

South Lincolnshire Clinical Commissioning Group Corporate Business Continuity Plan

Reader information

Reference	CG002
Directorate	Corporate
Document purpose	Provide guidance on the activation, escalation and response to an Business Continuity Incident affecting the whole organisation
Version	Final
Title	Corporate Business Continuity Plan
Author & Lead	Julie Ellis-Fenwick, CCG Corporate Secretary
Approval Date	27 March 2014
Approving Committee	Governing Body
Review Date	April 2015
Target audience	Senior Management Team of the CCG
Circulation list	As above
Associated documents	National DH Guidelines, CCA 2004, ISO 220301 & ISO 22313, British Standard BS25999 part 1 & 2, Department of Health BCM Guidance 2008; PAS2015
Superseded documents	NHSL Business Continuity Plan
Sponsoring Director	CCG Chief Officer

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Review History/Document Control:

Date	Version	Review Type	Author
December 2013	1.0	Input of key information	Jules Ellis-Fenwick
February/March 2014	2.0	Completion of Business Impact Analysis and Service Mapping	Jules Ellis-Fenwick
March 2014	3.0	Typographical issues and re-ordering of pages	Jules Ellis-Fenwick
March 2014	4.0	Completion of the plan	Jules Ellis-Fenwick

Distribution

This document is intended for the recipients listed below only and is intended for the sole purpose of informing relevant staff and third parties of the necessary actions and procedures to be adhered to if a given incident, or situation occurs, such that the business, its employees and the public may be adequately safeguarded and normal operations can be rapidly restored.

SURNAME	FORENAME	JOB TITLE	BASE
Thompson	Gary	Chief Officer	CCG Headquarters - Stamford and Peterborough Hospital
Hall	Caroline	Chief Finance Officer	CCG Headquarters - Stamford and Peterborough Hospital
Moody	Lynne	Executive Nurse and Quality Lead	CCG Headquarters - Stamford and Peterborough Hospital
Smith	Debbie	Deputy Chief Finance Officer	CCG Headquarters - Stamford and Peterborough Hospital
Balding	Cumba	Head of Planning and Performance	CCG Headquarters - Stamford and Peterborough Hospital
Daff	Chris	Head of Delivery and Development	CCG Headquarters - Stamford and Peterborough Hospital
Shaw	Kevin	Infection Prevention and Control Lead Nurse	CCG Headquarters - Stamford and Peterborough Hospital

Related Documents

Other documents that may be useful to support this plan are listed below.

Document	Document Location
Lincolnshire Emergency Resilience Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
GEM Business Continuity Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
SBS Business Continuity Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
PHSFT Business Continuity Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
Lincolnshire Community Health Services Business Continuity Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
EMAS Business Continuity Plan	Q drive/South West Lincs CCG/Corporate Office/Business Continuity
HR Policies	www.southwestlincolnshireccg.nhs.uk

SECTION 1 – BACKGROUND AND STRUCTURE

1.1 Introduction

The continued operation of the Clinical Commissioning Group (CCG) depends on a given combination of People, Processes & Technology, in connection with a given set of current Business Assets. The CCG seeks to provide its services by following a Strategic Operational Plan, the achievement of which is dependent on effective Business Operations.

This plan is to be used to assist in the continuity and recovery of South Lincolnshire CCG in the event of an unplanned disruption. A disruption would be any event that threatens personnel, buildings or operational capacity and requires special measures to be taken to restore normal service.

1.2 Aim

This plan aims to define the strategic and tactical capability of the CCG, to plan for and respond to major business interruptions, to enable the CCG to continue its business critical functions at an acceptable pre-defined and agreed level. To achieve this aim the CCG will adopt a system of Business Continuity Management (BCM). This system is delivered following the structures outlined and agreed in the CCG Business Continuity Policy.

1.3 Scope

This plan covers the alerting process, activation mechanism, roles and responsibilities of the Business Continuity Incident Control Team, guidance relating to Command, Control and Recovery. This plan is flexible and meant to be used as *generic guidance* in the response to a business continuity incident/interruption. It provides suggested actions that **might** be effective in response.

This plan applies to the function provided by South Lincolnshire CCG as the following sites:

Stamford and Peterborough Hospital
Ryhall Road
Stamford
Lincs
PE9 1UA

1.4 Objectives

- To ensure the delivery of critical functions during a business continuity incident/interruption. All functions identified under this category require immediate recovery.
- Sets out the procedures and a framework to mitigate the effects of identified risk areas.

Resources required to support these critical functions at time of disruption are identified in the separate service mapping document (appendix 4 of this plan).

REF	DEPT	CRITICAL FUNCTION/SERVICES	RECOVERY TIME OBJECTIVE	MTPoD
1	Corporate Office	Personal Assistant to Chief Officer and CCG Chair	2 days	2 weeks
2	Corporate Office	Governing Body administration	2 days	1 week
8	Commissioning and Performance	Responding to operational issues in providers which impact service delivery to patients	1 day	1 week
10	Commissioning and Performance	Responding to NHSE on performance, assurance and delivery	2 days	1 week
11	Safeguarding	Provision of Safeguarding Service provided by South West Lincolnshire CCG who host the Safeguarding Team	2 days	1 week
13	Patient Safety	Manage the STEIS system for the CCGs and Provider Serious Incidents.	2 days	1 week
18	Patient Safety	Undertake incident reporting to NRLS on behalf of the CCG's	2 days	1 week
19	Patient Safety	Circulate and manage CAS alert function	2 days	1 week
22	Care Home Monitoring	Responding to alerts regarding the quality of the care environment for patients in receipt of CHC and Fully Funded Nursing Care	2 days	1 week
27	Infection Control	Responding to safeguarding/serious incidents in provider settings and provide advice and assurance to CCGs that incidents involving IP&C are appropriately managed	2 days	1 week
28	Infection Control	Responding to Incidents of MRSA C Difficile in provider settings and providing advice and assurance	2 days	1 week
36	Finance	Coordination and completion of annual accounts	1 day	1 week

All activities with an RTO of 2 days or less need immediate attention during a Business Continuity Incident.

The Business Impact Analysis also identifies those functions that are less critical and could be suspended for a period greater than 48 hours. These are documented in the table below:

REF	DEPT	CRITICAL FUNCTION/SERVICES	Recovery Time Objective	Maximum Tolerable Period of Disruption MTPoD
3	Corporate Office	Personal Secretary to Executive Nurse and Head of Commissioning and administration of relevant committees	1 week	2 weeks
4	Corporate Office	Personal Secretary to Chief Finance Officer and administration of relevant committees	1 week	2 weeks
5	Corporate Office	Deputy to Corporate Secretary	1 week	2 weeks
6	Corporate Office	Corporate office functions – ordering stationery, reporting sickness, answering telephone calls	2 weeks	1 month
7	Corporate Office	Respond to Freedom of Information Requests	1 week	2 weeks
9	Commissioning and Performance	Programme and Project management of individual work streams	1 week	2 weeks
12	Safeguarding	Member of the LSCB and LSAB supporting delivery of their business plans.	1 month	6 months
14	Patient Safety	Organise and undertake review of RCA investigations from providers to ensure robust investigation	1 week	1 month
15	Patient Safety	Management of the incident reporting system for CCG employed staff	1 week	1 month
16	Patient Safety	Analysis of Patient Safety and Quality data,	1 week	1 month
17	Patient Safety	Contribute to the development and delivery of CCG quality and patient safety assurance frameworks	1 week	1 month
20	Patient Safety	Deliver Health Professional feedback process,	1 week	1 month
21	PALS	provision of PALS service provided via LCHS	1 month	3 months
23	Care Home Monitoring	Annual ICARE quality review as part of national contract	3 months	6 months
24	Care Home Monitoring	Review of Action Plans in place to review area of noncompliance with national contract	1 month	3 months
25	Care Home Monitoring	Quality Assurance Reporting to CCG Boards	1 month	3 months
26	GP Accreditation	Ensure the programme/service which will utilise the GP (GPwSI) or Practitioner with a Specialist Interests (PwSI) has clearly defined the specifics of the practitioners activity and re accreditation	3 months	6 months

29	Infection Control	Development of Infection Control Strategy	3 months	6 months
30	Infection Control	Review of Action Plans in place to ensure compliance with Hygiene Codes and KPIs for infection control	1 week	1 month
31	Infection Control	Quality Assurance Reporting to CCG Boards	1 month	3 months
32	Finance	Authorisation of supplier invoices for payment	1 week	2 weeks
33	Finance	cash planning and monitoring	1 week	2 weeks
34	Finance	Financial monitoring and Returns	2 weeks	2 months
35	Finance	Budgetary Control/ running costs	1 month	4 months
37	Finance	Financial planning	1 month	3 months
38	Finance	negotiation and monitoring of contracts	2 weeks	1 month
39	Finance	Completion of Governing Body Assurance Framework and Risk Register	1 month	2 months
40	Finance	Completion of Information Governance Toolkit Return	1 month	2 months
41	Delivery and Development	Operational support to deliver work streams	1 month	2 months
42	Delivery and Development	Programme and project management	1 month	2 months
43	Delivery and Development	Continued delivery of QIPP	1 month	2 months
44	Cancer services	Strategic and Operational Management of Cancer services	1 week	2 weeks
45	Cancer services	Strategic and Operational Management of End of Life Care	1 week	2 weeks

If a disruption occurs and this plan is activated permission will be sought from *CCG Chief Operating Officer* (if unavailable – *the Deputy Chief Officer*) to suspend the mainstream service functions detailed above and release the staff who cover these functions to provide support to critical functions provided by other CCG areas.

