



Thurrock
Clinical Commissioning Group

Business Continuity Plan (BCP)

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1 Aim

In the event of a business continuity disruptive incident this Business Continuity Plan (BCP) outlines the response and recovery arrangements to facilitate the resumption and restoration of activities and to mitigate the impacts of a business disruption on operations and reputation.

2 Objectives

- **Responding to a disruptive incident (incident response)**
- **Maintaining delivery of prioritised activities (business continuity)**
- **Returning to 'business as usual' (resumption and recovery)**

This plan complements other Essex CCG Business Continuity Plans to enhance the resilience of all CCGs in Essex.

3 Scope

The following CCG are covered by this Plan:

- **Thurrock Clinical Commissioning Group**

The following sites are covered by this Plan:

- **Thurrock CCG - The Thames Room, 2nd Floor, Civic Offices, Grays, RM176SL.**

4 Risk assessment

Generic risks for Essex CCGs have been identified within the:

- National Risk Register – Some of the risk identified are: Pandemic Flu Outbreak, Flooding, Severe Weather. For a full list of national risks refer to below link: <https://www.gov.uk/government/publications/national-risk-register-for-civil-emergencies-2015-edition>
- Essex Community Risk Register – Some of the risks identified are: Natural Hazards (Flooding), Severe Weather (storms and gales, heat wave), Human Health (Pandemic Flu), outbreak of new emerging infectious diseases (SARS, Ebola), and Transport Accidents. For a full list of community risks refer to link below: [..\EP Registers\Final Community Risk Register \(June 2015\)\(1\).xlsx](..\EP Registers\Final Community Risk Register (June 2015)(1).xlsx)

Additional specific risks to Thurrock CCG are listed below:

Type of risk / recent disruptive incidents:	Risk Rating: LxI=R			Comments/ details:
Theft and criminal damage	2	4	8	The team operates from a single location. However staff could work from home if the building was damaged. If the central IT system was damaged or stolen then that would cause a problem.
Loss of key staff	3	4	12	Loss of experienced work force.
Industrial Action	3	2	6	Insufficient staff nos. to support critical service delivery functions. Negotiate with staff and union leaders if the function is critical or redeploy staff internally.
Power Failure	2	4	8	There could be serious business disruption or data loss if IT equipment is not shut down properly. TCCG does however have a Uninterruptable Power Supply (UPS).
ICT Risks	3	4	12	No out of hours help desk No procedure to access equipment in an emergency situation.
No Out of Hours Communications	3	3	9	No out of hours communications support is in place, it is assumed the director on-call will handle any media or other strategic communications, in liaison with Comms.
Revalidation- Loss of registration of nursing staff and resignation	3	4	16	Could lead to not having enough trained nurses to carry CHC services.

4.1 Risk Matrix

		Severity of Impact				
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Critical (5)
Likelihood of Occurrence	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost certain (5)	5	10	15	20	25

Overarching Risk Score and Management Response				
Risk Ranking	Low	Moderate	High	Extreme
	1-3	4-6	8-12	15-25
Rectifying Action	Managed by routine procedure	Management responsibility must be specified and actions set out over time	Senior Management attention needed. Actions set out within defined timescale to address control weaknesses	Immediate action required to mitigate the risk and address gaps in control or arrange contingencies
Escalation	Corporate Risk Register	Corporate Risk Register	Corporate Risk Register	Board Assurance Framework

5 Prioritised Activities and Recovery

The prioritised activities of the Thurrock CCG have been identified through the process of Business Impact Analysis (BIA). [Table 1: Prioritised Activities](#) lists activities conducted by Thurrock CCG in priority order. It is important that contacts for **Red** and **Amber** activities are informed ASAP in the event of an incident or increased risk to ensure that response and recovery measures are implemented effectively

Prioritised activities are those which must be continued during and following an incident in order to mitigate impacts on the delivery of services. **Red** activities are those that must be continued, **Amber** activities are those which could be scaled down if necessary and **Green** activities are those which could be suspended if necessary.

When considering the resumption/continuation of prioritised activities the Business Continuity Incident Response Group (BCIRG) will give consideration to:

- Suspending **Green** and **Amber** activities and/or diverting resources to support prioritised activities
- Recovering these activities after the prioritised activities have been resumed

A business interruption may cause additional pressures for staff. Managers must ensure that they monitor and maintain staff welfare (e.g. regular breaks due to increased intensity or pressure of work). The BCIRG will refer to HR for specific guidance as required.

