

# Business Continuity Management & Business Continuity Plan

## Document Reference Information

<b>Version</b>	1.5
<b>Status</b>	Final
<b>Author</b>	EPRR Lead
<b>Directorate responsible</b>	EPRR/Corporate
<b>Directorate lead</b>	Accountable Emergency Officer
<b>Ratified by</b>	Clinical Commissioning and Executive Committee
<b>Date ratified</b>	22 July 2021
<b>Date effective</b>	22 July 2021
<b>Date of next formal review</b>	1 year from effective date
<b>Target Audience</b>	All CCG employees, contractors and Governing Body members

## Version Control Record

Version	Description of changes	Reason for changes	Author	Date
V1.2	New policy -draft	Merger of Herefordshire & WorcestershireCCG	H Hancock	January 2021
V1.3	Amendments	Updates with BCM and action cards	H Hancock	May 2021
V1.4	EPG comments	Updates from EPG members	H Hancock	July 2021
V1.5	Removal of Barnsley Hall as a CCG Location	Closure of Barnsley Hall building no longer in use	M Mogg	October 2021

Key Contacts	Email address
Accountable Emergency Officer (AEO)	scott.parker@nhs.net
Emergency Planning, Resilience and Response Lead (EPRR Lead)	helen.hancock2@nhs.net
Associate Director of Corporate Services	hana.taylor@nhs.net

## Plan Updates

If you have any suggested changes to this plan or have changes within your department that require the plan to be amended, please notify either the EPRR Lead or Corporate Team as above.

The Business Continuity Plan (BCP) will be reviewed annually or following any significant change to the organisation or following activation of the plan.

## Contents

<b>1. Introduction</b>	<b>4</b>
<i>Equality Statement</i>	5
<i>Business Continuity Management (BCM) objectives</i>	5
<i>Audit</i>	5
<i>Learning</i>	6
<i>Recovery</i>	6
<b>2. HWCCG Business Continuity Plan</b>	<b>7</b>
<i>HWCCG Office Locations</i>	7
<i>Aim</i>	8
<i>Objectives</i>	8
<b>3. Significant Incidents</b>	<b>8</b>
<i>Hazard types and risk to services</i>	9
<b>4. Activation of HWCCG BCP</b>	<b>11</b>
<b>5. Business Impact</b>	<b>12</b>
<i>Impact Assessment</i>	12
<i>The Business impact analysis (BIA)</i>	13
<i>Categorisation of the HW CCG Functions</i>	13
<i>Maximum acceptable outage</i>	15
<i>Maintaining Personal logs and Records</i>	20
<i>Recovery Time Objectives</i>	20
<b>6. HWCCG Staff Responsibilities</b>	<b>21</b>
<b>7. Action Cards</b>	<b>24</b>
<b>8 Supporting Information</b>	<b>30</b>
<i>Staff Welfare</i>	30
<i>Informing Staff</i>	30
<i>Media / Public Information</i>	31
<i>Plan Maintenance Procedures</i>	31
<b>9. Plan validation (exercises) / Training Schedule</b>	<b>33</b>
<b>10. Risk assessment of each risk identified</b>	<b>34</b>
<i>Emergency Pack</i>	36
<b>Appendix 1 – Incident Log Sheet</b>	<b>37</b>
<b>Appendix 2 - BCP Action Cards</b>	<b>38</b>

## 1. Introduction

All NHS organisations have a duty to put in place continuity arrangements under the Civil Contingencies Act 2004 and the Health and Social Care Act 2021. The NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) set out these requirements for all organisations. This means that services should be maintained to set standards during any disruption or recovered to these standards as soon as possible.

Business Continuity Management provides organisations with a framework for identifying and assessing risks that could disrupt normal service whether internal or external factors and essential tool in establishing an organisations resilience.

This document should be read in conjunction with the EPPR Policy, EPRR on call policy and Incident Management Policy as they form HWCCGs approach to Business Continuity Management (BCM).

The activities involved in BCM ensure that HWCCGG can respond effectively in the event of a disruption and that mission-critical functions continue to provide an acceptable level of service.

Business Continuity management allows HWCCGG to update, control and deploy effective plans that take into account our contingencies and capabilities, as well as the overall business needs and requirements.

A Business Continuity Plan helps us to anticipate, prepare for, prevent, respond to and recover from disruptions whatever their source and whatever part of the business they affect.

We use three incident definitions:

1. **Business Continuity incident**, which is an event or occurrence that disrupts, or might disrupt HWCCGG normal service, below acceptable levels, where special arrangement is required to be implemented until services can return to an acceptable level.
2. **Critical Incident** is any localised incident where the level of disruption results in HWCCGG temporarily or permanently losing its ability to deliver critical drivers, patients may have harmed, or the environment is not safe and special measures and support from other agencies to restore normal operating functions is required
3. **Major incident** is any occurrence that presents serious threats to the health of the community or causes such numbers or types of casualties as to require special arrangements to be implemented.

The NHS Framework aligns with the ISO 22301 standard which all NHS organisations and providers of NHS funded care, should align with. BCM has an ISO 22301 accreditation which defines it as a holistic process that identifies threats to an organisation and the impacts to business operations and if those threats are realised, they might cause significant operational issues.

It provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of key stakeholders, reputation, brand and value creative activities. It is important to ensure that BCM activity aligns with the NHS EPRR framework and fits with the organisation culture, is relevant to size and complexity of organisation, strategy and resource.

## Equality Statement

Herefordshire and Worcestershire CCG aim to design and implement policy documents that meet the diverse needs of our services, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out its functions, Herefordshire and Worcestershire CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which Herefordshire and Worcestershire CCGs are responsible, including policy development, review, and implementation.

## Business Continuity Management (BCM) objectives

- Provide a framework improving resilience and interruption
- Assist with anticipation, preparation, prevention and response
- Supports corporate risk management and identifies threats to organisation
- Supports the maintenance and recovery of key organisation systems and processes
- Manages the recovery and continuation of activities
- Safeguards the interests of stakeholders, reputation and core business activities
- Maintains the essential business deliverables of an organisation in an emergency
- Ensure Business Continuity plans stay current relevant and reflect corporate organisational changes and risks

## Audit

An internal audit (by staff or auditors) should be undertaken on the organisations Business Continuity activity, ensuring it aligns to the legislation and NHS Framework guidance, as one audit or in smaller parts. Good practice suggests it is undertaken on a three yearly audit cycle.

HWCCG aims to continually improve the suitability adequacy and effectiveness of its Business Continuity reflecting the HWCCGs level of risk. Progress is reported to the Clinical

Commissioning Executive Committee (CCEC) quarterly and Governing Body annually. BCM is overseen by the HWCCG Emergency Planning Group (EPG), there is no formal BCM Programme in place currently.

## Learning

As with any invocation of a BCP there is a requirement for the incident director to undertake a debrief and appraise the aspects of the incident in an open and honest and constructive manner to review changes to the organisation and ensuring continual improvement. All incidents, no matter how small, should be reviewed.

Normally a hot, cold or multi agency debrief is undertaken but it depends on the type and length of an incident (hot is immediately after event, cold is sometime after event and normally written). Within ISO22301 we need to identify and act on non-conformances through corrective action. Where relevant sharing and learning (including any trends) will be made with multi agency partners at the West Mercia Local Resilience Forum (LRF) and other EPRR forums in compliance with the NHS core Standards.

It is important the BCM is embedded into the culture of HWCCG and training is accessible to staff and regular exercising of the plans are undertaken.

## Recovery

NHS organisations and providers of NHS funded care should make sure the actions in their recovery arrangements do not have a negative effect on other partner organisations.

Recovery plans should be developed including prioritised recovery timeframes, in collaboration with other directly linked NHS organisations and partners.

Recovery can be a complex and long running process that could involve more than one agency in the response phase. Although distinct from the response phase, recovery should be an integral part of the response from the very beginning as actions taken during the response phase can influence the longer-term outcomes for a community.

External or multi agency incident recovery are managed by the LRF, TCG (Tactical Coordination Group) and SCG (Strategic Gold Command) and represented by HWCCG EPRR/AEO depending on the incident. Please refer to the HWCCG Incident Management Policy and EPRR policy.

Internal HWCCG incidents are managed by the Corporate team, supported by EPRR as required.

*Remember it may be an internal incident, but it still may affect other agencies.*

Recovery issues could include short, medium- and long-term challenges.

- Loss of infrastructure

- Damage to reputation
- Environmental issues
- Humanitarian assistance and health needs
- Wider economic issues
- Staff considerations
- Contractual obligations
- Unaccounted costs and meeting targets
- Performance
- Ongoing inquiries and reviews

## 2. HWCCG Business Continuity Plan

The Business Continuity Plan will assist in the response and recovery of the Herefordshire & Worcestershire Clinical Commissioning Group (HWCCG) in the event of a significant incident which threatens personnel, buildings or the operational structure of the business that requires special measures to be taken to restore everything back to normal.

The Emergency Planning Group (EPG) will meet quarterly to plan and coordinate the Business Continuity management in HWCCG and will ensure a joined-up approach to emergency planning, resilience and response.

HWCCGs delegates several of their functions to a Commissioning Support Unit and Hoople Ltd including:

- Digital Services – 'IT'
- Payroll
- Business intelligence
- Specialist corporate services
- Procurement
- IG

On 1st April 2020, Herefordshire CCG and Worcestershire CCGs were formally merged. The existing BCPs have been utilised for each place-based locality and this plan will supersede the place-based plans.

### HWCCG Office Locations

HWCCG currently operates 3 sites, across the two counties.

- Coach House – Headquarters, Worcestershire
- St Owens Chambers, Herefordshire
- Acton House, Worcestershire

The Commissioning Support Unit (CSU) and Hoople Ltd have their own Business Continuity Plans and Disaster Recovery Plans and will provide assurance to Emergency Planning Group (EPG).