1.5 Staffing Requirements to cover Prioritised Activities identified above

ACTIVITY	Staff Group e.g. Director/Manager/Officer/Administrator	Number needed	Workstation needed (inc: Desk, Phone, PC, access to Printer)	Possibility of working from home via VPN
Personal Assistance to Chief Officer and CCG Chair	Administrator	1	1	Yes
Governing Body administration	Manager or Administrator	1	1	Yes
Responding to operational issues in providers which impact service delivery to patients	1 Officer or Manager	1	1	Yes
Responding to NHSE on performance, assurance and delivery	1 Officer or Manager	1	1	Yes
Provision of Safeguarding Service provided by South West Lincolnshire CCG who host the Safeguarding Team	1 Officer/ and 1 administrator	2	2	Yes
Manage the STEIS system for the CCGs and Provider Serious Incidents	1 Officer, 1 Manager and 1 administrator	3	3	Yes
Undertake incident reporting to NRLS on behalf of the CCG's	1 Manager and 1 support	2	2	Yes
Circulate and manage CAS alert function	1 Manager and 1 support	2	2	Yes
Responding to alerts regarding the quality of the care environment for patients in receipt of CHC and Fully Funded Nursing Care	1 Manager	1	1	Yes

ACTIVITY	Staff Group e.g. Director/Manager/Officer/Administrator	Number needed	Workstation needed (inc: Desk, Phone, PC, access to Printer)	Possibility of working from home via VPN
Responding to safeguarding/serious incidents in provider settings and provide advice and assurance to CCGs that incidents involving IP&C are appropriately managed	1 Manager	1	1	Yes
Responding to Incidents of MRSA Cdiff in provider settings and providing advice and assurance	1 Manager	1	1	Yes
Coordination and completion of Annual Accounts	1 Officer, 2 Managers and 1 support	4	4	Yes

If a disruption occurs and this plan is activated permission will be sought from the CCG Chief Operating Officer (if unavailable their identified deputy) to suspend the mainstream service functions detailed above and release the staff which cover these functions to provide support to the identified Critical functions in this plan.

1.6 Business Impact Analysis

All Critical and non-critical functions have been assessed and documented using a Business Impact Analysis. This will be reviewed and updated on an annual basis based on the changes to the services provided by South Lincolnshire CCG.

1.7 Risk assessments and Risk Register

Risk assessments have been carried out for all the key risks to South Lincolnshire CCG and are documented in the CCG's Risk Register.

Specific Risks

Current critical risks to business continuity of the CCG are as follows:

- Loss of staff
- Loss of Information Technology and Telecoms
- Loss of Facilities/Utilities and Buildings
- Flooding/Severe Weather
- Infectious Diseases (e.g. Legionnaires Disease)
- Fire
- Fuel Shortage
- Industrial Action

Other risk areas identified by external risk assessments that also require consideration are as follows:

- Risks identified by the Regional and Local Resilience Forums.
- Local risks are identified on the Local Resilience Forum Community Risk Register, this includes for example:
 - Pandemic Flu
 - forest fires,
 - hazardous sites - water pollution etc,
 - major transport infrastructure risks – rail network, motorway network and air traffic.

SECTION 2 – RESPONDING TO A BUSINESS CONTINUITY INCIDENT

2.1 Incident Response

Incidents/Business Interruptions that have an impact on the CCG critical functions may be sudden (big bang major incident or widespread power outage etc) or emerge over a period of time (rising tide - Outbreak of Infectious disease, severe weather leading to flooding). There are 3 response phases to any incident that has an impact on business continuity.

Phase 1: Incident response phase

Emergency response, damage containment/limitation, damage assessment and activation of Business Continuity Plans.

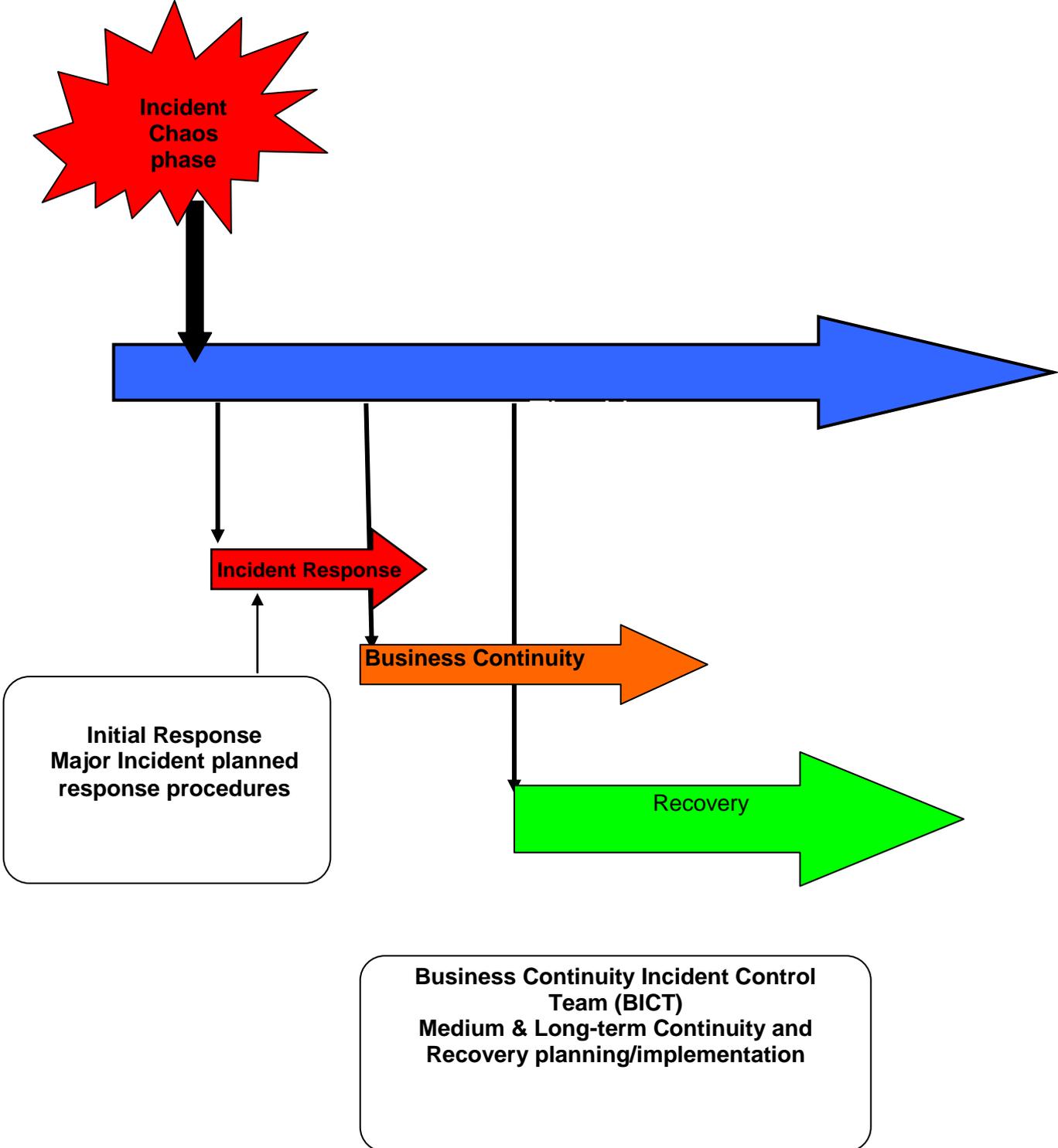
Phase 2: Business continuity phase

Implementation of the Business Continuity response, reinstatement or replication of functions at an agreed predefined level where actual full reinstatement is not possible, to ensure the CCG is able to continue to deliver business critical activities as identified above in section 1.4 above and in detail in the Business Continuity Action Plans (appendix 3).