5.1 Table 1: Prioritised Activities

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Communications	Communication	External communication eg social media, web, crisis communication	24 hours	24 hours	Joy Joses, Head of Communication
Corporate Governance	Corporate Governance – Compliance with Legislation	Ensuring regulatory/legislative compliance (H&S, fire safety etc)	24 hours	24 hours	Nicola Meeks, Head of Corporate Governance
Corporate Governance	Legal Services	Procuring urgent legal advice, responding to legal proceedings etc.	24 hours	24 hours	Mandy Ansell, (Acting) interim Accountable Officer Ade Olarinde, Chief Finance Officer
Quality	To comply with mandatory national reporting timescales for acknowledgement on new SI and all aspects of SI management	Compliance with nationally agreed standards for reporting and acknowledgement of serious incidents	2 working days	2 working days	Jane Foster-Taylor, Chief Nurse
Quality	To ensure that patient safety is paramount through the timely and appropriate escalation and investigation of safeguarding adult and children's concerns	Compliance with national and local reporting	24 hours	24 hours	Jane Foster-Taylor, Chief Nurse
Quality	Work with partners to ensure that support is available to ensure the safety of adults and children	Work in collaboration with social care to escalate and support the investigation of concerns	24 hours	24 hours	Jane Foster-Taylor, Chief Nurse

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Quality	Receive and manage requests for funding for complex patients packages of care through continuing healthcare	Undertake prompt reviews of information to confirm level of care required by the patient	24 hours	48 hours	Jane Foster-Taylor, Chief Nurse
Medicine Management	Primary Care Prescribing	Answering clinical queries from prescribers	Immediate	48 hours	Jonathan Andrews, Implementation Lead Pharmacist
Medicine Management	Primary Care Prescribing	Resolving interface issues	Immediate	7 days	Jonathan Andrews Implementation Lead Pharmacist
Medicine Management	Prior Approvals for specialist drugs	Blueteq Prior approvals for high tech/specialist	24 hours	72 hours	Francoise Price, Head of Medicines Management

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Communications	Communication	External communication e.g. GP Bulletin, stakeholder newsletter, press releases, media enquiries, freedom of information- media FOI, briefings, CRD (commissioning reference group) briefing, campaigns	5 days	7 days	Joy Joses, Head of Communication
Business Support	Complaints	To Reply to complainant within 5 day timescale	5 days	5 days	Christine Celentano, Head of Business Support
Corporate Governance	Corporate Governance	Managing Conflicts of Interest	1 week	1 month	Nicola Meeks, Head of Corporate Governance
Finance	Management Accounting: Accruals and prepayment preparation and processing	Processing Accruals and Prepayments to determine current state of each contract	1 week	2 weeks	Femi Otukoya, Head of Financial Management
Finance	Management Accounting : Contract management finance	Reviewing and ensuring each contract is paid in line with contracted amount and activity	1 week	2 weeks	Femi Otukoya, Head of Financial Management
Finance	Payments Paying of providers and Suppliers	Processing each provider payment ensuing providers are paid in line with contractual agreement	1 week	2 weeks	Femi Otukoya, Head of Financial Management
Finance	Payments Paying of Staff	Ensuring every member of staff is paid each month	1 week	2 weeks	Femi Otukoya, Head of Financial Management
Finance	Performance Corporate performance monitoring and reporting	Reviewing performance against contract and ensuring issues are addressed with each provider	1 week	2 weeks	James Buschor, Head of Performance
Finance	Performance Locality and practice level reporting	Reviewing performance against contract and ensuring issues are addressed with each practice	1 week	2 weeks	James Buschor, Head of Performance

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Finance	PMO Monitoring and tracking of QIPP programme & projects	Reviewing performance against plan	1 week	2 weeks	Gavin Mackenzie, Programme Manager
Finance	PMO Reporting and escalation of key programme issues and constraints to core and board members	Reporting performance against plan	1 week	2 weeks	Gavin Mackenzie, Programme Manager
Finance	PMO Tracking financial QIPP savings on a month by month basis	Tracking and reporting financial performance against plan	1 week	2 weeks	Gavin Mackenzie, Programme Manager
Quality	Determine areas of concern using soft intelligence to monitor the quality of service provision	Review data to define hotspots or areas of concern within provider organisations to determine whether there are any quality or patient safety concerns which would warrant a visit	3 days	1 week	Jane Foster-Taylor, Chief Nurse
Quality	Undertake timely and appropriate investigations of infection control incidents	Review infection control data and undertake investigations relating c.Difficile and MRSA bacteraemias	7 working days	10 working days	Jane Foster-Taylor, Chief Nurse
Quality	To ensure that responses to concerns raised are answered within agreed timescales usually 3 working days and final response of 20-25 working days	Compliance with complaint response timescales in line with local and national guidance	3 working days	7 working days	Jane Foster-Taylor, Chief Nurse

