected	Temporary portable toilets Bottled water Water brought in / Stand pipes
Loss of Telephone	2	Limited telephone communication. Possible impact on email/internet?	3	6		Use of mobile phones. Staff work from home	Temporary alternative work base for key staff, to enable point of contact and email/internet access if unable to work from home.
Simultaneous resignation of a number of key staff	2	Loss of leadership function	4	8	Notice period in contracts	N/A	Accelerate normal recruitment processes. Seek secondments to cover gap and provide continuity.
Staff	2	Loss of significant	4	8		Ensure organisation follows the Covid Act 2020, Look for	Prioritise work. Appoint temporary staff where feasible,

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
Illness/epidemic		number of staff				offers of mutual aid from Sheffield system and wider ICS footprint if required. Prioritise work.	including secondments from other organisation and from the wider ICS footprint
Third party suppliers unable to deliver appropriate support	3	Loss of support staff or business functions	4	12	Provisions within MOUs/SLAs/Contracts	Use directly employed staff and/or agency staff to deliver critical functions Third party suppliers to provide business continuity plans	If unable to remedy seek alternative sources of support from third party suppliers.
Travel disruption preventing staff getting to base	3	Loss of significant number of staff	4	12		Staff work at home or at other premises or organisations	As short term, if necessary (long term impact less likely)
Travel disruption preventing staff getting home	3	Staff wellbeing affected. Disruption to work due to need to accommodate staff.	3	9		If possible, obtain food and blankets to enable staff to stay overnight.	As short term, if necessary (long term impact less likely)
Widespread industrial action	2	Loss of significant number of staff	4	8	Staff engagement and HR policies	Prioritise work.	Prioritise work. Appoint temporary staff where feasible, including secondments from other organisations.
Theft or damage to assets	3	Loss of use of e.g. computers, furniture	3	9	Security policies	Staff work at home. Bring old equipment into use?	Purchase or hire replacements

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
Significant fraud or other criminal act	2	Loss of access to funds? Restriction placed on business activities?	4	8	Security policies	Suspend transactions or seek assistance from partner organisations.	Seek assistance from partner organisations.
Staff unable to work from home due to loss of public utilities	1	Staff may not be able to work in home environment due to loss of power/heating/water etc	4	4	During work time staff if able can return to HQ 722	Directorate BC plans to address, offer of working from 722	See previous

NHS SHEFFIELD CCG RISK MATRIX

Risk Stratification Risk Matrix		Likelihood				
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain
Consequence	-1 Negligible	1	2	3	4	5
	-2 Minor	2	4	6	8	10
	-3 Moderate	3	6	9	12	15
	-4 Major	4	8	12	16	20
	-5 Extreme	5	10	15	20	25

1 to 3	Low
4 to 9	Medium
10 to 14	High
15 to 19	Very High (Serious)
20 to 25	Critical

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

Appendix D: Action Cards

Your Role	Action Card for Incident Manager
Your Base	<p>SYB ICS Office First Floor Sharman and Bean Room 722 Prince of Wales Road Darnall Sheffield S9 4EU</p> <p>Telephone: to be established at point of incident</p>
Your Responsibility	Coordinating the response to the business continuity incident
Your Immediate Actions	<ul style="list-style-type: none"> • Identify which critical functions have been disrupted (Appendix C), assessing the facts, evaluating the impact, and clarifying the lines of communication accordingly. • Decide on contingency actions to be taken (consider action plans – (Appendix E). Identify any particularly urgent issues eg legal / contractual. • Identify staff, resources and equipment required and assign responsibility and timescales. • Consult the Accountable Officer or nominated deputy about activating the BCM Plan and suspending non-clinical functions where necessary. • Convene a CCG BCM team as required • Inform staff • Inform stakeholders of disruptions and action plan • Consider escalation to the relevant Category 1 according to the CCG's <i>Emergency Preparedness, Resilience and Response Policy</i> if necessary. • Allocate rooms, telephone lines and support staff as required. • Record all relevant details of the incident and response.
Ongoing Management	<ul style="list-style-type: none"> • Convene CCG BCM team as necessary to monitor progress made, obstacles encountered and decide on continuing recovery process. • Provide updated information to staff and stakeholders. • Maintain action log.
Stand Down	<ul style="list-style-type: none"> • If the incident can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief. • Continue to reassess the situation as further information becomes available and determine if any additional action is required. • Undertake a debrief (Appendix F).