Phase 3: Recovery phase

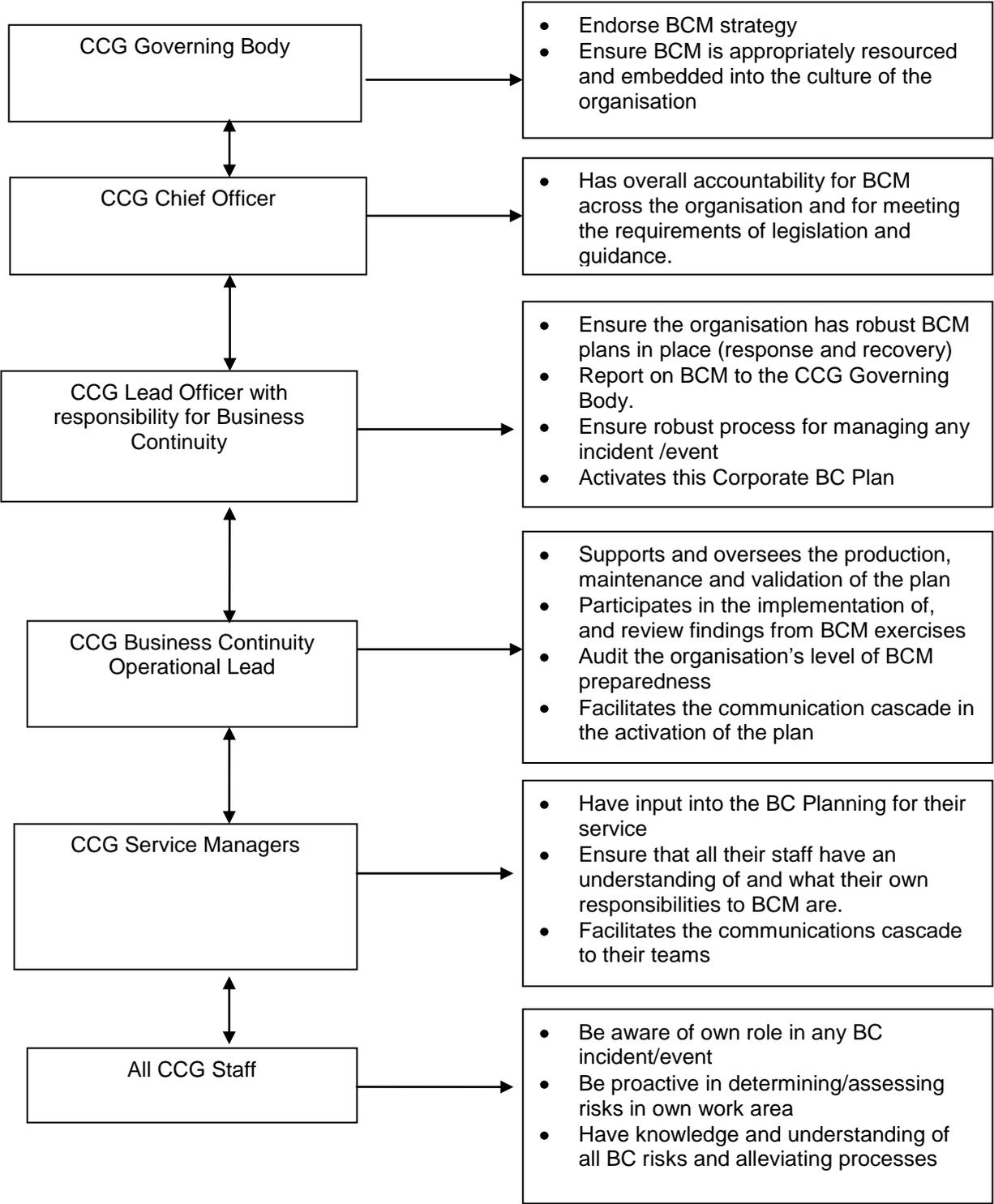
Resumption: return to normal operations; restore normal working conditions and resumption of suspended activities, implementing recovery processes to deal with workload backlog, if the incident /interruption has been prolonged.

Business Continuity Incident Timeline



2.2 Generic Roles and Responsibilities

The diagram below illustrates the broad structure of roles and responsibilities within the CCG for business continuity management. In both planning and response, a team approach to all aspects of business continuity is preferable. The lead for BCM with the overall responsibility for business continuity within the CCG will determine representation from all levels of staff to the adopted system.



2.3 Specific Roles and Responsibilities

A series of Action Cards have been produced for each of the potential risk areas that set out the specific roles and responsibilities of staff members, actions to take and in what order.

SECTION 3 – ACTIVATION AND ESCALATION

The following procedures are to be implemented to ensure all three phases of the business continuity timeline are managed and coordinated effectively.

3.1 Activation Process

If there is serious concern for the continuance of normal CCG functions, any member of the CCG Executive Team has the authority to request the activation of this Corporate Business Continuity Plan or one of the CCG business continuity action plans. They also have the authority to authorise the formation of the CCG Business Continuity Incident Control Team to focus specifically on Business Continuity matters and to ensure that all identified critical CCG functions are continued. The CCG may be informed of an interruption to normal services by either an internal member of staff via the CCG On Call Manager or from an external organisation advising the On Call Manager of an incident which may impact on the CCGs ability to deliver its critical functions.

3.2 Business Continuity Interruption

This is an incident that compromises or threatens to compromise the continued delivery of critical business functions. This type of incident can be recoverable through **routine management** or activation of business continuity contingencies via local business continuity processes. In these situations it would not be necessary to activate the CCG Corporate BC Plan.

E.g. loss of telephony at one CCG location

3.3 Major Business Continuity Incident

This type of incident would compromise or threaten the continued delivery of critical business functions in a significant manner and **would trigger activation of the business continuity recovery plan.**

e.g. Denial of Workplace Access – Long Term

For the purposes of decision making in the event of a business continuity incident the CCG Chief Officer has the ultimate responsibility for either authorising staff to be sent home or to another location. In the absence of the Chief Officer, their Deputy or Managers of each Service line can make the decision for staff within their area of responsibility.

These Officers/Managers being:

- **Chief Officer**
- **Chief Finance Officer**
- **Executive Nurse and Quality Lead**
- **Head of Planning and Performance**
- **Head of Delivery and Development**
- **Infection Prevention and Control Lead Nurse**

In the absence of Officers, the following Senior Manager(s) can make that decision or any individual empowered to act in their absence.

These being:

- **Deputy Chief Operating Officer (Chief Finance Officer)**
- **Deputy Chief Finance Officer**
- **Deputy Head of Planning and Performance**
- **Deputy Head of Delivery and Development**

3.4 Alerting Process for Staff

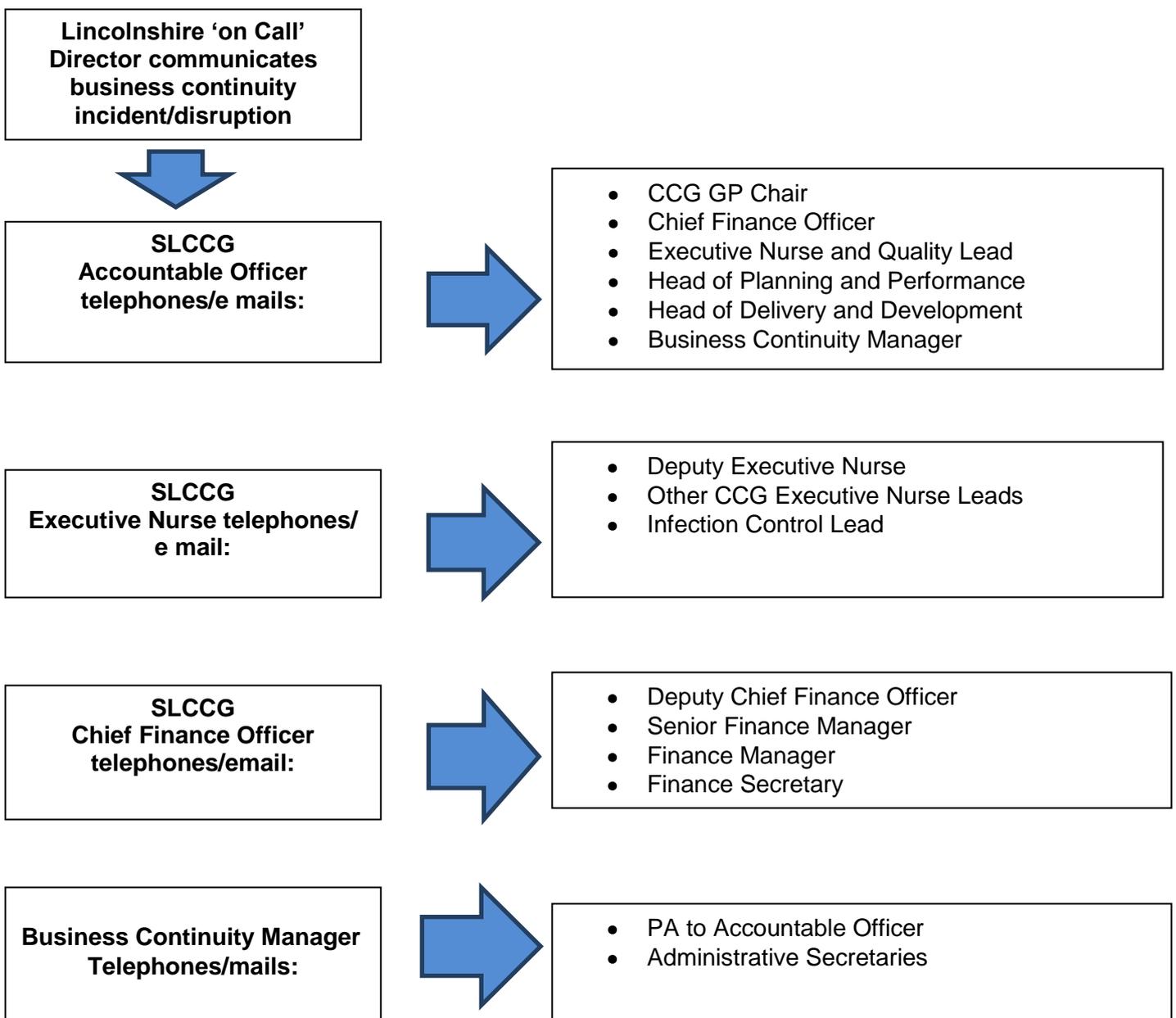
Operational Managers will communicate to their staff by the following methods: -

When the incident/business interruption occurs the following internal cascading mechanism will apply...