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Medicine Management	Primary Care Prescribing	ScriptSwitch	1-7 days	7 days	Marie McIlwain, Implementation Pharmacist
Medicine Management	Contracts and Commissioning	Contract monitoring meetings	1 day	1 month	Francoise Price, Head of Medicines Management

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Communications	Communication	Internal communication e.g. staff and stakeholder newsletters, staff briefings, maintenance intranet, staff emails, staff engagement group, communicating to staff in an incident	2 weeks	1 Month	Joy Joses, Head of Communication
Communications and Corporate Governance	Patient and Public Engagement	Formal consultation - Duty to consult	2 weeks	2 weeks	Joy Joses, Head of Communication
Communications and Corporate Governance	Patient and Public Engagement	Engagement - Duty to involve e.g. PFG meetings, patient experience and feedback	3 weeks	1 Month	Joy Joses, Head of Communication
Business Support	Administration support	Board members/work plan/sessional pay	3 Months +	3 Months +	Christine Celentano, Head of Business Support
Business Support	Administration support	Sub- committees/minutes, papers circulated, ensure distribution lists	3 Months +	3 Months +	Christine Celentano, Head of Business Support
Business Support	Human Resources	Transactional Human Resources (HR) e.g. ESR related items starters, leavers, contractual changes Staff payment	1 Month	1 Month	Christine Celentano, Head of Business Support
Business Support	Human Resources	Employee Relations e.g. ,sickness, absence ,supporting managers, grievance, disciplinary management	1 Month	1 Month	Christine Celentano, Head of Business Support
Business Support	Human Resources	Independent contractors payments	1 Month	1 Month	Christine Celentano, Head of Business Support
Corporate Governance	Corporate Governance	Authorisation (continue to ensure compliance with NHS England requirements)	2 months	3 months	Nicola Meeks, Head of Corporate Governance
Quality	Monitor data to provide assurance reports	Review reports from regulators and NHSE, provide updates to Quality and Patient Safety Committee and Governing Body.	1 week	2 Weeks	Jane Foster-Taylor, Chief Nurse

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Quality	Undertake quality visits and provide verbal updates on the day and written reports within 7 working days	Undertake quality visits to gain assurances on the quality of care	2 Weeks	3 Weeks	Jane Foster-Taylor, Chief Nurse
Quality	To produce agendas and opportunities for learning for attendees across the South Essex economy	Supporting the education of staff within locality at harm free care meetings	2 Weeks	1 Month	Jane Foster-Taylor, Chief Nurse
Quality	To receive requests for PHB and support the attendance at the panel meeting	Act as panel member to review the case for the individuals personal health budget request	2 Weeks	3 Weeks	Jane Foster-Taylor, Chief Nurse
Quality	To ensure that opportunities are available to CCG and practice staff to receive training	Support the education and training opportunities for CCG and practice nurse through the HEE	2 Weeks	1 Month	Jane Foster-Taylor, Chief Nurse
Medicine Management	Primary Care Prescribing	Prescribing visits to GPs	1 Week	1 Month	Jonathan Andrews, Implementation Lead Pharmacist
Medicine Management	Primary Care Prescribing	QIPP Implementation	14 days depending on work stream	2 months	Francoise Price, Head of Medicines Management
Medicine Management	Analytics	Practice Visit Reports	7 days	14 days	Jonathan Andrews, Implementation Lead Pharmacist
Commissioning	CCG Commissioning Model	Creation of annual commissioning intentions; with supporting operating plan; in partnership with key relevant commissioning and provider organisations.	2 Weeks	1 Month	Mark Tebbs, Head of commissioning