## Aim

The aim of the HWCCG BCP is to set out the roles, responsibilities and actions to be taken by staff and identify how to work with other organisations to re-instate the business following a significant incident.

It should be noted that all HWCCG staff are now equipped to work from home and have the appropriate technology and software to support working from home over a sustained period, if required. Working from home should be considered by the line manager as the first relocation option when the offices are not available.

## Objectives

The HWCCG BCP will:

- Provide for continuity of activities essential to HWCCG
- Reduce the disruption to patients, public, member practices, providers who we commission services from, partners and employees
- Maximise the safety and security of HWCCG employees and visitors
- Open easily accessible communication channels for employees and stakeholders
- Ensure good quality instructions and flow of information to employees and stakeholders
- Ensure we learn from incidents, share and plan accordingly
- Train and exercise the plan

## 3. Significant Incidents

Notification of a significant incident may originate from any source. It is envisaged however, that it will come from site staff during occupation of premises, or from one of the emergency services during unoccupied periods. The incidents can be internal to HWCCG or external incidents would involve multi-agency partners in the response, but the incident may still disrupt the HWCCG operation of business.

Although not an exhaustive list, examples of significant incidents could include:

- Inability to access building due to fire and floods
- Theft or criminal damage
- Power failure
- Loss of utilities
- Fuel shortage
- Terrorist attack
- Industrial action
- Severe IT disruption, outage or failure of equipment
- Severe weather (i.e. floods, snow, heatwave, prolonged cold/hot weather)



- Cyber attack
- Epidemic striking the population and staff
- Employees unable to reach their office base due to adverse weather conditions.
- Supplier or supply chain failure
- COMAH site risks, other local county risks (i.e., Reservoirs)(Control of Major Accident Hazards)

## Hazard types and risk to services

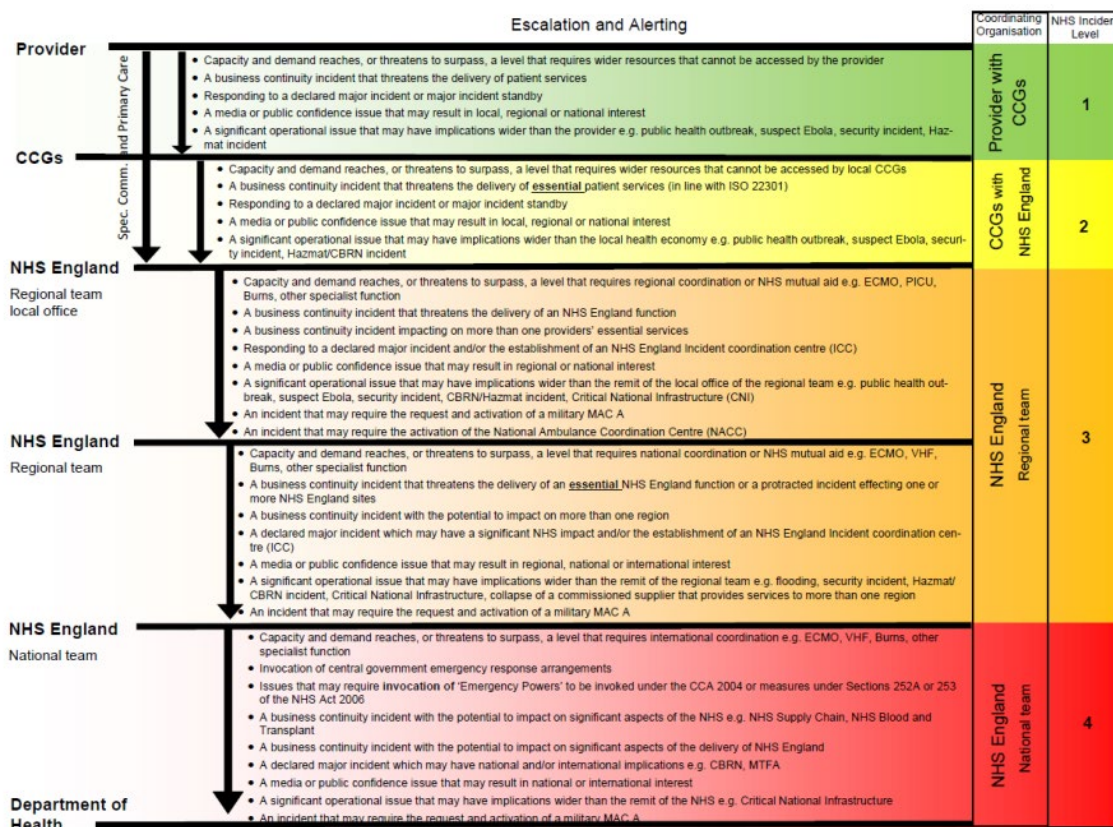
Hazard type	Risk to HWCCG Service
Data stolen/lost	<b>Data loss</b>
Destruction of paper files	
Failure of backup or failsafe IT	
Temporary loss of connection	
Damage to internal telephone network	<b>ICT failure</b>
Damage to data network	
Destruction of active directory	
Localised hardware failure	
Loss of major application	
Loss of minor application	
Loss of mobile/telephone phone networks	
Server failure	
Contamination	<b>Loss of operating premises</b>
Disrupt to direct medial gas	
Disruption to water supplies	
Electric or gas supply disruption	
Failure of fixed equipment	
Fire	
Flooding	
Introduction of cordon	
Loss of heating/cooling	
Structural defect/failure	
Clustered notice giving	<b>Staffing shortage</b>
Epidemic illness	
Industrial action	
Pandemic illness (i.e. Covid-19)	
School closures	
Sudden onset demand/surge	
Transport disruption	
Fuel shortage	

Contamination /product quality	<b>Supplier failure</b>
Contract breach	
Failure to fund/supply	
Industrial action by drivers	
Industrial action suppliers	
Stock management failure	
Supplier goes into administration	
Supply chain collapse	

It should not be forgotten incidents can often happen simultaneously and not just in isolation i.e. a pandemic, loss of resource and bad weather, all at the same time.

If there is a multi-agency incident that affects the wider community, we follow the NHS Command and Control framework and a Tactical Coordination Group (TCG Silver) is called, the incident would be managed by the TCG and coordinated by the EPRR lead (silver level) supporting Gold Strategic level (NHSE&I), supported by bronze level operational resource as identified, to enable delivery of the health response.

The following chart shows the escalation and alerting system followed by NHS organisations.



Incidents that are more within our organisational control such as facility failure are managed internally. It is critical for functions such as 'IT' as a key corporate function, to ensure they have properly maintained programmes and policies for IT recovery, data failure and have replacement programmes in place.

The principles of BCM should be fully integrated and applied to all and every conceivable type of potential service disruption, regardless of size or complexity. Anything that delays the delivery of a service represents a 'business continuity' event and therefore should be part of the framework supporting Emergency Preparedness Resilience and Response (EPRR).

A business impact assessment (BIA) should be reviewed at least annually by HWCCG, to ensure all service changes are captured and prioritised in the spirit of meeting the ISO 22301 standards.

## 4. Activation of HWCCG BCP

**Either the Accountable Emergency Officer, Managing Director or Chief Executive Officer will be responsible for the activation of the HWCCG Business Continuity Plan.**

Once activated, all Senior Directors must be informed by the plan activator, and they in turn will cascade the information to their team heads and leads to cascade to all their team members. The communications team will also notify all employees by email and on the hub. If any staff cannot be contacted via the cascade, this needs to be escalated to HR by team leads.

All HWCCG employees will be contacted and informed of the current situation and advised what their role will be in the response and recovery plan as known or as appropriate.

If employees are unsure, they need to contact their line manager for advice. All employees at HWCCG have been enabled to work from home in the event of being unable to access or attend HWCCG offices and this can be activated immediately, as agreed with line manager.

*Other HWCCG action guidance that should be referred to as well as this document includes:*

- Emergency on-call Policy
- Major Incident Plan
- EPRR Policy
- Hoople Business Continuity Plan
- Commissioning Support Unit Business Continuity Plan.
- HWCCG Home working policy
- HWCCG Flexible Working Policy
- NHS EPRR Framework

Primary Care, GP practices are required to manage and maintain their individual Business Continuity Plans and are notified by the CCG in the event of an multi agency incident.

The following activation sequence will normally be used when informing personnel of the activation of this plan:

**Standby phase**

**Implement phase**

**Stand Down phase**

“Stand by” will be used as an early warning of a situation which might at some later stage escalate and then require implementation of this Business continuity Plan. A “Standby” allows key officers time to think, brief staff, start a business interruption log and prepare for the deployment of resources should an “Implement” plan message be received.

This is particularly important if an interruption occurs towards the end of office hours and staff may need to be asked to stay at work until the situation becomes clear. Resources are not normally deployed at this stage (although this will largely depend upon circumstances) and a “Stand Down” may follow this type of alert.

At standby level, the finance team should be contacted to discuss risk profile and to help estimate costs where relevant.

“Implement” will be used to request the immediate utilisation of staff and resources in activation of the plan. Certain business interruptions will trigger the implement stage of activation immediately, for example a power failure or a terrorist attack.

“Stand Down” will be used to signify the phased withdrawal and the recovery from an incident due to activation of the plan. The stand down order will be given by the CEO, Managing Director or Accountable Emergency Officer who will brief staff, stakeholders and customers as appropriate utilising the communication channels.

## 5. Business Impact

Any business continuity event will have cost implications. These could be short term costs i.e. Repairs and replacements but could also be litigation and loss of revenue etc. An estimated cost associate with any type of business continuity incident must be discussed with the finance team to help with planning decisions and for selecting plans in response and recovery phases.