Business hours 9 – 5

Managers will verbally or by email communicate information to staff on site or by telephone/mobile to staff away from the office. Both methods will result in a follow up by email. **(Please refer to Communication Cascade tree)**

Communication Cascade Tree



Out of hours

Managers will call all staff by phone (Mobile or landline) to communicate information relating to the incident/business interruption and this will be followed up by email. **(Please refer to individual Service level Communication Cascade tree on the previous page).**

3.5 Activating this Plan

The decision to activate the Incident Control Team will be taken by the Chief Officer/Deputy Chief Officer following the report of a serious business continuity incident.

During the hours of 8am to 5pm the CCG will be alerted to the incident via the CCG On Call Manager on 01522 573939.

Out of hours the On Call Manager can be contacted as per the agreed CCG on-call rota. This number will be active at all times but if not answered please leave a message and your call will be returned as soon as possible.

The Chief Officer will decide whether to activate this plan and if activated the composition and location to convene the incident control team. The composition of this team will vary depending on the type and scale of the business continuity incident and its actual/potential impact on the organisation.

3.6 Initial Actions by the On Call Manager (Chief Officer/Deputy Chief Officer)

On being alerted, the On Call Manager should liaise with:

- Appropriate Directorates and partners via the communications cascade call trees
- Appropriate external agencies if the incident relates to the services they provide to the CCG e.g. GEM CSU, PHSFT Estates, NHS Property Services, utility organisations etc.

If the incident is of sufficient impact, following a decision by the Chief Officer or nominated Deputy the CCG should declare a 'Business Continuity incident' and activate the Corporate Business Continuity Plan. Immediately following activation of the plan the Incident Control Team should be called in to an Incident Control Team Meeting at the most appropriate CCG location where possible or hold a virtual meeting using teleconferencing.

All members of the Incident Control Team will be notified of the activation and first incident control team meeting by the CCG On Call Manager by phone where possible stating the date, time and location of the meeting. This meeting could be a virtual one using teleconferencing facilities.

3.7 Initial actions by the On Call Director

- Receives the initial information relating to the incident
- Escalates the information to the COO

3.8 The Chief Officer with the support from the On Call Director is responsible for:

- Activation of the Corporate Business Continuity Plan
- Activation of the Call in of members of the Incident Control Team to the Control room via the Business Continuity Manager.
- Convene and chair the first meeting of the ICT.

- Direct the agreement of roles and initial tasks for members of the Incident Control Team.
- Agree on the best location(s) for dealing with incident or whether the best option is a virtual one.

Choices are:

- to use normal office positions, or
- to open and maintain a dedicated Incident Control Room (location to be confirmed)
- use an alternative control room not previously identified but necessary due to the nature of the incident. (This could be another office location in Derbyshire)
- Meet virtually using teleconferencing arrangements

3.9 Business Continuity Activation Plan – A Quick Guide

IN HOURS	OUT OF HOURS
Contact the Chief Officer	Contact the Lincolnshire 'On Call' Director
07775 705167	For On Call Lincolnshire Director via EMAS Ambulance Control on: 07717573566 or 01522 781894

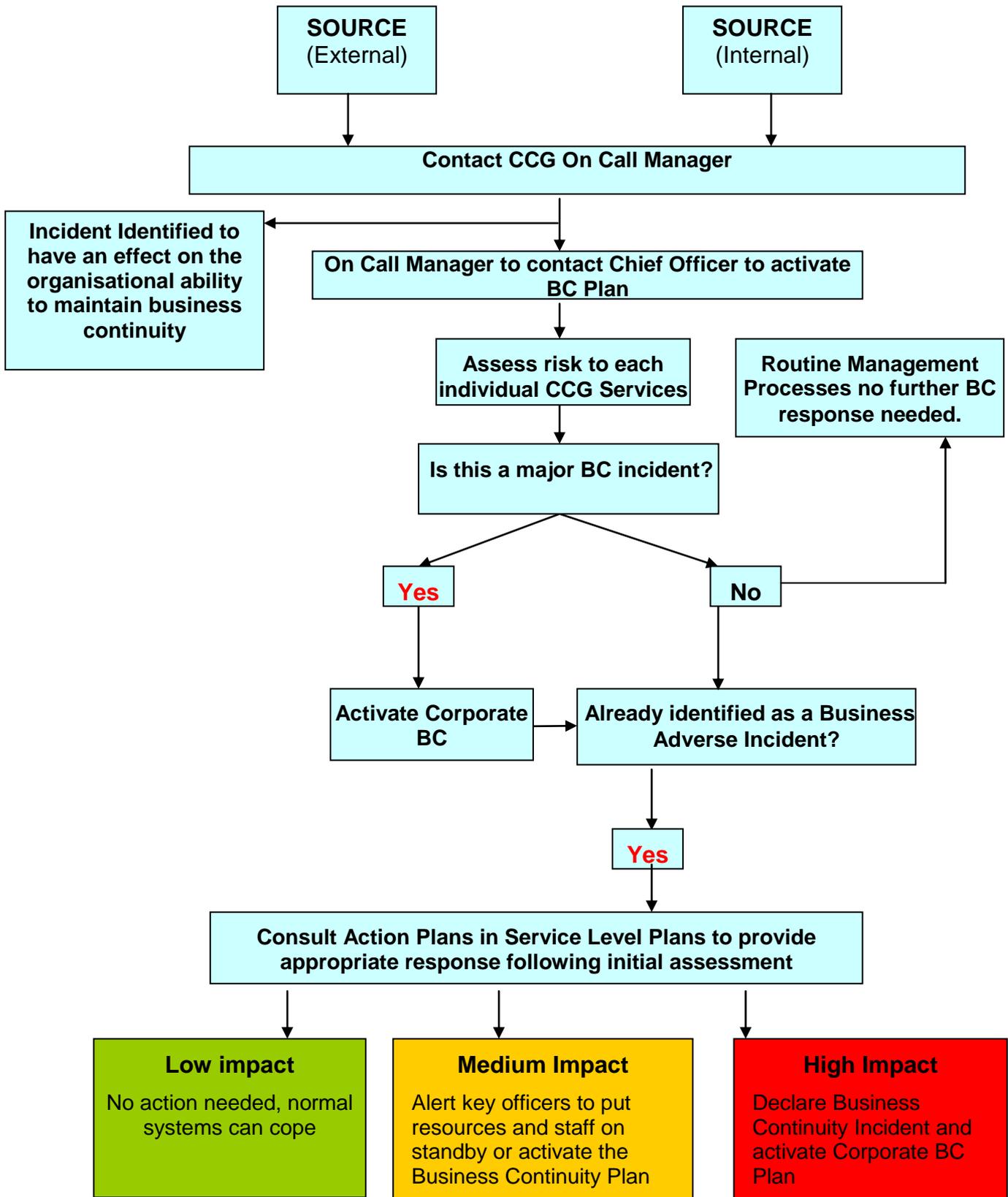
On Call Director to Contact:

1: CCG Executive Lead for BCM – Mr Gary Thompson, Chief Officer

When activating please complete the following:

Notify relevant organisations <ul style="list-style-type: none"> - NHS England Area Team - EPRR Team, - NHS GEM – Business Continuity Manager, - Other Lincolnshire CCGs - Other CCG stakeholders who may be impacted by the interruption. (Numbers listed in contacts list of this plan – appendix 5) -
Agree the location of the Incident Control Team to meet – <ul style="list-style-type: none"> - SL CCG Corporate Office, Stamford and Peterborough Hospital, Ryhall Road, Stamford. - Virtual Meeting
Call in members of the Incident Control Team (specify location of control room) via Business Continuity Lead
Inform all CCG Senior management team of the incident via communications cascade and by email if available, if not by phone message (mobile or landline).
Organise Meeting Room for ICT meeting where necessary –If a virtual meeting is to take place – send out details of teleconferencing arrangements. Agendas sent out by CCG BC Lead – 1 hour before meeting takes place
All ICT members to proceed to Control Room or dial in for first meeting.
Assign roles to members of the Incident Control Team according to the type of incident and impact to the CCG.
Following initial ICT meeting all Senior Execs and General Managers for CCG to be advised of decision to suspend non prioritised activities if appropriate and any additional information available at this time.
Stand down any operational managers not required.
Notify relevant organisations of decisions and actions agreed – NHS England Area Team –

Diagram 1: Alerting Process to a Business Continuity Incident



3.10 Full Details of Incident Control Rooms

The following rooms will be allocated to be used as Control Rooms for the Incident Control Team. Additional facilities at Cross O'Cliff, Bracebridge Heath, Lincoln are available if access to CCG Headquarters Corporate Office is not possible.