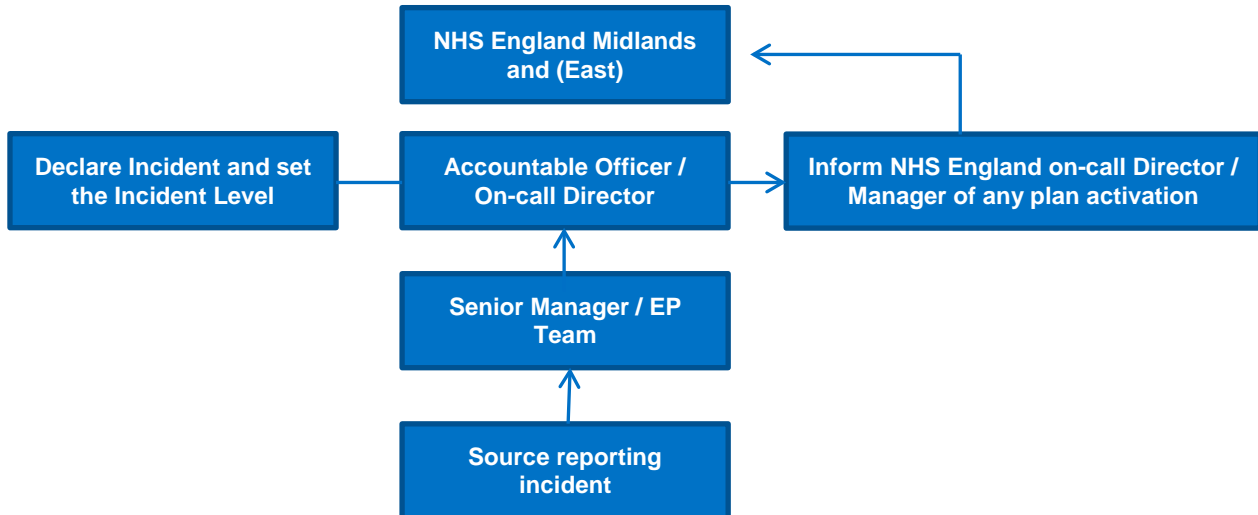
Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Commissioning	CCG Commissioning Model	Co-authorship of annual QIPP work-plan; in partnership with all key relevant commissioning stakeholders and National NHS Operating Framework guidance.	2 Weeks	1 Month	Mark Tebbs, Head of commissioning
Commissioning	CCG Commissioning Model	Creation and on-going review of performance monitoring reporting; facilitated through established clinical and commissioning network committees.	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	CCG Commissioning Model	Creation of relevant Procurement plans; in conjunction with the CCG's operating plan	2 Weeks	1 Month	Raj Ragiwala, Senior Manager Attain Commissioning Services 35-36 Eagle Street, London, WC1A 4AQ
Commissioning	CCG Commissioning Model	Contribute, review and implement relevant commissioning recommendations made within annual Joint Strategic Needs Assessments undertaken by Public Health.	2 Weeks	1 Month	Ian Wake, Director of Public Health Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL
Commissioning	Contracting	Annual contract negotiations with relevant providers (direct-service provision & commissioning-support); supported by NEL-CSU (sub-contracted Contracts Management team).	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	Contracting	Implementation and monitoring of relevant procurement plans; with support from Attain (sub-contracted specialist procurement team).	2 Weeks	1 Month	Raj Ragiwala, Senior Manager Attain Commissioning Services 35-36 Eagle Street, London, WC1A 4AQ
Commissioning	Contracting	Creation, agreement and monitoring of KPI's for each service and agreed CQUIN / SDIP initiative.	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG

Directorate	Service/Products	Activity Description	Recovery Time Objective (RTO)	Maximum Tolerable period of Disruption	Lead Contact
Commissioning	Contracting	Performance monitoring of each Provider's delivery against agreed contracted activity, performance and quality indicators (supported by NEL-CSU Business Intelligence team).	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	Contracting	Formal contract performance challenges escalated through the relevant associated forums.	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	Constitutional standards delivered	Active monitoring of each commissioned service including constitutional standards and agreed Annual CCG Operating Plan.	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	Constitutional standards delivered	Routine reporting to NHS England of CCG performance against constitutional standards and agreed Annual CCG Operating Plan.	2 Weeks	1 Month	Janette Joshi, Director of Contracting – Essex POD NEL CSU First Floor, Phoenix Court Christopher Martin Road, Basildon, Essex, SS14 3HG
Commissioning	Constitutional standards delivered	CCG commissioning input at all constitutional performance and service improvement committees e.g. System Resilience Group (4hr A&E, Cancer Waiting Times).	2 Weeks	1 Month	Mark Tebbs, Head of commissioning

6 Business Continuity Incident Response Structure

Thurrock Clinical Commissioning Group

In hours reporting and response:



Out of hours reporting and response: Via existing Director on call arrangements - 07623 972256

7 Plan activation, triggers and escalation process

7.1 Activation

The Accountable Officer or Director On-call will normally activate and stand down this Plan. The on call rota is maintained and distributed by the Emergency Planning Team. The CCG will set up a Business Continuity Incident Response Group (BCIRG) ([section 9](#)) and all staff members will be notified if the plan is activated.