Under the ISO 22301 our suppliers and contracts it states we should ensure suppliers have BCPs in place, at the HWCCG the contract team undertake this assurance and assure by discussing at the scheduled annual reviews.

### Impact Assessment

NHS organisations and NHS funded care should identify dependencies and supporting

resources that help them deliver their services and activities effectively. This analysis should review using established organisation corporate risks, capability and capacity processes and include Recovery time objectives (RTOs).

These should be reviewed annually or updated when service changes/staffing are undertaken.

## The Business impact analysis (BIA):

- A BIA identifies and documents your key products and services in your organisation
- The critical activities required to deliver them
- The impact that a disruption of these activities would have
- The resources required to resume the activities
- Any single points of failure
- A BIA is linked to the corporate risk registers and or/service led to be effective.

## Categorisation of the HW CCG Functions

<b>CATEGORY 1</b>  Critical  Resume within 24 hours	Emergency Preparedness - Planning and Response - On Call function
	Continuing Health Care – Urgent Fast Track Assessment and Decision
	Programme management of the urgent care system
	Staff Communications & Engagement - Intranet
	Senior Decision Making
	ICC – including recovery of key services supporting any major incident or pandemic
<b>CATEGORY 2</b>  Very high and High  Resume within 1 to 7days	Financial Management - Budgeting and Reporting
	Corporate function – facilities
	Financial Transactions – Payroll, sales ledger, purchase ledger and cash
	Activity and Contract Management - Data capture and analysis
	Quality Management - Monitoring SIs, Safeguarding
	Quality Management - Surveillance
	Medicines Management – Benchmarking, best practice and monitoring prescribing
	Human Resources –Staffing Support
	Commissioning - Provider Contract Management and IFR management
	Public Engagement - Website and Press relations
	Continuing Healthcare – Routine assessment and decision, maintenance of client
	Primary Care – Commissioning function
	Primary Care – Routine management of the primary care contract

<b>CATEGORY 3</b>  Moderate and Low  Resume as soon as practical 1 week to 1month	Handling of Complaints - Responding to and handling of Patient Complaints
	Human Resources - Recruitment
	Public Engagement – Surveys and FOI requests
	Procurement – Securing goods and services
	Governance and Corporate – Maintenance of risk register and BAF, conducting
	Performance – Monitoring and reporting QIPP, AT liaison and performance regime
	Transformation and Delivery - Delivery of Service Transformation Programme – project management and co-ordination of clinical involvement
	Strategy and Integrated Care – including project and Programme management, stakeholder engagement
	Financial Sustainability and PMO - co-ordination of NHSE returns, STP governance, financial recovery and cost improvement programmes
	Contracting – IFR management
	Training mandatory training, except if training is relevant to support incident response

## Maximum acceptable outage

Purpose of activity	Actual Activity	Carried out by	Resources needed	Dependencies (other teams, other agencies)	Impact	Maximum Acceptable Outage	Current Contingencies	Proposed Contingencies
<b>Staff engagement</b>	Intranet/ The Hub	Comms Team	Internet access Telecoms	EPRR on Call  Executive Leadership Team	Critical	0 – 24 hours	Home working Alternative HWCCG office Remote access	As current
<b>EPRR and Senior Decision Making</b>	On call for HWCCG and wider health economy at TCG/LRF	On Call Executive	Mobile phone, network access, PC/ laptop. Access to Resilience Direct.	Providers, NHSE, Local Resilience Forum. All directors.	Critical	0 - 3 hours	External central call and ICC system number, on call exec can be redirected. Hard copies of plans available at sites. EPRR separate mobile number for resilience.  Homeworking initially or alternative office	As current
<b>ICC (Incident Coordination Centre)</b>	ICC if operational or stood up if incident response requires	ICC rota staff, AEO and ICC lead.	Mobile phone, network access, PC, laptop.	Hoople / Telecoms World, urgent care team/call centre support	Critical	0 - 6 hours	Operational 7/7 in a major incident. Email account in operation. ICC number can be routed to any phone/system and managed virtually. Homeworking or alternative office.	If network not accessible, calls can be diverted to any phone. Herefordshire & Worcestershire both have ICC rooms for CCG for place-based support in incidents,

Purpose of activity	Actual Activity	Carried out by	Resources needed	Dependencies (other teams, other agencies)	Impact	Maximum Acceptable Outage	Current Contingencies	Proposed Contingencies
<b>Urgent Care</b>	Programme management of urgent care system	Urgent Care	Network Access PC/laptop Telecoms	Providers, NHSE	Critical	0-6 hours	Homeworking Provider site	As current
<b>Continuing Healthcare</b>	Routine assessment and decision  Fast track assessment and decision	CHC team  CHC team	Network access Telecoms  Broadcare system		High	0 - 24 hours	Homeworking	As current
<b>Quality Clinical</b>	Management of pandemics/ infection surges and care homes and patient safety priority Safeguarding	Quality Team	Network access, Telecoms Datix	Providers Reports/ PHE	Very High	0 - 6 hours	Homeworking Alternative HWCCG office  NHSE or provider site	As current
<b>Financial Transactions</b>	Payroll Sales Ledger Purchase ledger Cash management	Finance Team	Network access & access to specialist packages	CSU, HR	Very High	1 - 3 days	SBS Business Continuity Plans  Homeworking access or provider location	As current – note Finance 7-day payment framework
<b>Contract Management</b>	Data capture & analysis/ management of contracts	Contract and Finance Team	Network access, PC access, Telecoms	Providers data Service Areas	High	3 - 7 days	Homeworking Alternative HWCCG office  Provider site	As current



Purpose of activity	Actual Activity	Carried out by	Resources needed	Dependencies (other teams, other agencies)	Impact	Maximum Acceptable Outage	Current Contingencies	Proposed Contingencies
<b>Financial Management</b>	Budgeting & Reporting	Finance team	Network access to IFSE PC access, SBS access, Oracle	CCG teams including contracting and primary care.	Very High	1-3 days	Homeworking Alternative H&W CCG office/  NHSE/multi agency location	As current, access to systems working from home
<b>Quality Management</b>	Surveillance & SUIs	Quality Team	Network access Pc access, Telecoms	Provider Reports/PHE	High	3 - 7 days	Homeworking Alternative HWCCG	As current
<b>Medicines Management</b>	Benchmarking Best practice Monitoring prescribing	Medicines Commissioning	Prescribing data, File Access, Telecoms		High	3 – 7 days	Homeworking Alternative CCG office	As current
<b>Public Engagement</b>	Website Press relations Surveys FOI requests Primary Care	Comms Team  CSU	Internet access Telecoms	None	High	3 - 7 days	Homeworking Alternative HWCCG office.	As current
<b>Commissioning</b>	Provider Contract Management IFR	Commissioning, Contracting Team	Network access, PC access Telecoms	Lead CCGs Providers	High  Low	1-7 days  7 days	Homeworking Alternative HWCCG office/ NHSEI/multi agency location	As current
<b>Primary Care</b>	Routine management of the primary care contract	Primary Care team	Network access Telecoms, NHS framework		High	1-7 days	Homeworking Alternative HWCCG office NHSEi/multi agency location	As current
<b>Primary Care</b>	Primary Care commissioning function	Primary Care team	Network access Telecoms, NHS framework		Very high	1-7 days	Homeworking Alternative H&W CCG office/ NHSEi/multi agency	As current

Purpose of activity	Actual Activity	Carried out by	Resources needed	Dependencies (other teams, other agencies)	Impact	Maximum Acceptable Outage	Current Contingencies	Proposed Contingencies
							location	
<b>Human resources</b>	Staffing support	Corporate Team	Network access Telecoms, NHS framework		High	1-7 days	Homeworking Alternative H&W CCG office/ NHSEi/multi agency location	As current
<b>Corporate Functions</b>	Facilities	Corporate Team	Network access Telecoms, NHS framework		High	1- 7 days	Homeworking Alternative H&W CCG office/ NHSEi/multi agency location	As current
<b>Procurement</b>	Securing goods and services	CSU	Network access Telecoms	CSU	Moderate	1-2 weeks	CSU	CSU
<b>Governance and Corporate</b>	Maintenance of risk register and BAF Conducting Boards	Corporate team	Network access Telecoms	None	Moderate	3-7 days	Homeworking  Alternative H&W CCG office/	As current
<b>Performance</b>	Monitoring and reporting performance	Performance team	Network access Telecoms	None	Moderate	3-7 days	Homeworking Alternative HWCCG office/	As current
<b>Handling of Complaints/ FOI Requests</b>	Responding to and handling of Patient Complaints	Corporate team	Network access, PC access, Telecoms	Provider responses	Low	1-2 weeks +	Homeworking Alternative HWCCG Office	As current
<b>Human Resources</b>	Recruitment ESR	Corporate Team, HR Team and CSU	Telecoms Internet access, Network, phone pc, ESR and Easy access	CSU	Low	7 days +	CSU Business Continuity Plan and HWCCG HR staff homeworking	CSU Business Continuity Plan and HWCCG HR staff homework
<b>Transformation and Delivery</b>	Service Transformation Programme	Transformation and Delivery	Network access Telecoms	Providers	Moderate	1-2 weeks	Homeworking  Alternative	As current

Purpose of activity	Actual Activity	Carried out by	Resources needed	Dependencies (other teams, other agencies)	Impact	Maximum Acceptable Outage	Current Contingencies	Proposed Contingencies
	Project management Clinical involvement	team					H&W CCG office/  NHSE/multi agency location	
<b>Strategy and Integrated Care System (ICS)</b>	Accountable Care Strategy Programme management Stakeholder engagement	Strategy and Integrated Care team	Network access Telecoms	Providers	Moderate	1-2 weeks	Homeworking  Alternative H&W CCG office/  NHSE/multi agency location	As current
<b>Financial sustainability</b>	Financial recovery Cost improvement programmes STP governance	PMO team	Network access Telecoms	STP partners	Moderate	1-2 weeks	Homeworking  Alternative H&W CCG office/  NHSE/multi agency location	As current

**Impact on Service:** Critical (1) Very High (2), High (2), Moderate (3), Low (3)

**HWCCG Recovery Time Objective:** 0-24 hrs, 1-2 days, 3- 7 Days, 1 – 2 Weeks, 1 month

An annual refresh of the BIA (Business Impact Assessment) should be undertaken to ensure priorities, resourcing requirements and service area information are updated.