1a. CCG Headquarters, Grantham	CCG Corporate Office, Stamford and Peterborough Hospital	CCG Headquarters Offices to be used for incident management
<p>Business Continuity Officer Lead on 07775 705167 (work mobile)</p> <p>Business Continuity Lead on 07892 938794 (work mobile)</p> <p>Main Incident Control Room number: 01522 573939</p> <p>GEM Communications Team to locate in their office area: 01522 515343</p>		
<p>Contingency Plan: In the event of CCG Corporate Office being affected by the incident or because the control room needs to be nearer the incident, either:</p>		
1b. Cross O'Cliff, Lincoln	<p>Incident Control Room</p> <p>Cross Cliff, Bracebridge Heath, Lincoln, LN2 4HN Tel: 01522 513355</p> <p>Communications Team: Cross O'Cliff, Bracebridge Heath, Lincoln Tel: 01522 515343</p>	CCG open plan office space to be used for incident management requirements if needed
Or 1d. Virtual Meeting Arrangements	<p><u>Teleconferencing arrangements:</u></p> <p>Chief Officer telephone number</p>	<p>Number: 0800 032 8069</p> <p>Chair Code: 9380 9329 then #</p> <p>Participant Code: 8489 7692 then #</p>

3.11 Management of Incidents – Out of Hours

If South Lincolnshire CCG is notified of an incident during out of hours which impacts on the continuity or prioritised activities a decision may be taken to manage this incident out of hours rather than waiting for normal office hours. In this situation, the Incident Control Team will agree to hold a virtual meeting using teleconferencing facilities as documented on the previous page.

3.12 Displacement of Staff

Staff routinely working in the above mentioned rooms to be used during the management of the incident would be automatically displaced. In addition any meetings booked for these rooms would be affected and staff will be requested to source alternative locations or re-arrange these meetings under the circumstances.

SECTION 4 – COMMAND AND CONTROL

4.1 Business Continuity Incident Control Team

The suggested membership of the team is:

- Chief Officer
- Chief Finance Officer/or deputy
- Executive Nurse and Quality Lead/or deputy
- Business Continuity Lead
- GEM Business Continuity Manager
- Representative from NHS England Area Team (if necessary)
- Representative from PHSFT Estates Team and/or NHS Property Services (if incident is premises related)
- GEM CSU Communications Lead

Each Incident Control Team member should have an identified deputy if the initial member is not available from the South Lincolnshire CCG. In this situation the identified deputy would be required to cover the Business Continuity Role.

In some cases the CCG may need to be able to manage the business continuity response over more than 12 hours. In this situation it will be necessary to have identified a second team available to take over. (Depending on the nature of the incident this decision should be made during the initial meeting and the second shift of members should be notified as soon as possible. They should be informed of the nature of the incident and when they will be required to attend the meeting). It would be recommended that the second team would take over after 8 hours approximately or a suitable point around this time.

Each Incident Control Team member has an identified deputy if the initial member is not available from the CCG. In this situation the identified deputy would be required to cover the Business Continuity Role.

In some cases the CCG may need to be able to manage the business continuity response over more than 12 hours. In this situation it will be necessary to have identified a second team available to take over. (Depending on the nature of the incident this decision should be made during the initial meeting and the second shift of members should be notified as soon as possible. They should be informed of the nature of the incident and when they will be required to attend the meeting). It would be recommended that the second team would take over after 8 hours approximately or a suitable point around this time.

SECTION 5 – RESPONSE AND RECOVERY

5.1 Business Continuity Response – Following activation of the plan

Once a Business Continuity Incident has been declared the Business Continuity Incident Control Team need to devise a 4 phase recovery response to cover the following timescales:

- **4 Hours**
- **24 Hours**
- **48 Hours**
- **7 Days**
- **1 month and longer**

Following an incident the CCG may need to undertake a number of organisational recovery activities which may include (but may not be limited to) some or all of the following:

- Identifying appropriate support mechanisms which can be made available to staff and their families, recognising that staff may be affected directly by the incident through death, illness or disability
- Staffing and resources to address the new environment
- Physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Financial implications, remunerations and commissioning agreements
- Routine annual performance targets
- Funerals, memorials and anniversaries
- The on-going need for assistance to NHS England Area Team
- Equipment or restocking of supplies

In addition the CCG may have health related functions (Clinical Services) during recovery to support the affected community or other organisations involved in recovery activities, which may include (but may not be limited to) some or all of the following:

- Mid to long term community support and medical services
- Long term case management
- Staffing and resourcing needs to support other health organisations affected by the disaster or recovery function.

The Business Continuity Incident Control Team will refer to the individual contingency action plans in response to an incident where it relates to a risk or threat identified by the BCMS already. The Incident Control Team needs to pay specific attention to the Recovery Time Objectives outlined in the contingency plans and Business Impact Analysis of the CCG Service(s) affected.

Please refer to:

- Appendix 3 – Contingency Action Plans for CCG Services
- Individual Business Impact Analysis reports for CCG Services

5.2 Handover Procedures

In a prolonged incident it may be necessary for additional members to be brought in to cover the roles of the Incident Control Team, these are identified as deputies in Section 3 of this plan and if unavailable additional suitable senior management can be called for the Incident management support list.

When the changeover staff arrive ensure that adequate time is given to the handover to ensure all actions completed thus far are communicated to the covering team. It is recommended that this is provided in the form of a briefing which includes the key issues and actions covered until this point.

5.3 Stand-Down Procedures

The Incident Control Team Manager in agreement with the other members of the Incident Control Team and appropriate operational managers and staff will decide when to stand down.

After ensuring that the business continuity incident has been resolved, the Incident Control Team Manager will be responsible activating the cascade of the stand down message to all staff and agencies involved using communication cascade call trees.

Prior to the stand down being agreed it is essential that all recovery issues and actions are agreed and activated to assist in the return to normal working arrangements.

5.4 Post-Business Continuity Incident Actions for the Incident Control Team Manager

- 1 Ensure internal debriefs are conducted as soon as possible after the incident – led by the GEM BC Manager.
- 2 Contribute and participate in any NHS England de-briefs if required to do so. (Take the decisions and actions log to confirm accuracy of reported actions)
- 3 Reports
 - Complete serious untoward incident (SUI) reports if appropriate
 - Obtain relevant logs/reports from staff
 - Complete and submit de-brief forms
 - Write a short incident report include learning points and recommendations
 - Circulate lessons learned to Incident Control Team and GEM BC Manager for assimilation into the revised corporate BC plan
- 4 Implement Recovery Plans for areas where non-critical work was suspended to redeploy staff into critical services where necessary. Operate a system to deliver the backlog of work along with current workload issues to assist in the return to normal working.

SECTION 6 - Additional Information

6.1 Finance

Care must be taken to provide auditable records of all additional expenses incurred during the incident or recovery phase. Ensure all decisions relating to finance are logged clearly especially where spending is incurred. This responsibility is managed by the CCG Director of Finance as a member of the Incident Control Team.

6.2 Crisis Care Management

An incident of this magnitude is likely to put increased demands on staff involved or those who are asked to work long hours in difficult conditions with the resulting disruption to their personal routines. Managers should carefully monitor staff for signs of stress and arrange periods of rest and counselling if necessary. On a positive note, after traumatic or highly stressful experiences, people frequently become wiser and emotionally stronger.

6.3 Insurance

Before ordering replacements of high value assets, e.g. computers etc, contact should first be made with the finance team to clarify the terms of any current cover and the potential permissible claims.

6.4 Health and safety

Care should be taken to manage any additional risks created by staff performing roles they do not normally do during the incident or its aftermath. Check with the Health and Safety Manager if you have any concerns relating to this. A risk assessment should be completed for any areas of work which may present additional risks to the welfare of staff.

6.5 Incident Log

A log must be retained of all Business disruptions/interruptions/incidents e.g. power, telecommunications, water etc. These must all be recorded even if a Business Continuity Incident is not declared. All Business Continuity Incidents/Disruptions must be reported to the CCG Business Continuity Lead by e-mail within 24 hours of a minor incident or immediately if a "Business Continuity Incident" is declared.

6.6 Testing/Exercising/Maintaining

This plan must be tested at least annually and the communications cascade should be tested every six months.

Following any exercise, incident or significant change to the organisation it will be necessary to review and update the plan with any lessons identified, gaps or changes.