An Business Continuity Incident Response Group (BCIRG) meeting will be convened for all incidents (Incident Levels are listed in [Table 2](#), to enable situation assessment, resource allocation, communication strategies and the establishment of appropriate timelines for action. Horizon scanning as well as immediate impacts on prioritised activities listed at [Table 1](#) will also need to be considered. Representation will reflect the nature and impact of the disruption.

Actions from the meeting must be minuted and decisions logged.

Meetings can be convened either face to face or via teleconference.

The following details are to be used if a teleconference is required;

UK Freefone: **08444 737373**

From Mobile: **4737373**

Participant passcode: **185580**

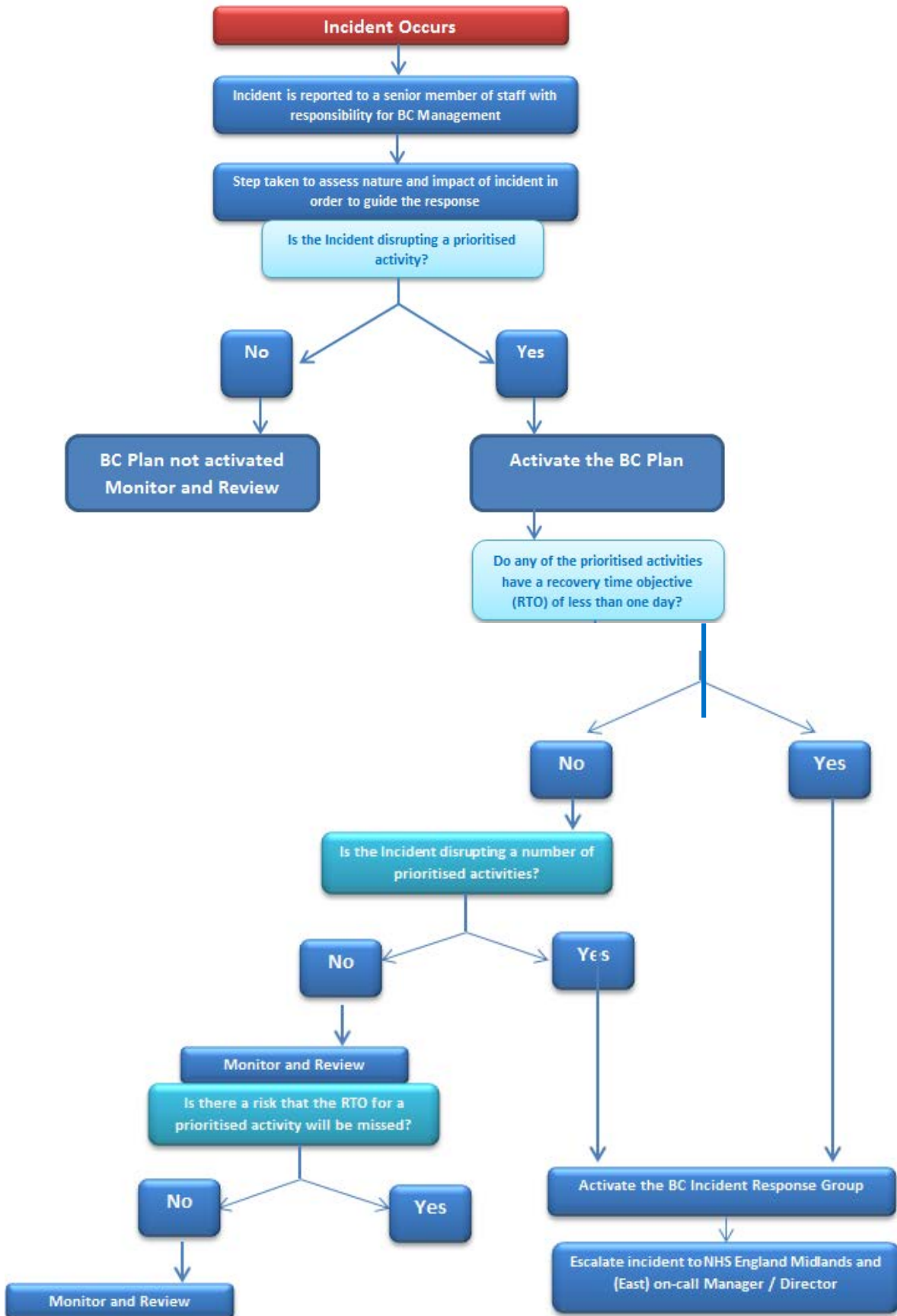
The chairperson should only circulate the participant code.