## Maintaining Personal logs and Records

As per the legislation and guidance we need to ensure HWCCG maintain records of all incidents. Methods of recording can be via personal notebooks, incident log forms, minutes and actions from meetings, committees etc. In a major or incident, a loggist will be assigned to support. Records will be requested to be added to the incident record, to assist in a debrief and on closure. Please refer to the HWCCG Records Management Policy.

A log of any decision made and actions when an incident occurs, or the Business Continuity plan is activated. Incident log form Appendix 1.

## Recovery Time Objectives

Recovery Time Objectives (RTO), priorities have been identified against the following services.

PRIORITY	Services	Recovery Time Objective (RTO)
<b>Red</b>	Phone lines to be reinstated or an alternative available.	Needs to be restored within 0-3 hours
<b>Amber</b>	IT systems and emails Utilities (electricity will be needed for IT systems) Staff enabled to work from home or alternative base/office.	Needs to be restored within 0-24 hours
<b>Green</b>	Temporary office location of HWCCG HQ if required.	Needs to be restored within 24 hours – 48 hours
<b>Blue</b>	All systems operating to full capacity	Needs to be restored within 5 working days
<b>Black</b>	Existing office facilities replaced, staff will be able to work from home or alternative location.	A service which can be restored progressively after 10 working days

Notes: Minimum levels of service needed include:

- Executive Team/Senior Management on call/EPRR/ICC
- Communications

- Payroll
- IT system
- Finance
- Continuing Healthcare urgent decision making
- Quality to support pandemics/surges and Safeguarding

Payroll services are provided through a Service Level Agreement (SLA) with the Commissioning Support Unit and are therefore not based at any H&W CCG office.

IT services, for all HWCCG offices are provided and managed by Hoople Ltd including primary care IT contracts and are therefore not based at any of HWCCG office sites.

**Each service area is required to review their ‘minimum staffing capacity’** should staffing numbers be reduced in a pandemic or other critical incident. Current home working facilities provision provides access to staff in day-to-day emergencies.

## 6. HWCCG Staff Responsibilities

Area/Function	Responsibilities
<b>Directors</b>	<ul style="list-style-type: none"> <li>• Implementation of the Business Continuity Plan and procedures. Report to Executive Leadership Team, AEO and AO with any issues in maintaining service areas and resource concerns.</li> <li>• Review plan and the application of procedures. Support BCMS compliance through assurance activities.</li> <li>• Allocate resources and budget to achieve the required level of business continuity. Check own service /business Continuity requirements are in place and staff are briefed.</li> <li>• Ensure all employees maintain information governance standards and confidentiality at all times during an incident.</li> <li>• Any decisions made attributed to the incident are logged accordingly by Directors and documented at Executive Leadership Team meetings and other forums. Use of loggist required.</li> <li>• Ensure team Heads are contacted on activation of plan and keep staff informed including managing health and wellbeing of staff.</li> <li>• Ensure recovery plan is aligned to response and lead director appointed and information disseminated to staff, logging all key decisions and actions appropriately</li> <li>• To request mutual aid for internal/external incidents</li> </ul>

Area/Function	Responsibilities
<b>Department Heads</b>	<ul style="list-style-type: none"> <li>• Maintain good awareness of business continuity within their areas, reporting to the Director if unable to maintain or have concerns regarding service delivery or staff resources.</li> <li>• Provide feedback to Directors about the corporate business continuity plan or any staffing level changes/system changes.</li> <li>• Act as a conduit for dissemination of information to employees</li> <li>• Ensure employees always maintain information governance standards and confidentiality during an incident.</li> <li>• Manage colleague and respective HR duties as per policies, including sickness, holidays etc. There may be additional reporting requirements in the case of a pandemic.</li> <li>• Contact all employees directly on activation of Business Continuity Plan to inform of role/location. Report to HR any concerns including not being able to contact any staff.</li> <li>• Maintain daily contact with homeworking employee and ensure they take breaks accordingly</li> </ul>
<b>All Staff</b>	<ul style="list-style-type: none"> <li>• Maintain an adequate level of general awareness regarding business continuity.</li> <li>• Be aware of any specific role or responsibilities allocated to them and if unable to undertake duty report to line manager immediately.</li> <li>• Participate actively in business continuity, resource reallocation support where required and recovery.</li> <li>• Always ensure information governance standards and confidentiality during an incident.</li> <li>• Ensure they follow all the HWCCG guidance and policies.</li> <li>• Ensure when working from home, they manage health and wellbeing and take breaks accordingly in line with policy.</li> </ul>
<b>Communications Team</b>	<ul style="list-style-type: none"> <li>• Ensure there are communication channels for employees and stakeholders and multi-agency partners</li> <li>• Cascade updates including advising of activation of BPC and potential implications for staff and direct to line manager</li> <li>• Maintain good quality and timely information dissemination</li> <li>• Liaise with Directors and AEO for incident briefings</li> <li>• Monitor social media activity and escalate where appropriate</li> </ul>

Area/Function	Responsibilities
<b>EPRR</b>	<ul style="list-style-type: none"> <li>• To ensure AEO is briefed on circumstances relating to external multi-agency events</li> <li>• EPRR to lead Silver TCG external incidents as required and support SCG Gold NHSE &amp; I as instructed</li> <li>• To brief communications in the event on an incident</li> <li>• To ensure on call rota is managed</li> <li>• To establish and lead ICC if activation required</li> <li>• To work alongside Corporate team in the event of internal incidents and ensure learning is shared</li> <li>• To ensure BCP is relevant and updated with EPRR guidance and legislation</li> <li>• Brief NHSE of any standby or activation of Corporate HWCCG BCP.</li> </ul>
<b>Corporate / Facilities / HR</b>	<ul style="list-style-type: none"> <li>• If an internal incident to advise EPRR and Comms team accordingly and collaborate on response required</li> <li>• Ensure information for facilities is updated and easily accessible by directors and for on call managers in and out of hours</li> <li>• Ensure staffing contact information is available to Directors</li> <li>• Ensure staff are compliant with policies and procedures and access to support for health and wellbeing and HR</li> <li>• To ensure BCP is relevant and updated with services, resources and facility and staff policy information</li> <li>• Manage health and wellbeing of staff</li> </ul>

## 7. Action Cards

If the **HWCCGs' premises become unavailable to staff**, please complete a log sheet (Appendix A) and consider:

Objective	Actions / Considerations
1. Establish the current situation at the affected site / workspace	<ul style="list-style-type: none"> <li>• What has happened?</li> <li>• When did it occur?</li> <li>• Are the Emergency Services informed / on-site?</li> <li>• If emergency services on site, do they need access to other information, passwords etc.</li> <li>• Is there access to the site?</li> <li>• Are the IT systems and services still running?</li> <li>• Who else has been informed?</li> <li>• How potentially serious is it?</li> <li>• Are there any casualties? If so, details?</li> </ul>
2. Decide whether the Business Continuity Plan should be invoked? The decision will be based upon the information provided. Consideration should be given to:	<ul style="list-style-type: none"> <li>• How quickly will we be able to re-enter the affected workspace?</li> <li>• Are there prevailing weather conditions?</li> <li>• Whether the area is currently responding to an external incident</li> <li>• If the decision is to ask staff to work from home or relocate key staff to the agreed alternative accommodation alert the site – (Emergency contact details in Appendix x) Contact AEO/Managing Director to alert.</li> <li>• If the decision is made not to invoke the plan, continue to monitor the situation until such time as normal access is granted to the disrupted location and alert AEO/Managing Director.</li> </ul>
3. Communicate with staff	<ul style="list-style-type: none"> <li>• IF EVACUATION IS NEEDED – Follow facilities site evacuation plan taking into account staff, and visitor safety.</li> <li>• Keep staff informed at Assembly Points until a decision has been made about whether the building is likely to become available again soon. If the building will not be available, relocate identified key staff to the agreed alternative workspace and consider sending other staff home and tell them to await instructions. Remind them to check in with the manager at an agreed time.</li> <li>• Out of Hours - If the disruption occurs outside office hours, staff communication will be cascaded to Directors to contact their teams to work from home or attend an alternative location.</li> <li>• Need to ensure that information governance standards and confidentiality are maintained at all times.</li> </ul> <p><b>To note if this is a wider incident and multiple agencies involved please refer to their individual organisational shelter and evacuation plans.</b></p>



Alternative HWCCG office sites:	Contact Number:
Coach House, Worcester	01905 681999
St Owens Chambers, Hereford	01432 260618
NHSE offices at Wildwood	01905 733263

<b>Priority teams to be relocated:</b>	Executive Team Comms Team Continuing Healthcare Team EPRR ICC/PMO
<b>Email generic in boxes for each servicedepartment.</b>	<a href="mailto:hw.covid19@nhs.net">hw.covid19@nhs.net</a> <a href="mailto:hw.epr@nhs.net">hw.epr@nhs.net</a> <a href="mailto:hw.covidvac@nhs.net">hw.covidvac@nhs.net</a> <a href="mailto:hw.enquiries@nhs.net">hw.enquiries@nhs.net</a> <a href="mailto:hw.comms@nhs.net">hw.comms@nhs.net</a> <a href="mailto:hw.digital.enquiries@nhs.net">hw.digital.enquiries@nhs.net</a> <a href="mailto:adminhr.hwccg@nhs.net">adminhr.hwccg@nhs.net</a> <a href="mailto:hw.primarycare@nhs.net">hw.primarycare@nhs.net</a> <a href="mailto:hw.qualityandmedical@nhs.net">hw.qualityandmedical@nhs.net</a>

HWCCG operates 3 sites, and these should be considered as an alternate location before requesting relocation support from partners.