National Decision Making Tool:

1	<p>Gather information and intelligence</p> <p>Define the situation (what is happening or has happened) Clarify matters relating to any initial information and intelligence</p> <ul style="list-style-type: none"> • What is happening? • What do you know so far? • What further information (or intelligence) do you want/need? • What resources are available at this time and what further resources may be needed?
2	<p>Assess risks and develop a working strategy</p> <p>Assess the situation, including any specific threat, the risk of harm and the potential for benefits.</p> <ul style="list-style-type: none"> • Do you need to take action immediately? • Do you need to seek more information? • What could go wrong? (And what could go well?) • How probable is the risk of harm? • How serious would it be? • Is that level of risk acceptable? • Is this a situation for the NHS alone to deal with? • Are you the appropriate person to deal with this? <p>Develop a working strategy to guide subsequent stages:</p> <ul style="list-style-type: none"> • What are you trying to achieve?
3	<p>Consider powers, policies and procedures</p> <p>Consider what powers, policies and legislation might be applicable in this particular situation</p> <ul style="list-style-type: none"> • Does the CCG have the power to require action? • Does NHS England have the power to require action? • Does this incident require escalation? • Is there any NHS England or Civil Contingency Act guidance covering this situation? • Do any Local Resilience Forum (LRF) or Local Health Resilience Partnership (LHRP) plans or guidelines apply? • What legislation might apply?
4	<p>Identify options and contingencies</p> <p>Consider the different ways to make a particular decision (or resolve a situation) with the least risk of harm.</p> <p>Options:</p> <ul style="list-style-type: none"> • What options are open to you? Consider the options for response, the limits of information to hand, the amount of time available, available resources and support, your own knowledge/experience/skills, and the impact of potential actions on the situation / the public. <p>Contingencies</p> <ul style="list-style-type: none"> • What will you do if things do not happen as you anticipate?
5	<p>Take action and review what happened</p> <p>This stage requires you to make and implement appropriate decisions. It also requires you, once an incident is over, to review what happened.</p> <p>Action:</p> <ul style="list-style-type: none"> • Respond: Implement the option you have selected. Does anyone else need to know what you have decided? • Record: If you think it appropriate, record what you did and why • Monitor: What happened as a result of your decision? Was it what you wanted or expected to happen? If the incident is continuing, go through the National Decision Making Tool again as necessary. • Review: If the incident is over, review your decisions. What lessons can you take from how things turned out? What might you do differently next time?

Incident Response Team Notes – in the event of activation of the Business Continuity Policy / Plan or Emergency / Major Incident Declared

Reason for Activating Plan	
Date	
Time	
Brief summary of situation	
Departments / functions affected	
Other organisations affected	
Other organisations altered (include date and time)	

ACTIONS REQUIRED	BY WHOM
Immediate	
Within 8 hours	
Within 1 working day	
Within 3 working days	
Within 1 week	

Situation to be reviewed every	Hours	Days

Name and role of person completing (include date and time)	
Name and role of person responsible for monitoring / updating (include date and time)	

Your Role	Action card for Nominated Business Continuity Administrator
Your Base	SYB ICS room722 Prince of Wales Road Darnall Sheffield S9 4EU Telephone: to be established once incident identified
Your Responsibility	Provide administrative support to the management of the Business Continuity incident
Your Immediate Actions	<ol style="list-style-type: none"> 1 Report to the Business Continuity Manager for briefing 2 Assist in setting up the Incident Control Room with telephones, computers etc 3 Provide administrative support as required
Ongoing Management	<ul style="list-style-type: none"> • Provide updated information to staff and stakeholders
Stand down	<ul style="list-style-type: none"> • Following stand down evaluate administrative effectiveness and any lessons learned

Incident Log for loggists

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Considerations	
Decision(s)	
Rationale	
Action	

Appendix E Critical Service-specific Actions Template

Example of some A, B and C Activities Provided by the CCG

Directorate & Team	Activity	Critical score A-C (where A is critical)	Absolute Minimum Number of Staff Required within;			RTO	MTPD	Specialised Specific IT Hardware, software and access and/or telephony requirements	Knowledge / Skill / Qualification Required to Deliver Activity	Recovery Location
			2 days (A1)	7 days (B2)	> 7 days (C3)					
Commissioning	Loggist	A	3			1	10	Logbook, Mobile phone, access to Incident Control Centre	Loggist trained	Incident control centre
Primary Care	Primary care finance	B		2				Nil	Understanding of primary care QOF, GMC contracts	Home/office
Comms and Engagement	Social media	C			3	10	15	Nil	Media training & handling, I.T	Home

Recovery Time Objective (RTO) is the targeted duration of time and a service level within which a business process must be restored after a disaster (or disruption) in order to avoid unacceptable consequences associated with a break in business continuity. It can include the time for trying to fix the problem without a recovery, the recovery itself, testing, and the communication to the users.

Maximum Tolerable Period of Disruption (MTPD) - duration after which an organization's viability will be irrevocably threatened if product and service delivery cannot be resumed

Specialised/Specific equipment relates to IT /telephony/clinical equipment etc over and above that which is considered normal use."

The table above demonstrates how to complete the template and is not a comprehensive view of the organisations critical functions.

It is expected that each department will complete this section as part of usual business continuity and a master will be held of all the Critical A functions.

**Appendix F
Debrief Template**

BUSINESS CONTINUITY INCIDENT REPORT

Date / time of incident:	Date / time of stand-down
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Business Continuity Team Members

1 Description of Incident

2 Cause / reasons

3	Could the Incident have been prevented? If so how?
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4	Summary of Event
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5	Issues arising from the incident
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6	Recommendations / Lessons Learnt
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Action Plan Drafted	Yes / No
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