All staff have a responsibility to report incidents that have or may potentially have an impact on business continuity

The Accountable Officer or Director On-call within Thurrock CCG is able to activate this BCP. Outside of core working hours, the BCP will be activated through The Director On-call 07623 972256. At the point the BCP is activated NHS England Midlands and (East) will be informed of the situation and the Business Continuity Incident Response Group will be convened. Relevant staff and stakeholders will be contacted and advised of the incident and their roles and responsibilities during business continuity and recovery phases. Contact details can be accessed through the Director on-call or Resilience Direct.

The plan activation is described in the below [figure 1](#)

7.1.1 Plan Activation Diagram – Figure 1



8 Incident Response Levels

The Incident Response Levels in table 2 will be used across all Essex CCGs to ensure consistent notification, escalation and co-ordination of incidents.

1 - Minor	Any incident which has the potential to have a minor impact to key services and prioritised activities, resources or service users, with minimal effects to business as usual procedures.
2 - Significant	Any incident which has the potential to have significant impact to key services and prioritised activities, resources or service users, affecting business as usual procedures or any incident which impacts 2 or more Essex CCGs.
3 - Major	Any incident which has the potential to have a major impact to key services and prioritised activities, resources or service users, resulting in cancellation and/or closure of services or any incident which impacts on 3 or more Essex CCGs.

In general internal incidents will cause or likely to cause disruption to services, such as the loss of staff (caused by Pandemic Flu or Severe Weather) or loss/damage to facilities (caused by loss water/power, IT systems failure, flood or fire). However external business continuity may have the potential to cause an internal incident such as supply chain failures in critical suppliers or the fuel disruption network.

8.1 Business Continuity Information Governance Security Triggers

Information Governance Incidents

When information has been inappropriately disclosed or accessed incidents will be logged, managed and escalated in accordance with the NHS England Information Security Reporting Procedure IG. A Serious Incident Requiring Investigation (SIRI) will be categorised in accordance with the HSCIC ‘Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation’. This will result in the categorisation listed below:

Final Score	Level of SIRI
1 or less	Level 1 IG SIRI (Not Reportable)
2 or more	Level 2 IG SIRI (Reportable)

This categorisation may impact upon BAU and require the invocation of the BCP.

9 Business Continuity Incident Response Group (BCIRG)

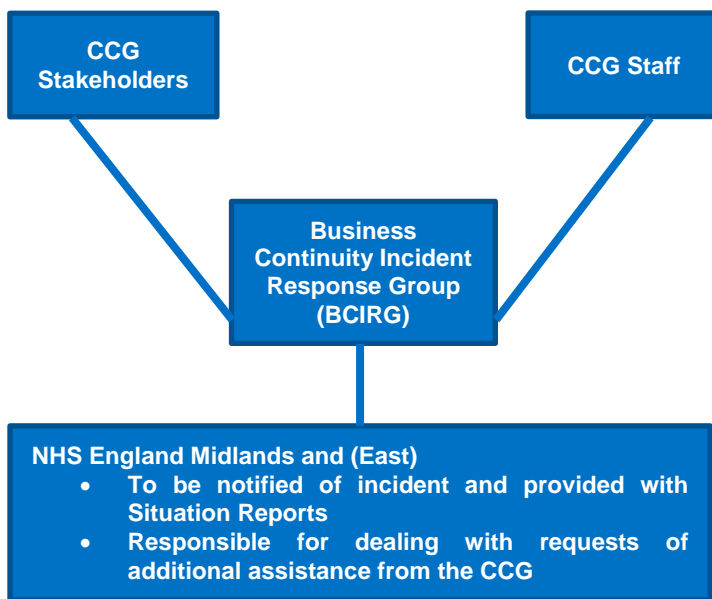
9.1 Overview

The role of the BCIRG is to coordinate the incident response, including allocation of resources and to ensure appropriate communications are given to staff / stakeholders. In addition, when determined by the Incident Response levels the BCIRG should notify and escalate to the NHS England Midlands and (East) as appropriate. Requests to the NHS England Area Midlands and (East) may include, but will not be limited to:

- Additional resources, including mutual aid assistance
- Legal advice or assistance
- Communications advice or support

The lines of communication are shown in [figure 2](#).