- Community Hospitals
- Worcestershire Acute Hospital Sites
- Worcestershire County Council offices
- Herefordshire Council offices
- Wye Valley Trust
- Other key system providers
- NHSE sites

Depending on the incident wider multi agency partners including police and fire service maybe also able to assist. EPRR will liaise and advise accordingly.

**On call managers and director contact details are held in the emergency pack and held online in the on-call folder.**

In the event **IT Systems / Voice networks / Key data** are unavailable, please complete a log sheet (Appendix 1) and consider:

Objective	Actions / Considerations
<p>1. Confirm the nature of the disruption</p>	<ul style="list-style-type: none"> <li>• What has happened?</li> <li>• When did it occur?</li> <li>• Which systems and/or services are affected, is Hoople aware?</li> <li>• How potentially serious is it?</li> <li>• What is the estimated duration of the problem?</li> <li>• Who else needs to be informed (Other Directors, AEO, comms team, stakeholders)?</li> </ul>
<p>2. Decide whether the Business Continuity Plan should be invoked.</p> <p>The decision will be based upon the information provided. Consideration should be given to:</p>	<ul style="list-style-type: none"> <li>• How long systems will be unavailable.</li> <li>• Whether the systems affected are required to support the Time Critical / Important Business Activities</li> <li>• Whether the Area is currently responding to external incident</li> <li>• Inform staff that the Business Continuity Plan is being invoked or put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate on agreement with CEO/Managing Director or AEO.</li> <li>• If the decision is made not to invoke the plan, continue to monitor the situation until such time as normal service is resumed.</li> </ul>

<p>3. Enter Specific actions or considerations if the disruption is due to non- availability of IT systems / Voice networks / key data</p>	<ul style="list-style-type: none"><li>• Instigate working from a secondary location unaffected by the IT issue with Wi-Fi access.</li><li>• Rerouting of calls.</li><li>• Accessing and making available critical data to key staff which has been protected.</li><li>• If the main landline(s) are lost revert to mobile phones and give number to key staff and stakeholders.</li><li>• If IT systems are lost instigate disaster recovery plan with Hoople.</li><li>• If IT is only affected at H&amp;W CCG offices, staff can work remotely from home or other location.</li><li>• Health economy wide IT system is crucial to activities; all Primary Care, Secondary Care and Commissioning organisations use the same IT infrastructure. In the case of the significant incident being the collapse of the Health economy wide IT system need to communicate with public that it will affect all IT systems including Primary Care, Secondary Care and Commissioning. Each GP practice will need to decide whether to invoke their own business continuity plans. If a major incident multi agency incident, a TCG will be called.</li><li>• There is currently no special equipment installed at the HWCCG office that would be needed.</li><li>• Staff need to ensure that they maintain information governance standards and confidentiality at all times.</li><li>• All actions/decisions need to be logged.</li></ul> <p><b>HOOPLE ON CALL CONTACT number – emergency contact list and copy held on intranet version of the BCP and included within on call managers folders.</b></p>
--	---

In the event **key members of staff are unavailable**, please complete a log sheet (Appendix 1) and consider:

Objectives	Actions / Considerations
<p>1. Confirm the nature of the disruption</p>	<ul style="list-style-type: none"> <li>• What has happened?</li> <li>• When did it occur?</li> <li>• Who and how many are affected?</li> <li>• Which systems and/or services are affected?</li> <li>• How potentially serious is it?</li> <li>• What is the estimated duration of the problem?</li> <li>• Who else has been informed (other Directors, AEO, Comms Team, stakeholders)?</li> </ul>
<p>2. Decide whether the Business Continuity Plan should be invoked.</p> <p>The decision will be based upon the information provided. Consideration should be given to:</p>	<ul style="list-style-type: none"> <li>• How long staff members will be unavailable</li> <li>• Whether the staff are required to support the Critical / Important Business Activities, contact service directors affected</li> <li>• Whether the Area is currently responding to external incident, if an external multi agency event a TCG will be invoked by EPRR teams</li> <li>• Inform staff that the Business Continuity Plan is being invoked or put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate.</li> <li>• If the decision is made not to invoke the plan, continue to monitor the situation until such time as normal service is resumed.</li> </ul>
<p>3. Enter Specific actions or considerations if the disruption is due to non- availability of Key Staff</p>	<ul style="list-style-type: none"> <li>• Change of job functions for some staff (to support the critical business activities)</li> <li>• Employ agency staff</li> <li>• Offer overtime</li> <li>• Suspend less time critical parts of the business</li> <li>• Consider outsourcing some services if possible until you are ready to restore them.</li> <li>• Need to ensure that information governance standards and confidentiality are maintained at all times.</li> <li>• Ensure all actions/decisions are logged</li> </ul>

In the event **other Key Resources** are not available complete a log sheet (see Appendix 1) and consider:

Objectives	Actions / Considerations
<p>1. Confirm the nature of the disruption</p>	<ul style="list-style-type: none"> <li>• What has happened?</li> <li>• When did it occur?</li> <li>• Which systems and/or services are affected?</li> <li>• How potentially serious is it?</li> <li>• What is the estimated duration of the problem?</li> <li>• Who else has been informed?</li> </ul>
<p>2. Decide whether the Business Continuity Plan should be invoked.</p> <p>The decision will be based upon the information provided. Consideration should be given to:</p>	<ul style="list-style-type: none"> <li>• How long resources will be unavailable.</li> <li>• Whether the resources affected are required to support the Critical / Important Business Activities</li> <li>• Whether the Area is currently responding to external incident</li> <li>• Inform staff that the Business Continuity Plan is being invoked or put staff on standby or invoke agreed manual systems to ensure that the service can continue to operate. In agreement with CEO, Managing Director or AEO.</li> <li>• If the decision is made not to invoke the plan, continue to monitor the situation until such time as normal service is resumed.</li> </ul>
<p>3. Enter Specific actions or considerations if the disruption is due to non-availability of key resources</p>	<ul style="list-style-type: none"> <li>• Arrangements/contracts to hire / borrow / purchase replacement resources from suppliers.</li> <li>• Protective measures for resources e.g. not having all resources at one site.</li> <li>• Need to ensure that information governance standards and confidentiality are maintained at all times.</li> <li>• Ensure actions/decisions are logged</li> </ul>

## 8 Supporting Information

### Staff Welfare

It must be recognised that a business interruption may also cause additional pressures for staff. Staff members need to be given clear direction about what the priorities of H&WCCG are. Managers must ensure that they monitor staff closely to ensure that their health and welfare is maintained (e.g. regular breaks due to increased intensity or pressure of work).

Staff should be aware of what their role is when a major disruption occurs. Clear and concise communication with staff is pivotal to having an organised response. Staff will be made aware of the communication methods HWCCG are going to use so they can find out the latest information, when working from home or a different location than normal. Please refer to the HWCCG Homeworking and Flexible working policies for further information.

### Informing Staff

#### During Office Hours

If the disruption occurs during office hours staff will be communicated with via briefings from managers directly, telephone calls, Teams meetings, and cascade emails. Any disruption to a service should be notified to Corporate and facilities team in the first instance who will liaise with EPRR team, AEO, Managing Director and Chief Executive officer

#### Out of office hours

Out of hours on call managers will need to contact The Accountable Emergency Officer, Managing Director or Chief Executive Officer to activate the BCP and ensure that staff are kept informed by the following methods:

- Telephoning directors and passing on essential information to be cascaded to heads to cascade to their teams. Directors are to ensure all staff in their service area are contacted.
- Ensure Associate Director of Communications and Engagement is contacted.
- Mobile phone Text cascade of information if appropriate.
- Emails to staff that have access to external email as appropriate via Communications team.
- Face to face as appropriate or via Microsoft Teams.
- Messages on the staff hub
- Teams may wish to consider social media apps or similar for departments for ease of communication

Staff will also be given the opportunity to feedback any comments they may have after a response phase and when the service/s have returned to normal to ensure we capture all learning from any incident. This will be in the form of either verbal, questionnaire or a structured debrief or in the case of a long-term event this will be undertaken as a rolling debriefs to learn and evaluate continuously during the event to inform policy and restoration priorities.

Managers who suspect that H&WCCG staff members have suffered undue stress or even trauma

from a significant incident must consider how they can provide assistance to the staff who have been affected. Please refer to HR policies and procedures and contact your line manager or HR for support.

Service areas are responsible for maintaining their team contact details. Director and senior manager on call, are held on the emergency contacts in the on-call folder.

## Media / Public Information

In the event of a major disruption to H&WCCG, the Communications Team must be contacted to inform them of what has happened and the estimated length of the disruption and possible impacts. They will:

- Co-ordinate and lead H&WCCG response to media enquiries during and following an incident.
- Produce media/press releases and statements
- Liaise with media officers in other organisations to ensure messages are consistent
- Organise press conferences and interviews
- Arrange media visits to incident sites
- Brief and provide guidance to Senior Management Team
- Liaise with Emergency Communications Team.
- Brief the ICS Communications Cell
- The BCP and other EPRR policies will be published on the HWCCG website and hard copies are held at key office sites, the EPRR team and by on call managers.
- Please also refer to the Emergency Communications plan

## Plan Maintenance Procedures

The Business Continuity Plan, emergency on call and director contact list will be reviewed every six months by EPRR team. The plan will be reviewed annually and exercised annually and informed via the Emergency Planning Group as required.