6.7 Training

It is important to assess the skills expected of staff who plan for or respond to a business continuity incident, identifying whether staff in post have those skills, and ensure that the CCG has appropriate business continuity training available for all staff.

Maintenance, Training and Exercising Schedule

Scope of review	Frequency	Responsible Lead
Light touch (Call Cascade) – check contact details are up to date and correct	Every 6 months	CCG BC Lead GEM BC Manager
Implementing a change programme	As required	CCG BCM Lead
Formal review – check to ensure that all procedures are current and still applicable	Every 12 months	CCG BC Lead and GEM BC Manager
Live exercise	Every 3 years	South Lincolnshire CCG BC Lead and GEM BC Manager
Post incident/exercise review	After every exercise and incident	CCG Business Continuity Lead and GEM Business Continuity Manager

6.8 Equality and Diversity

NHS South Lincolnshire CCG has a leading role to play in promoting equal opportunity and in valuing diversity within our communities, as an employer and provider of health services.

The Civil Contingencies Act 2004 states that all emergency planning must have regard to the ‘vulnerable’ members of a community (people who are less able to help themselves in the circumstances of an emergency and people who are likely to require special assistance in taking appropriate actions). The guidance to the Civil Contingencies Act 2004 suggests that there are three broad categories of those considered vulnerable:

- those who, for whatever reason, have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
- Those with mental health difficulties; and
- others who are dependent, such as children

In addition to the requirements of these groups, other specific needs may arise including faith / cultural requirements, language difficulties etc.

NHS South Lincolnshire CCG is committed to ensuring that all personnel who are responsible for the planning and implementation of this Business Continuity Plan will have the appropriate understanding of how their actions may impact on those people identifying as vulnerable or with specific needs. And with the necessary skills to address these issues in a proactive and professional manner.

With these points in mind, during the preparation of this plan and when considering the roles and responsibilities of all staff involved, care has been taken to analyse, identify and mitigate any negative impacts towards vulnerable people. Whilst ensuring the promotion of fairness, equality and inclusion in the services we deliver.

By taking these actions NHS South Lincolnshire CCG is demonstrating having proportionate due regard to the Public Sector Equality Duty of the Equality Act 2010. Further details are available from the CCGs Business Continuity Lead.

Appendix 1 - Initial Response Checklist

Task	Completed Date/ Time/ By Whom
<ul style="list-style-type: none"> Start a log of actions and expenses incurred (see Appendix 2) 	
<ul style="list-style-type: none"> Identify which prioritised activities have been disrupted 	
<ul style="list-style-type: none"> Consult with the Chief Officer of NHS South Lincolnshire Clinical Commissioning Group (or nominated deputy if on annual leave) about activating BCM plan. 	
<ul style="list-style-type: none"> Advise the EPRR Area Team & Clustered CCG On-Call That the CCG has activated it's BCM plan has been activated. 	
<ul style="list-style-type: none"> Seek permission from the Chief Officer of NHS South West Lincolnshire Clinical Commissioning Group to suspend non-prioritised activities. 	
<ul style="list-style-type: none"> Convene CCG BCM Team <ul style="list-style-type: none"> ➤ Evaluate impact of situation ➤ Identify any particularly urgent issues e.g. legal/ contractual timescales etc ➤ Decide on contingency actions to be taken (see Appendix 3) ➤ Identify staff, resources, equipment etc required Assign responsibility and timescales ➤ Assess if any implications impact further than the CCG area 	
<ul style="list-style-type: none"> Inform staff (see Appendix 4) 	
<ul style="list-style-type: none"> Inform relevant stakeholders (both internal & external) (see Appendix 5 contact details) 	
<ul style="list-style-type: none"> Access CCG Resilience Plan 	
Daily Tasks During the Recovery Process	
<ul style="list-style-type: none"> Convene CCG BCM Team as necessary to monitor progress made, obstacles encountered and decide on continuing recovery process. 	
<ul style="list-style-type: none"> Provide updated information to staff & stakeholders 	
<ul style="list-style-type: none"> Maintain a log of action and expenses. (See appendix 2) 	

APPENDIX 3

Business Continuity Contingency Action Plan – South Lincolnshire CCG	
Business Continuity Lead Officer	Mr Gary Thompson, Chief Officer
CCG:	South Lincolnshire CCG
Location(s):	Stamford and Peterborough Hospital, Ryhall Road, Stamford, PE9 1UA. Cross O'Cliff, Bracebridge Heath, Lincoln, LN4 2HN
CCG Priorities:	<ul style="list-style-type: none"> • Design, procure and monitor services to achieve the best possible clinical and patient experience outcomes • Ensure that pathways are integrated and more joined up for patients and carers • Enable patients and carers to take control of their own health • Ensure financial breakeven and value for money within local services • Commission services that tackle health inequalities • Design services that comply with national standards and the NHS Outcomes Framework • Ensure organisational statutory duties are achieved • Move care closer to home for patients where appropriate • Commission care in centres of excellence where this is safer and more clinically and financially sustainable • Ensure a wide range of clinicians from primary, community and hospital settings are actively engaged in the commissioning process • Work with local government, commissioners and providers to maximise use of public sector resources and to achieve best local services • Maintenance of communication channels • Ability to recover quickly from any business interruption – continue to deliver statutory duty as a category 2 responder.

Business Continuity Contingency Action Plan – South Lincolnshire CCG

<p>Impact of general loss of service to patients, staff, the CCG:</p>	<ul style="list-style-type: none"> • Short term • Loss of day to day communications with member practices, Area Team, partners, stakeholders • No progression of more strategic risk management issues with possible impact on patient safety including Safeguarding Adults & Children • Inability to manage complaints and incident investigations as effectively • Inability to provide a robust response to emergencies and deliver Category 2 responsibilities • Loss of reputation • Inability to provide critical functions in 1.4 • Financial services – at year end and critical payments • Medium term • Inability to ensure decisions are clinically driven • Potential to miss compliance with national targets • Inability to meet time-specific tasks such as FOI requests • Lack of new or redesigned services to meet public need • Financial payment targets may not be met and an impact on QIPP targets • Inability to performance manage contracts with service providers • Loss of reputation • Long term • As above with higher risk to meeting financial balance, provision of services to meet the public need and bring care closer to home. Risk to reputation and morale of staff. • Loss of reputation
<p>BC Action Plan Owner:</p>	<p>CCG Chief Officer</p>
<p>Deputy/BC Champion:</p>	<p>Chief Finance Officer</p>
<p>Business Continuity Lead</p>	<p>Jules Ellis-Fenwick, Business Continuity Lead</p>

How to complete the action plan:

To ensure that the CCG has a workable business continuity strategy it is recommended that time is allotted to complete the sections and there is an active dialogue with all staff to ensure feedback on the planning process.

1. Consider the list of possible disruptions to service and add others you may believe relevant this process is completed by working through the business impact analysis tool and remembering to focus on the questions below:
2. How would that particular disruption impact on the individual service area?
3. Plot each disruption against the 3 'Ss'
 - a. **STAFF** (needed to provide critical activities)
 - b. **SPACE** (workplace)
 - c. **SUPPLIES** (consumables required to complete the critical activities etc.)
4. Once plotted, actions to resolve issue?
STAFF - Call in other staff, arrange cover etc. Consider such issues as contact lists for staff, the time to attend and method of travel to work.
SPACE - What possible alternative locations would be available as space for essential staff to use on a temporary basis?
SUPPLIES - IT, telephones, electricity, gas, water, road fuel, essential office supplies etc. How would the loss or shortage be resolved in the short term?
State what gaps or vulnerabilities are exposed by the process, how they can be addressed and any resourcing implications.

SOUTH LINCOLNSHIRE CCG BUSINESS CONTINUITY PLAN

TYPE OF DISRUPTION/EVENT	1. Access denial to work area (any reason including fuel crisis) or utility failure (electricity, heating, water), and flooding
<p>IMPACT ON SOUTH LINCOLNSHIRE CCG BY THE DISRUPTION/EVENT</p> <p>All risks identified are documented on the Risk Register which is in line with the national Local Risk Assessment Guidance for EPRR</p>	<p>The South Lincolnshire CCG would be unable to provide the Critical Commissioning Functions as listed in section 1.4 of this contingency plan and would also need to suspend non-essential functions until normal services could be resumed or alternative premises or access to premises was established. All services documented in this plan would be recovered in line with the Recovery Time Objectives as documented in this plan and the Business Impact Analysis.</p>
RISK RATING OF THIS EVENT	Medium (4)
<p>CONTINGENCIES AVAILABLE REGARDING THIS DISRUPTION/EVENT</p> <p>Support to critical functions. Flexible working arrangements – VPN etc. before A/L</p>	<p>South Lincolnshire CCG staff are based at three main locations:</p> <ul style="list-style-type: none"> • CCG Headquarters, Stamford and Peterborough Hospital, Stamford, Lincs, PE9 1UA <p>Critical functions</p> <p>South Lincolnshire CCG staff that provide critical commissioning functions are able to work at locations listed above or by remote VPN at home. As per usual arrangements some staff are able to work from other locations across Derbyshire</p> <p>Alternative premises to relocate these staff in the short term will be in conjunction with partnership discussions across the CCG locality and beyond where necessary.</p> <p>Non critical functions</p> <p>In short term incidents staff covering non-essential roles could be asked to take annual leave or flexi time whilst they are unable to attend their designated place of work or an alternative site; if reasonable efforts have been made to attend work; if the interruption is caused by lack of access to fuel or severe weather.</p>