9.1.1 Figure 2: BCIRG Lines of communication



9.2 BCIRG roles

The BCIRG will be coordinated by an Incident Director. The BCIRG's membership will be drawn from the Senior Management Team and BC leads as appropriate. As a minimum membership will comprise:

- On-call Director – **Incident Manager**
- Accountable Officer / Emergency Accountable Officer
- Head of Resilience
- Admin support

- Loggist
- Communications Officer
- Head of Service/Departments (as required)

The following roles/teams may be required during an incident response:

- Emergency Planning Team – Mid Essex CCG
- ICT – North East London Commissioning Support Unit 01268 243731
- Estates – NHS Property Services - 0844822288 (Quote NHSPS03)
- Finance Manager
- Human Resources Manager – North East London Commissioning Support Unit
- Communications Manager(s) (Internal, Stakeholder, Media);
- ICC Manager

Detailed responsibilities for each role can be found in Action Cards at [Annex A](#). However, an on-going approach for all teams / individuals involved in the incident response should be:

- **Incident** - confirm occurrence
- **Investigate** - incident specifics
- **Escalate** - internally / externally appropriately
- **Activate** - appropriate response
- **Communicate** - to staff / stakeholders as required

9.3 Business Continuity Incident Co-ordination Centre (ICC)

Primary location for incident co-ordination is:

Thurrock CCG - The Thames Room, 2nd Floor, Civic Offices, Grays RM176SL

Access to the Incident Coordination Centre may be gained from the Director On-call using on-call contact details 07623 972256.

Secondary off-site location for incident co-ordination is:

- North East Essex CCG - Room 13a, 2nd Floor Colchester Primary Care Centre, Colchester
- West Essex - Boardroom, Building 4, Spencer Close, St Margarets Hospital, Epping
- Basildon and Brentwood CCG - Seacole Room, 1st Floor, Phoenix Place, Basildon
- Castle Point and Rochford CCG – Pearle House, 12 Castle Road, Rayleigh (room TBC)
- Southend CCG – Belfairs suite – Harcourt House, 5-15 Harcourt Avenue, Southend-On-sea
- Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF

All meetings of the BCIRG will be recorded and any decisions taken will be logged.

10 Escalation and de-escalation

The BCIRG will continually assess the incident at regular intervals, to ensure the response level throughout the incident is adequate.

Where the incident cannot be managed within the resources available to a locality through existing arrangements, the Incident Manager will escalate the incident to NHS England Midlands and (East) via the On-call contact details.

The Incident Manager in discussion with the NHS England On-call Manager/Director may take a decision to remove resources from and/or scale down, de-escalating the incident response.

11 Communications

Clear and concise communication with staff is vital in ensuring an effective response. CCG staff will initially be contacted by telephone by their Director or admin support through staff contact lists held by the Head of Business Support. Updates for staff will be made using various communications methods, such as:

- The CCG intranet
- Business support team group emails
- Group text messages
- Use of internal communications officer

This will ensure staff receive the latest information, including alternative working arrangements. If staff are directed to work from alternative locations the BCIRG must provide adequate information and support, including maps, directions, commuting options and access details. Communications must be regularly maintained and include the anticipated timescale of the incident.

The BCIRG must also take into consideration those partner organisations, stakeholders and service users who may be affected by the impact of the incident and relay appropriate information.

The BCIRG must examine appropriate communication methods to staff during an incident. During office hours the BCIRG may organise briefings from managers. Out of hours options may include telephone / text cascades, intranet postings, facebook and email.

11.1 Internal Communications

Internal Incident Notification

Monday – Friday 09.00-17.00 (In Hours)

During these hours all incident notifications should be issued by Internal Communications. Internal Communications will endeavour to issue incident notifications in a timely manner. Incident notifications are to be issued within 30 minutes, in the unlikely event that there is no response within 30 minutes during these hours, a member of the BCIRG will issue incident notification to the appropriate staff groups. (The BCIRG should make arrangements to ensure they have access to appropriate staff e-mail groups via the Head of Business Support)

Monday – Friday 17.00 – 09.00 and Weekends (Out of Hours)

Internal Communications do not have formal on call arrangements. However, Internal Communications will be handled by the Director on-call.