Factors requiring amendments to BCP:

- Post incident/exercise
- Personal staff turnover or contact details
- Where new functions or services are delivered
- Organisational restructuring
- New changes to suppliers
- Changes of organisational risk assessments
- Changes in business objectives and processes
- Guidance and legislation changes
- Annual Business Impact Assessment (BIA)
- BCP is adequate for the level of organisational risk

The amended BCP or any subsequent changes will be submitted to the CCEC (Clinical Commissioning Executive Committee) for approval and assurance.



## 9. Plan validation (exercises) / Training Schedule

Awareness training for staff to make sure they are all aware of what to do and who will be involved in an incident. A tabletop exercise will be carried out every 12 months and a live exercise every three years of the BCP, unless activated. Validation to meet ISO 22301: 10.2 standard.

Exercising is important as it can expose vulnerabilities in an organisation and can initialise processes to strengthen both internal and external communication and improve management decision making during an incident including supporting the gap analysis and identify further training requirements for staff.

An exercise programme would:

- Identify the impacts on operational disruption
- Exercise the effects or impact of disruption
- Change and update the plan as outlined in the reports action plan
- Demonstrate the effectiveness of your incident plan to deal with the disruption
- Help strengthen your BCP and incident management plan and policies
- Promotes an organisational wide approach to business continuity and ownership
- Validation ensures lessons identified processes are following incidents/exercises?
- Self-assessment and peer review of plans
- Internal audit validation
- To validate compliance
- To review adequacy of solutions
- The organisation shall continually improve the suitability adequacy or effectiveness of the BCMS programme and assurance to the Governing Body

## 10. Risk assessment of each risk identified

	<b>Incident</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Mitigation</b>
1	Unavailability of premises for more than 5 working hours caused by fire, flood or other incidents	3	3	Mitigation is home working, use of other H&W CCG, CSU and NHSE offices, communications team to keep channels of information open.
2	Major electronic attacks or <del>are</del> disruption to the IT network and systems	3	5	Network outage at HWCCG as managed by Hoople across the twocounties but this could also affect primary care. Prioritised restoration would be of primary and secondary care systems and email systems. Access to NHS emails via non corporate equipment can be undertaken if corporate equipment is damaged.
3	Terrorist attack or threat affecting transport networks or the office locations	2	3	Mitigation is home working, use of other H&WCCG and NHS I offices, communications team to keep channels of information open.
4	Denial of access to building	2	3	Some members of H&W CCG staff have spare keys to access the buildings. If a building is inaccessible for other reasons the mitigation is home working, use of other H&W CCG, CSU and NHSE offices, communications team to keep channels of information open.
5	Significant numbers of staff prevented from reaching CCG offices, or returning home, due to bad weather or transport issues	3	2	Mitigation is home working, use of other H&W CCG CSU and NHSE offices, also other Health Economy sites. Communications team to keep channels of information open.
6	Theft or criminal damage severely compromising the organisation's physical assets	2	3	Prioritised restoration would be of email systems. Once emails are up and running this would allow remote working, staff can use non-NHS equipment securely through NHS.net to reduce dependency on corporate equipment.

	<b>Incident</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Mitigation</b>
7	Significant chemical contamination of the working environment	1	4	Mitigation is home working, use of other H&W CCG CSU and NHSE offices, also other Health Economysites. Communications team to keep channels of information open.
8	Serious injury to, or death of, staff whilst in the offices	2	2	Mitigation is by use of H&W CCG  trained Health and Safety members carrying out required Risk Assessment.
9	Illness / epidemic striking the population and therefore affecting a significant number of staff	3	4	Mitigation is home working unless advised. Communications team to keep channels of information open.  Epidemic guidance will be provided by PHE/ NHSE to be followed if BCP is activated due to pandemic.
10	Outbreak of a serious disease or illness in the working environment	3	5	Mitigation is home working unless advised. Communications team to keep channels of information open  Staff to follow sickness policy and HR policies and procedures.
11	Simultaneous resignation or loss of a number of key staff	1	4	Mitigation is by use of HWCCG communications channels and co-ordination between internal teams. Succession Planning in place, ICS redeployment options and potential for CSU assistance.
12	Widespread industrial action	1	2	Mitigation is by use of home working, centralised communications channels and co-ordination between internal teams.
13	Significant fraud, sabotage or other malicious acts	1	2	Mitigation is by use of home working, centralised communications channels and co-ordination between internal teams.
14	Reduced numbers of staff due to Redeployment in the STP/ICS	2	3	Mitigation is to understand staff skill matrix and redeploy as required to support STP and national programme delivery i.e. National Covid-19 Vaccination programme.  Ensure service areas are clear of reduce capacity and delivery.

## Emergency Pack

There will be an emergency pack located at the 3 HWCGG sites: St Owens Chambers, Coach House and Acton House and held online in the Teams in the call folder in an emergency.

The emergency pack will contain:

### Part A – EPRR Information

- A copy of the Business Continuity Plan
- A copy of the Incident Management Plan
- A copy of the EPRR policy
- A copy of the EPRR on call policy
- A copy of the Emergency Communications Plan
- Incident log sheets

### Part B – Corporate Information

- Directors' contact details to start cascade process
- IT provider details and emergency contact details
- Plan of office for each site (Coach House, Acton House, St Owens Chambers)
- Evacuation procedures and fire points
- Fire and risk assessment of each premises
- Contact for estate services/facilities for key holders and security codes
- Utility services contact and account details
- Copy of insurance certificates

### By request from Corporate team:

- Copy of H&W CCG Asset Registers
- Information Asset register

### Appendices:

1. Incident Log Sheet
2. Useful summary guides

## Appendix 1 – Incident Log Sheet

### NHS HEREFORDSHIRE & WORCESTERSHIRE CCG LOG SHEET

Date:

Time:

Incident called by:

---

Start a log as soon as the incident has started by completing the below sheet. Use further sheets if the need arises.

**NB: It is important to ensure that all information/decisions and actions are logged in the order they occur. This information will be a record of your decisions and actions. This may be required should a review or inquiry be necessary. Please ensure the EPRR team have been informed.**

Log Ref	Time	Information/Decisions/Actions	Items Outstanding	Name

## Appendix 2 - BCP Action Cards

Threat	Description						
Loss of buildings	<ul style="list-style-type: none"> <li>• Whole or part of the building is unavailable to provide a normal level of service.</li> <li>• Staff unable to access workplace</li> </ul>						
<b>Key Responsibilities</b>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 20%;"><b>All Staff</b></td> <td> <p><b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul> </td> </tr> <tr> <td style="vertical-align: top;"><b>Service / Team Lead</b></td> <td> <p><b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that the Director is aware of the position</li> <li>• Establishing a Business Continuity Incident Team at H&amp;W CCG level if appropriate</li> <li>• Considering Incident stand-by</li> </ul> </td> </tr> <tr> <td style="vertical-align: top;"><b>Senior Manager on Call / AEO</b></td> <td> <p><b>The Senior Manager on call/AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at SDU level or needs to be managed at Executive Board level</li> <li>• Ensuring that the Accountable Officer and Managing Director is aware of the position</li> <li>• Establishing a H&amp;W CCG -wide Business Continuity Management Team</li> <li>• Declaring an internal major Incident if necessary</li> </ul> </td> </tr> </table>	<b>All Staff</b>	<p><b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul>	<b>Service / Team Lead</b>	<p><b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that the Director is aware of the position</li> <li>• Establishing a Business Continuity Incident Team at H&amp;W CCG level if appropriate</li> <li>• Considering Incident stand-by</li> </ul>	<b>Senior Manager on Call / AEO</b>	<p><b>The Senior Manager on call/AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at SDU level or needs to be managed at Executive Board level</li> <li>• Ensuring that the Accountable Officer and Managing Director is aware of the position</li> <li>• Establishing a H&amp;W CCG -wide Business Continuity Management Team</li> <li>• Declaring an internal major Incident if necessary</li> </ul>
<b>All Staff</b>	<p><b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul>						
<b>Service / Team Lead</b>	<p><b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that the Director is aware of the position</li> <li>• Establishing a Business Continuity Incident Team at H&amp;W CCG level if appropriate</li> <li>• Considering Incident stand-by</li> </ul>						
<b>Senior Manager on Call / AEO</b>	<p><b>The Senior Manager on call/AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at SDU level or needs to be managed at Executive Board level</li> <li>• Ensuring that the Accountable Officer and Managing Director is aware of the position</li> <li>• Establishing a H&amp;W CCG -wide Business Continuity Management Team</li> <li>• Declaring an internal major Incident if necessary</li> </ul>						
<b><u>ACTIONS TO TAKE IN PREPARATION</u></b>							
1.	Establish what functions / roles can be carried out at alternative locations						
2.	Identify which staff are able to work remotely e.g. Home						
3.	Identify alternative contact numbers if appropriate e.g. mobile phone if office number unavailable due to loss of building						