<p align="center">TYPE OF DISRUPTION/EVENT</p>	<p align="center">1. Access denial to work area (any reason including fuel crisis) or utility failure (electricity, heating, water), and flooding</p>
	<p>Please refer to the South Lincolnshire CCG Special Leave Policy document, and HR policies pertaining at the time of the incident.</p> <p>If the interruption is due to utilities failure, lack of access to the building or damage to the building or work areas, staff can either work from home, telephones could be redirected to mobiles and staff can work from alternative locations identified in the BCP.</p>
<p>INITIAL ACTIONS DURING EVENT</p>	<p>If there is an issue with your place of work:</p> <ul style="list-style-type: none"> • verify the information and identify the anticipated timescale of the interruption • contact the BCM Lead to discuss access to alternative locations to relocate staff on a temporary basis as above if required • notify staff via the South Lincolnshire CCG communication cascade by email and text message <p>If fuel shortage –</p> <ul style="list-style-type: none"> • confirm continuation of critical functions • implement flexible working arrangements for staff immediately • communicate this to staff via text and email message. <p>If severe weather e.g. snow</p> <ul style="list-style-type: none"> • confirm continuation of critical functions • implement flexible working arrangements for staff, confirm • communicate decisions to staff by text and email message.
<p>COMMUNICATIONS & MANAGEMENT CONTACTS</p> <p>Detail trigger points for events and list management contacts</p>	<p>Cordon established Building has to be evacuated – notify staff of evacuation if in hours via email/ text message to relevant staff group. If out of hours if cordon will remain in hours notify staff by text message.</p>

TYPE OF DISRUPTION/EVENT	1. Access denial to work area (any reason including fuel crisis) or utility failure (electricity, heating, water), and flooding
	<p>Damage or flooding to buildings: Notify relevant staff via cascade of closure of building and alternative site to be used via email/text message in hours/ via text message only out of hours</p> <p>Utilities failure: Notify staff who work at all affected locations of alternative working arrangements and timescale of interruption and when normal arrangements are proposed. Provide number for staff to call to provide an update on progress or could advise staff to check on the CCG website for information.</p> <p>Severe Weather: Activate cascade to all staff as above. Provide flexible working arrangements to all staff ensuring critical commissioning functions are maintained.</p> <p>Fuel Crisis: Activate cascade to all staff as above. Provide flexible working arrangements to all staff ensuring critical functions are maintained. The NHS CB Area Team will activate the Fuel Shortage Response Plan and ensure temporary logos are issued to staff who qualify under this scheme.</p>
ACTIONS IN RELATION TO STAFF Include details of contact lists held and the communications process with members of staff.	See separate Contact lists for South Lincolnshire CCG staff by site. NB. Senior Managers should have access to this information for the staff in their respective sections.
ACTIONS IN RELATION TO SPACE Include details of accommodation	Accommodation for staff providing critical functions will be provided at either nearest accessible CCG site or by working from at home. Hot desk facilities will be provided for staff that works less than 0.5 WTE each

TYPE OF DISRUPTION/EVENT	1. Access denial to work area (any reason including fuel crisis) or utility failure (electricity, heating, water), and flooding
for visitors and staff workplace areas.	week. Space will be identified in alternative sites to allow for meetings with visitors to proceed.
ACTIONS IN RELATION TO SUPPLIES & SERVICES Include details of supply lines and actions following loss of service or utility.	Contact IT department on 01522 563070 regarding the access to IT/Telecoms at alternative sites and where remote working is established. Suppliers will be notified by staff responsible for ordering essential supplies for the South Lincolnshire CCG of any alternative location arrangements for deliveries. If utility services fail within specific sites it will be the responsibility of the SKDC Facilities Team or NHS Property Services.
PLANNING VULNERABILITIES & GAPS	If the incident affects commissioning functions, priority will be given to services which provide these services in terms of alternative sites and support from GEM IT in relation to IT/Telecoms issues.
PROPOSED REMEDIAL ACTIONS	None

<p>TYPE OF DISRUPTION/EVENT</p>	<p>1. Access denial to work area (any reason including fuel crisis) or utility failure (electricity, heating, water), and flooding</p>
<p>OTHER ACTIONS/COMMENTS</p>	<p>Ensure all South Lincolnshire CCG staff are aware of this plan and what is expected of them in incidents.</p>

TYPE OF DISRUPTION/EVENT	2. Loss of established systems (IT, SPECIALISED SOFTWARE, email and Telecoms).
IMPACT ON THE SOUTH LINCOLNSHIRE CCG BY THE DISRUPTION/EVENT	The South Lincolnshire CCG would be unable to provide the Critical Commissioning Functions as listed in this contingency plan and would also need to suspend non-essential functions until normal services could be resumed or alternative premises or access to premises was established.
RISK RATING OF THIS EVENT	HIGH (20)
CONTINGENCIES AVAILABLE REGARDING THIS DISRUPTION/EVENT Flexible working	<p>Staff are able to alternate between the facilities at South Lincolnshire CCG dependent on where the problem is.</p> <p>Critical functions For critical functions which cannot be provided via the above arrangements and IT functionality where the loss is to be more than 24 hours up to 1 week: alternative premises to relocate these staff to in the short term can be identified by contacting GEM IT on 01522 563070 would need to arrange access to IT/Telecoms systems at these locations.</p> <p>Non critical functions South Lincolnshire CCG staff providing non critical functions that are unable to be relocated and are not able to work remotely from home via VPN should be asked to take annual leave or flexi time for the duration of the incident. If staff members are unable or unwilling to use annual leave or flexitime and alternative arrangements for access to other buildings cannot be found, staff may be given time off at the discretion of their line manager.</p> <p>All other staff that do not depend on IT functionality could operate manual paperwork systems until normal IT services are re-provided.</p>
INITIAL ACTIONS DURING EVENT Financial commitment to pay for any contingency implemented using the cost/benefit model.	<p>If IT functionality is disrupted and critical functions are required:</p> <ul style="list-style-type: none"> • Establish likely timescale of loss of functionality. • Discuss the possibility of staff who provide critical functions to work at the alternative sites (which are mentioned previously) or work from home • Contact the Chief Finance Officer in respect of other alternative sites identified in section 1 above to establish workstation availability. • Contact Health Informatics Helpdesk to arrange software installation and remote connections where necessary. • Where possible notify staff in person if incident occurs in hours or by text message if incident occurs out of hours

TYPE OF DISRUPTION/EVENT	2. Loss of established systems (IT, SPECIALISED SOFTWARE, email and Telecoms).	
<p>COMMUNICATIONS & MANAGEMENT CONTACTS Detail Trigger Points For Events And List Management Contacts Trigger Points: At 4 hours At 8 hours At 24 hours At 48 hours 7 days 1 month and longer</p>	<p>At sudden onset of IT failure which has been verified with GEM IT Department Including likely timescale of interruption</p>	<p>Implement the communications cascade to staff at affected sites via text message. (No email available) Notify commissioned providers as well as staff Implement the communications cascade to staff at affected sites via text message.</p>
<p>ACTIONS IN RELATION TO STAFF Include details of contact lists held and the communications process with members of staff.</p>	<p>Activate South Lincolnshire CCG Communications Cascade via contact list including phone. NB. Senior Managers should have access to this information for the staff in their respective sections.</p>	
<p>ACTIONS IN RELATION TO SPACE Include details of accommodation for visitors and staff workplace areas.</p>	<p>Staff will obtain IT as detailed above. Visitors will be advised on change of any locations.</p>	
<p>ACTIONS IN RELATION TO SUPPLIES & SERVICES Include details of supply lines and actions following loss of service or utility.</p>	<p>Contact GEM IT Department on 01522 563070 and maintain contact with them regarding progress on re-establishment of service. Notify all relevant stakeholders of the interruption to Telecoms – via mobile.</p>	
<p>PLANNING VULNERABILITIES & GAPS</p>	<p>GEM IT Department may establish service to other services prior to South Lincolnshire CCG and therefore the interruption may be extended due to prioritisation.</p>	
<p>OTHER ACTIONS/COMMENTS</p>	<p>Ensure that the communications cascade is updated at least every 6 months and tested once completed to validate functionality. Ensure all South Lincolnshire CCG staff are aware of this plan and what is expected of them in incidents.</p>	

TYPE OF DISRUPTION/EVENT	3. Restricted staffing levels for any reason (including Influenza Pandemic and travelling difficulties due to extreme weather conditions)
IMPACT ON SOUTH LINCOLNSHIRE CCG BY THE DISRUPTION/EVENT	The South Lincolnshire CCG may not be able to provide the Critical Commissioning Functions as documented in section 1.4 of this contingency plan and would also need to suspend non-essential functions until normal services could be resumed or where sufficient staff are available to cover these functions.
RISK RATING OF THIS EVENT	HIGH (9)
CONTINGENCIES AVAILABLE TO CHIEF NURSING OFFICER REGARDING THIS DISRUPTION/EVENT CCGs must ensure that Commissioned providers are able to continue their critical functions and this may mean CCGs offering support where appropriate.	<p>Using staff redeployment all essential services would be maintained in this situation.</p> <p>Staff available who cover non-essential roles and with suitable skills within South Lincolnshire CCG in the first instance would be made available to cover the identified essential functions. Staff identified will receive appropriate training to be able to deliver any role they are identified to cover.</p> <p>In Pandemic Flu additional resources from all other areas of NHS CB Area Team and Public Health England and the CCGs would be sought to support the additional burden of responding to the pandemic.</p> <p>In extreme weather flexible working arrangements will be implemented including working from alternative bases for up to 1 week or working from home remotely via VPN connectivity.</p>
INITIAL ACTIONS DURING EVENT	<p>Review staffing numbers and critical functions to be maintained across the CCG in a Pandemic. Monitor position daily as this will be constantly changing. Where necessary suspend non-essential functions if staffing levels are hit substantially – review daily. Provide staff for redeployment to critical function across the CCG – also make staff available with appropriate skills for primary and secondary care where necessary.</p> <p>Notify staff and commissioned providers of decisions to suspend work and redeploy staff where necessary. Keep all CCG staff and commissioned providers informed of the situation in relation to the Pandemic. Annual leave and flexi leave may be cancelled for all CCG.</p> <p>Staff that attend work with flu like symptoms will be asked to go home to protect the health workforce.</p> <p>In extreme weather, cascade to staff weather information. Activate flexible working arrangements where necessary to be in place for up to 1 week. If situation persists review arrangements in place and monitor the impact to critical commissioning functions.</p>

TYPE OF DISRUPTION/EVENT	2. Loss of established systems (IT, SPECIALISED SOFTWARE, email and Telecoms).	
<p>COMMUNICATIONS & MANAGEMENT CONTACTS</p> <p>Detail trigger points for events and list management contacts</p>	<p>Pandemic is announced and staffing numbers are affected. Daily reporting of staff situation indicates an impact on services provided.</p> <p>Extreme weather warnings received</p> <p>Extreme weather happens/ schools/ nurseries close/ road networks affected/public transport affected</p>	<p>Cascade to staff that BCP arrangements are being implemented, including suspension of non-essential functions where appropriate, redeployment of staff to cover the critical and essential workload and support of the pandemic flu response. Cascade information to staff via email contact lists and sms message.</p> <p>Cascade to staff via email Cascade to staff via email and text message (text message only if incident commences out of hours)</p> <p>Implement flexible working arrangements for staff, working from alternative sites, working from home. Staff unable to access an alternative location to work or unable to access work remotely will be asked to take annual leave.</p> <p>Staff needing to look after very young children due to nursery closures will also have to take annual leave if alternative carer arrangements cannot be found.</p>
<p>ACTIONS IN RELATION TO STAFF</p> <p>Include details of contact lists held and the communications process with members of staff.</p>	<p>See above for actions: Use CCG cascade list held by location and forward instructions on email and via text message.</p> <p>NB. Senior Managers should have access to this information for the staff in their respective sections</p>	
<p>ACTIONS IN RELATION TO SPACE</p> <p>Include details of accommodation for patients, visitors and staff workplace areas.</p>	<p>Under flexible working arrangements for severe weather situations staff should already have notified their line manager of the nearest base they can attend or whether flexible working arrangements have been agreed.</p>	

TYPE OF DISRUPTION/EVENT	2. Loss of established systems (IT, SPECIALISED SOFTWARE, email and Telecoms).
ACTIONS IN RELATION TO SUPPLIES & SERVICES Include details of supply lines and actions following loss of service or utility.	The Medicines Management Team will be critical in maintaining the Primary Care access to antivirals during a pandemic.
PLANNING VULNERABILITIES & GAPS	If these situations arose during key staff holiday times then the impact on staffing levels would be experienced earlier than in the times when staff would normally be at work. E.g. summer holiday periods, Easter and Christmas.
PROPOSED REMEDIAL ACTIONS	None
OTHER ACTIONS/COMMENTS	Ensure all CCG staff are made aware of this plan and what their role is within it. It is essential that Communication list is updated 6 monthly and are tested under the same timescale.

Appendix 4 – Staff Contact Details

The work contact details are listed below:

Please refer to Communication Cascade tree) – each senior Manager responsible for phoning/communicating disruption to staff should hold Out of Hours contact details for the group of staff they will be required to contact.

SURNAME	FORENAME	JOB TITLE	BASE	WORK PHONE NUMBER	VPN ACCESS
Langdon	Miles	CCG GP Chair	St Marys Practice, Stamford	01522 573939	Yes
Thompson	Gary	Chief Officer	Stamford Hospital	07775 705167	Yes
Hall	Caroline	Chief Finance Officer	Stamford Hospital	07789 270621	Yes
Moody	Lynne	Executive Nurse and Quality Lead	Stamford Hospital		Yes
Smith	Debbie	Deputy Chief Finance Officer	Stamford Hospital	07760 216321	Yes
Balding	Cumba	Head of Planning and Performance	Stamford Hospital	07881 820029	Yes
Daff	Chris	Head of Delivery and Development	Stamford Hospital	07815 706859	Yes
Tilling	Michelle	Deputy Executive Nurse Lead	Stamford Hospital	07854 964967	Yes
Wiscombe	Kieron	Chair of the Members Council	Gosberton Medical Practice	01775 840204	No
Ellis-Fenwick	Jules	CCG Corporate Secretary/Manager	SKDC, Grantham	07892 938974	Yes
Crowden	Tony	GEM Communications Specialist	COC, Lincoln	07917 120615	Yes

Appendix 5 - External Suppliers/ Providers

Supplier	Service Provided	Telephone	Email
Jill Anderson Lincolnshire Community Health Services	Business Continuity lead/Emergency Planning Lead	07969746727/ 01522 582930	Anderson Jill (LCHS) Jill.Anderson@lincs-chs.nhs.uk
Tina White United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)	Deputy Director of Operations	01205 445737/07896293146	White Tina (ULHT) (Tina.White2@ULH.nhs.uk)
Michelle Rhodes United Lincolnshire Hospitals NHS Trust	Director of Operations	01522 512512 Extn 2854/07980701075	Rhodes Michelle (ULHT) Michelle.Rhodes@ULH.nhs.uk
Julie Hall Lincolnshire Partnership NHS Foundation Trust	Director of Operations	07825 735056	Julie.hall@lpft.nhs.uk
Margaret Saunders NHS England 1st Floor West, Fosse House, Smith Way, Grove Park, Enderby, Leicester, LE19 1SX	Operations & Delivery Manager Leicestershire & Lincolnshire Area)	Office: 0116 295 0938 Mobile: 0782 438 4599	Saunders Margaret (NHS ENGLAND) margaret.saunders7@nhs.net
Dr Fu-Meng Khaw, Nottingham City Hospital, Hucknall Road, Nottingham NG5 1QP East Midlands Public Health England Centre	Director Institute of Population Health	Telephone: 0844 225 4524	Not applicable
Local Contracting contact: Gabrielle Urquhart GEMCSU Cross O'Cliff Court Bracebridge Heath Lincoln, LN4 2HN	Assistant Contracts Manager	Office: 01522 515361	Urquhart Gabrielle (GEMCSU) Gabrielle.Urquhart@gemcsu.nhs.uk

EMAS – Lincolnshire Lead Paul Litherland,	Locality Manager	Office: 01529 308702	paul.litherland@emas.nhs.uk
Cis Woodruff Stamford & Rutland Hospital Ryhall Road Stamford PE9 1UA	Estates Supervisor	Tel: 01780 764151 Ext 8259 / Bleep 1917	email: cis.woodruff@pbh-tr.nhs.uk

Internal Providers/Other Useful Contacts

Contact	Service Provided	Telephone	Email
Debbie Brown	GEM CSU BC Support	01623 673459	Debbie.brown@gemcsu.nhs.uk
Julie Cann	GEM Customer Service Account Manager	07500917557	Cann Julie (GEMCSU) (Julie.Cann@gemcsu.nhs.uk)
Gemma Waring	GEM HR Support for SWL CCG	07824 524926	Gemma Waring@gemcsu.nhs.uk)
Jane Christmas	LWCCG Head of Clinical & Corporate risk	01522 515415/07909 527404	Jane.Christmas@LincolnshireWestCCG.nhs.uk
Jan Gunter	Head of Safeguarding	07818 405359	Jan.gunter@southwestlincolnshireccg.nhs.uk