	<b>How HWCCG will initially respond to the Threat:</b>
	<b>Team / Service Leads</b>
1.	Start a Log of all actions/decisions taken
2.	Prepare initial assessment of the continuity issue
3.	Is the issue likely to be resolved within 24 hours or will it take longer?
4.	Report any building issues to the Corporate facilities team
5.	Ensure alternative arrangements where applicable e.g. Home Working are in place
6.	Establish how much and for how long the building access is unavailable
7.	Communicate with all staff and Stakeholders
8.	Ensure the Senior Manager on Call and AEO are aware of the situation even if situation under control
9.	Consider reputational impact of the continuity issue e.g. Could this issue cause or lead to negative media for the CCGs?
<p>Where an incident affects the delivery of critical services and the work-around arrangements are not able to resolve the situation within the maximum tolerable period of disruption, the Senior Manager on Call or AEO will assume responsibility for coordinating the CCGs' response. If the incident affects multiple critical services, then the provisions of the Incident Response Plan will apply and the issue will need escalating to NHS England.</p>	
<b>Premises Evacuated</b> <b>(Working Hours)</b>	<ul style="list-style-type: none"> <li>• Establish reason for evacuation</li> <li>• Start a Log</li> <li>• Follow established evacuation process, each area manager or responsible named person to ensure everyone is safely evacuated from the building</li> <li>• Inform Senior Manager on Call / AEO</li> <li>• Tell staff present to await further instruction</li> <li>• Establish from Officer in Charge when safe return to building is possible and plan for this</li> </ul>

<p><b>Less than 24 Hours</b></p>	<p><b>As above plus</b></p> <ul style="list-style-type: none"> <li>• Communicate with all staff of the situation</li> <li>• Ensure any phones are diverted to alternative bases or mobiles where possible</li> <li>• Temporary period consider where appropriate a reduced level of service provision</li> <li>• Inform those affected staff to work flexibly where appropriate</li> <li>• Are staff able to work from alternative areas of the building?</li> <li>• Are staff able to work remotely?</li> <li>• Ensure any changes to service provision are communicated with all appropriate internal and external stakeholders</li> <li>• Consider activation of Incident Management Team</li> </ul>
<p><b>1-7 Days</b></p>	<p><b>As above plus</b></p> <ul style="list-style-type: none"> <li>• Consider escalation to Senior Manager on Call/ AEO and Declaration of Major Incident if applicable</li> <li>• Consider where appropriate the relocation of services to alternative accommodation</li> <li>• Consider financial implications</li> <li>• Review initial assessment carried out</li> <li>• What are the reputational impacts of the loss of building?</li> <li>• Consider changes to service configuration (working patterns)</li> <li>• Keep all stakeholders including NHS England informed of the situation and when they can expect normal services to be resumed</li> <li>• Resource requirements e.g. IT equipment required to deliver functions taken from the Business Impact Analysis</li> </ul>
<p><b>Longer than 7Days</b></p>	<p><b>As above plus</b></p> <ul style="list-style-type: none"> <li>• Consider escalation to Senior Manager on Call and Declaration of Major Incident if applicable</li> <li>• Review initial assessment carried out</li> <li>• Consider financial, reputational impacts</li> <li>• Maintain communication lines with all internal and external stakeholders keeping them informed of progress, issues and expectations.</li> <li>• Inform staff they may not be required to attend premises until further notice, continue working from home or office relocation</li> <li>• Notify the media and the public of the situation and the availability of services</li> <li>• Ensure people and resource requirements are met (See Business Impact Analysis sheets)</li> <li>• Consider longer term ICT requirements to administer each of the critical functions/services for a temporary or prolonged period.</li> </ul>



Threat	Description
<p><b>Loss of Staff</b></p>	<p>H&amp;W CCG could experience a loss of staff for a number of reasons, these include:</p> <ul style="list-style-type: none"> <li>• Widespread public health issue e.g. Norovirus</li> <li>• Industrial Action</li> <li>• Severe Weather</li> <li>• Transport Disruption</li> <li>• Large Scale Resignation (Lottery Winners, head hunted staff)</li> </ul>
<p><b>Key Responsibilities</b></p>	<p><b>All Staff</b>      <b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul> <p><b>Service / Team Lead</b>      <b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that the Senior Manager on call / AEO is aware of the position</li> <li>• Considering Major Incident stand-by</li> </ul> <p><b>Senior Manager On Call / AEO</b>      <b>The Senior Manager on call/ AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at Service / Team level or needs to be managed at Incident Management Team</li> <li>• Ensuring that the Chief Officer is aware of the position</li> <li>• Establishing a H&amp;W CCG wide Business Continuity Management Team</li> <li>• Declaring a Major Incident if necessary</li> </ul>
<p><b><u>ACTIONS TO TAKE IN PREPARATION</u></b></p>	
<p>1.</p>	<p>Establish the minimum/safe staffing level to provide the service(s)/function(s) required</p>
<p>2.</p>	<p>Ensure staff contact details are readily available (electronic and hard copy)</p>
<p>3.</p>	<p>Where staff shortages are foreseeable e.g. severe inclement weather forecast, transport strikes, review planned leave, study leave and where possible reschedule.</p>

<b>ACTIONS TO TAKE IN THE EVENT OF A DISRUPTION</b>	
<b>How H&amp;W CCG will respond to the threat – Service / Team Leads</b>	
1.	Start a log and record all actions taken.
2.	Establish degree of absenteeism.
3.	Establish what critical services and functions if any have been affected by staff unavailability.
4.	Establish length of time critical services will be affected.
5.	Establish if the loss is permanent or temporary.
6.	Assess overall skill mix of teams to ensure that appropriately skilled staff are available.
7.	If possible (i.e. not for industrial action), contact part time/full time staff who have indicated they would be willing to work any additional hours to help cover.
8.	Contact other Teams to see if staffing can be flexed across teams /services.
9.	Scale back all non-critical functions (refer to Business Impact Analysis), consider cancellation of any non-urgent activities.
10.	Keep the situation under constant review, if there are any significant new risks identified, escalate in line with normal reporting procedures.
11.	Ensure escalation to Senior Manager On Call / AEO and onward notification to NHS England.
12.	Ensure any changes to service provision are communicated to all stakeholders and where possible provide estimated time to resumption of full service.
<b>Less than 24Hours</b>	<b>As Above Plus</b> <ul style="list-style-type: none"> <li>• Temporary period - consider reduced level of service</li> <li>• Consider reallocation of key tasks</li> </ul>
<b>1-7 Days</b>	<b>As Above Plus</b> <ul style="list-style-type: none"> <li>• Consider Escalation to Major Incident if Critical Functions cannot be maintained</li> </ul>
<b>Longer than 7Days</b>	<b>As Above Plus</b> <ul style="list-style-type: none"> <li>• Consider recruiting previous employees on short term basis (e.g. recently retired staff)</li> <li>• If loss of staff is permanent begin recruitment process to fill gaps</li> <li>• If priority functions are operating at a reduced level of service, ensure all customers and key stakeholders are aware of the situation and when the service is likely to be fully restored</li> </ul>

Threat	Description	
Loss of ICT	H&W CCG could experience a loss of IT services due to power failure, cyber-attack or infrastructure damage, resulting in a loss of email, software applications, electronic files, VOIP telephony, wi-fi.	
Key Responsibilities	<p><b>All Staff</b></p>	<p><b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Escalating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul>
	<p><b>Service / Team Lead/</b></p>	<p><b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that their Director is aware of the position</li> <li>• Escalating to Senior Manager on Call and AEO as priority.</li> <li>• Considering Major Incident stand-by</li> </ul>
	<p><b>Senior Manager On Call / AEO</b></p>	<p><b>The Senior Manager on call/AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at Team / Service level or needs to be escalated to Incident Management Team</li> <li>• Ensuring that the Accountable Officer/Managing Director is aware of the position and EPRR Lead engaged who will liaise with LRF and follow protocols dependent on issue outage via cyber attack</li> <li>• Establishing a H&amp;W CCG -wide Business Continuity Management Team to manage incident</li> <li>• Declaring a Major Incident if necessary</li> </ul>

<b>ACTIONS TO TAKE IN PREPARATION</b>	
1.	Ensure you know how to report any issues with IT services both during and out of hours
2.	Identify alternative premises that staff could work from if not also affected by the loss of IT services
3.	Ensure that there is an effective Disaster Prevention and Recovery Plan for data recovery and access in place and that this plan is kept up to date
4.	Ensure staff supporting key processes have the means to work from home or other remote locations, including suitable wi-fi connections
5.	Ensure the H&WCCG information asset register is regularly updated and identifies the location of any paper record systems that could be used until normal IT services are resumed. What paper-based systems can be utilised if all IT is not accessible but assuming mobile phones are, raise to Incident management team for procedures.
6.	Ensure systems are in place to contact patients/families/staff/ partners/NHSE/ Stakeholders should it be necessary.
<b>ACTIONS TO TAKE IN THE EVENT OF A DISRUPTION</b>	
	How the CCG will respond to the issue – Team / Service Leads
1.	Start a log and record all actions taken
2.	Identify the extent of the disruption
3.	<b>If phone is linked to IT computer, use mobile phone</b>
4.	Quickly analyse and establish what services have been affected by the loss of IT systems, Hoople is our IT provider
5.	Quickly analyse what critical functions if any have been impacted (refer to Business Impact Analysis)
6.	If any functions have been impacted, inform the Senior Manager on Call / AEO
7.	Report the issue and details of work-around arrangements to: <ul style="list-style-type: none"> <li>• Communications Team – ask them to send to all staff.</li> <li>• NHS England via AEO/EP RR</li> <li>• Consider other stakeholders, e.g. GPs, GP OOH service, Ambulance Control, Health Economy partners</li> </ul>
8.	Keep the situation under review. If there are significant or new risks, escalate in line with normal reporting procedures.

9.	Is the loss Short Term (Power Cut) or Long Term (mains supply, cyber issue)
10.	Establish the length of time critical functions / services will potentially be affected
11.	Provide NHS England with Situation Report of situation and expected resolution times and any issues that require escalation
12.	Communicate with all staff and stakeholders using the Comms team for delivery of the messages in the most effective way
<b>1-7 Days</b>	<ul style="list-style-type: none"> <li>• Consider escalation to H&amp;W CCG wide BCM issue / Major Incident declaration through the Senior Manager on Call and AEO and LRF</li> <li>• Dependent on where the problem is, relocate identified Critical Functions to alternative accommodation if available, taking into consideration physical resources required, e.g. telephones, IT</li> <li>• Consider changes to service reconfiguration (working patterns)</li> <li>• Ensure all stakeholders are aware of the situation and when they can expect a resumption of full services, using the Comms team to deliver messages in the most appropriate ways</li> <li>• Consider further escalation / informing NHS England where service delivery is affected</li> </ul>
<b>Longer than 7 Days</b>	As above

Threat	Description
<p><b>Loss of telecommunications</b></p>	<p>We use various telephone systems across H&amp;W CCG. It is important that you are aware of the type of telephone system(s) that are used in your building/service. It is likely that this will either be a VOIP system (Voice Over Internet Protocol), which is linked to the computer network (recognised by “Nortel or Avaya” grey or black phone handsets – see picture below for an example). This information is important when reporting the fault. Fax machines are generally connected to the BT system and should continue to work if the VOIP system goes down. NB. if the power goes down, then it is likely that the VOIP system and Fax machines will be affected unless the building is linked to a generator.</p>
<p><b>Key Responsibilities</b></p>	<p><b>All Staff</b>      <b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul> <p><b>Service / Team Lead/</b>      <b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that their Director is aware of the position</li> <li>• Escalating to Senior Manager On-Call and AEO to establish a Business Continuity Management Team at H&amp;W CCG level if appropriate.</li> <li>• Considering Major Incident stand-by</li> </ul> <p><b>Senior Manager On Call / AEO</b>      <b>The Senior Manager on call/AEO is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at Team / Service level or needs to be escalated to incident Management Team</li> <li>• Ensuring that the Accountable Officer is aware of the position</li> <li>• Establishing a H&amp;W CCG -wide Business Continuity Management Team</li> <li>• Declaring a Major Incident if necessary</li> </ul>

<b>ACTIONS TO TAKE IN PREPARATION</b>	
1.	Identify in advance which phone system you are using VOIP (Note – VOIP phones are similar to the picture below)
2.	If you have a fax machine, record the number here:
3.	Identify alternative contact numbers for your team / service, and record them here:  This is important as it may be possible in certain circumstances for the IT team to divert the VOIP system to alternative numbers. Alternative numbers could be the fax line, work mobile phones, or teams based in a different building/locality. You may have back up mobile phones on site and many staff have work mobiles. Ensure these are charged and staff know where they are located.
4.	Ensure you have systems in place to contact patients/families/staff / Stakeholders should you need to.
<b>ACTIONS TO TAKE IN THE EVENT OF A DISRUPTION</b>	
<b>How H&amp;W CCG will respond to the issue – Team / Service Leads</b>	
1.	Start a log and record all actions taken
2.	Identify the extent of the disruption: Incoming / outgoing / can you still dial internal extensions? VOIP / fax
3.	Use mobile phone and identify other numbers in emergency contact folder
4.	Quickly analyse and establish what services have been affected by the loss of phone system
5.	Quickly analyse what critical functions if any have been impacted (refer to Business Impact Analysis)
6.	If functions have been impacted, inform Senior Manager on Call / AEO/EP RR lead immediately

7.	<p>Report the issue to Hoople Service desk:</p> <p><b>01432 260160</b></p> <p><b>ICTServiceDesk@HoopleLtd.co.uk</b></p> <p>If necessary, report details of work-around arrangements to:</p> <ul style="list-style-type: none"> <li>• Communications Team – ask them to send all staff</li> <li>• Consider other stakeholders, e.g. GPs, GP OOH service, Ambulance Control, NHS England, Health Economy</li> </ul>
8.	<p>Ensure you have systems in place to make emergency calls and that staff are aware</p>
9.	<p>Keep the situation under review. If there are significant or new risks, escalate in line with normal reporting procedures.</p>
10.	<p>Is the loss Short Term (Power Cut) or Long Term (mains supply issue)</p>
11.	<p>Establish the length of time critical functions / services will potentially be affected</p>
12.	<p>Provide NHS England with Situation Report of situation and expected resolution times and any issues that require escalation</p>
13.	<p>Communicate with all staff and stakeholders using the Comms team for delivery of the messages in the most effective way</p>
<b>1-7 Days</b>	<ul style="list-style-type: none"> <li>• Consider escalation to H&amp;W CCG wide BCM issue / Major Incident declaration through the Senior Manager on Call and AEO</li> <li>• Relocate identified Critical Functions to alternative accommodation if available taking into consideration physical resources required, e.g. telephones, IT</li> <li>• Consider changes to service reconfiguration (working patterns)</li> <li>• Ensure all stakeholders are aware of the situation and when they can expect a resumption of full services, using the Comms team to deliver messages in the most appropriate ways</li> <li>• Consider further escalation / informing NHS England where service delivery is affected</li> <li>• Try to locate alternative phone provision e.g. mobile phones</li> </ul>
<b>Longer than 7 Days</b>	<b>As above</b>



**Examples of VOIP phones:**



Threat	Description
<p><b>Loss of Utilities</b> e.g. Gas, Electricity, Water, Fuel etc.</p>	<ul style="list-style-type: none"> <li>• Disruption to the supply of gas, electricity or water to the building (Short or Long Term)</li> <li>• Fuel Supply locally and nationally restricted or not available</li> </ul>
<p><b>Key Responsibilities</b></p>	<p><b>All Staff</b>      <b>All Staff who become aware of a disruption to their service are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Communicating upwards through normal line management routes to ensure that senior managers are aware of the position</li> <li>• Where appropriate, activate work-around arrangements</li> </ul> <p><b>Service/ Team Lead</b>      <b>Leads are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at service level or needs wider involvement</li> <li>• Ensuring that the Director is aware of the position</li> <li>• Considering Major Incident stand-by</li> <li>• Escalating to Senior Manager on Call and AEO to establish a Business Continuity Management Team at H&amp;W CCG level if appropriate</li> </ul> <p><b>Senior Manager On Call /AEO</b>      <b>The Director is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Identifying whether a disruption can be managed at Team / Service level or needs to be escalated to an Incident management team</li> <li>• Ensuring that the Accountable Officer is aware of the position</li> <li>• Establishing a H&amp;WCCG -wide Business Continuity Management Team</li> <li>• Declaring a Major Incident if necessary</li> </ul>
	<p><b>ACTIONS TAKEN IN PREPARATION</b></p>
<p>1.</p>	<p>Ensure you know how to report any issues with utilities both during and out of hours</p>
<p>2.</p>	<p>If appropriate gain some knowledge about how to turn off supplies at mains</p>
<p>3.</p>	<p>Where disruption to the utilities is foreseeable e.g. planned water maintenance, ensure an alternative source is available.</p>

4.	Ensure you are aware how you will get to work or what alternatives are available in the event of a local or national fuel shortage e.g. Public transport, non-motorised transport.
<b>ACTIONS TO TAKE IN THE EVENT OF A DISRUPTION</b>	
<b>How the H&amp;W CCG will respond to the issue– Team /Service leads</b>	
1.	Start a log and record all actions taken
2.	Inform Corporate facilities team as soon as possible. <ul style="list-style-type: none"> <li>• H&amp;W CCG on call manager on call 0300 365 3388</li> </ul>
3.	Quickly analyse and establish what services have been affected by the loss of utilities
4.	Quickly analyse what critical functions if any have been impacted (refer to Business Impact Analysis)
5.	If critical functions have been impacted, inform Senior Manager on Call / Accountable Emergency officer
6.	If a generator is present on site, has it self-activated? Inform Estates and Facilities immediately if it hasn't. HWCCG does not currently have generators on site.
7.	What Critical functions have the potential to be disrupted if the utility failure is prolonged
8.	Is the loss Short Term (Power Cut) or Long Term (mains supply including Fuel issues)
9.	Establish the length of time critical functions / services will potentially be affected
10.	Provide NHS England with Sit Rep of situation and expected resolution times and any issues that require escalation.
11.	Communicate with all staff and stakeholders including NHS England, and the Local Health Economy using the Comms team for delivery of the messages in the most effective way
<b>Less than 24 Hours</b>	Temporary period - consider reduced level of service if appropriate. <ul style="list-style-type: none"> <li>• Consider relocating critical services if appropriate</li> <li>• Consider informing those able to work from alternative locations e.g. another base, home</li> <li>• Consider escalation / informing NHSE where service delivery is affected</li> </ul>

<p><b>1-7 Days</b></p>	<ul style="list-style-type: none"> <li>• Consider escalation to H&amp;W CCG wide BCM issue / Major Incident declaration</li> <li>• Relocate identified Critical Functions to alternative accommodation if available taking into consideration physical resources required, e.g. telephones, IT</li> <li>• Request staff work flexibly during this period of disruption if appropriate</li> <li>• Consider changes to service reconfiguration (working patterns)</li> <li>• Ensure all stakeholders are aware of the situation and when they can expect a resumption of full services, using the Comms team to deliver messages in the most appropriate ways</li> <li>• Consider further escalation / informing NHSE where service delivery is affected</li> <li>• Try to locate alternative supplies e.g. large quantity of bottled water, heaters, port-a-loos, etc. with the assistance of Estates and Facilities or NHS Property Services</li> </ul>
<p><b>Longer than 7 Days</b></p>	<ul style="list-style-type: none"> <li>• Temporary accommodation requirements to be implemented</li> <li>• Keep service users informed of changes to services using the Comms team to deliver messages in the most appropriate ways</li> <li>• All critical services relocate to alternative accommodation</li> </ul>