11.2 Media communications

Monday – Friday 08.30-17.00 (In Hours)

Media communications will be handled by the internal CCG communications team.

Monday – Friday 17.00 – 08.30 and Weekends (Out of Hours)

Internal Communications do not have formal on call arrangements. However, Media Communications will be handled by the Director on-call, who can request assistance from NHS England on-call Manager/Director via the on-call contact details.

Refer to the Essex Health Major Emergency Communications Strategy for more information. This can be accessed via Resilience Direct.

12 Business Continuity Strategy

The following business continuity arrangements/ strategies will be implemented for Thurrock CCG on activation of this plan.

- Loss of people (skills and knowledge)
- Loss of premises (buildings and facilities)
- Loss of resources (IT, information, equipment, materials)
- Loss of suppliers (products, services supplied by a third party)

Please note: Individual Directorates BIA's should be used in conjunction with the BC strategies. The BIA's will provide further information on functions, such as: staffing levels, key suppliers and partners and resource requirements.

The BIA's can be accessed by the Director on-call via Resilience Direct.

12.1.1 Loss of People (skills and knowledge)

In the event of a disruptive incident caused by /causing loss or reduction of staff the following actions will be taken with staff welfare maintained at all times.

Impact	Actions to be considered
Minimal reduced staffing, no or limited operational Impact	<p>Depending on the level of reduction consider the following:</p> <ul style="list-style-type: none"> • Director from each department review levels across their area and move staff from other area if required, to fulfil immediate functions. Refer to table 1 for a list of prioritised activities. • Refer to Directorate BIA for BAU staff numbers and minimum staff required for activities/services. Directorate BIA's can be accessed via Resilience Direct.
Severe staff problem with associated operational impact	<p>Depending on level of reduction consider the following:</p> <ul style="list-style-type: none"> • Prioritise immediate and urgent functions for Thurrock CCG. Refer to table 1 for a list of prioritised activities • Cancel all meetings and workshops. • Consider cancelling forthcoming annual leave (short term) to ensure adequate staffing levels for future days. • Off duty (annual leave or non-working day) staff that live locally to be contacted to see if they can come into work – TOIL provided for additional days worked. Staff contact details can be accessed through the CCG on-call director 07623 972256. • Seek resources from other departments, temporary / agency staff to back fill permanent staff members concentrating on immediate functions. See link for agencies within the agreed National Framework http://ccs-agreements.cabinetoffice.gov.uk • Consider pooling of staff/functions across Essex CCGs. Refer to annex C for Essex CCGs Mutual Aid agreement to pool staff – awaiting development <p>Communications</p> <ul style="list-style-type: none"> • Contacting off duty staff. Staff contact details can be accessed through the CCG on-call director 07623 972256. • Advising staff of situation and potential cancelling of leave etc. Use of communications methods described in section 11.1. • Contacting external agencies for temporary staffing measures. http://ccs-agreements.cabinetoffice.gov.uk <p>Accommodating staff if transport infrastructure is affected</p> <ul style="list-style-type: none"> • Review any staff that live locally to see if any could offer a spare bed for the night to colleagues. Staff address information can access through HR. • Local hotels / guest houses for staff who cannot get home or who might have trouble getting back into work. Local hotels can be found using Google.

Loss of People (skills and knowledge) - continued

Impact	Actions to be considered
<p>Reduction in available transportation and/or local or regional breakdown of road network infrastructure.</p>	<p>Depending on the cause of reduction and anticipated length of reduction consider the following:</p> <ul style="list-style-type: none"> • If fuel shortage implement the ERF Fuel Plan and temporary logo scheme process for fuel prioritisation for front line staff. The list of prioritised front line staff can be found at – Under development • Cancel off site meetings. • Look at staff members who can work from home and agree work priorities / review office time. • Ask staff who cannot work from home to consider taking any TOIL or annual leave ensuring that immediate and urgent functions are covered. Refer to table 1 for a list of prioritised activities. • If transport system disruption is likely to be protracted or likely to increase in scale, consider any supplies which may need to be ordered in bulk.
<p>Disruption caused by unexpected severe weather with initial unknown duration</p>	<p>Depending on type and size of the weather conditions consider the following as well as specific disruptions as above:</p> <ul style="list-style-type: none"> • Assess potential for further disruption in the next 24-48 hours using the met officer website and email alerts http://www.metoffice.gov.uk/public/weather. • Base short/medium term response on risk of increased extreme weather conditions. • Review all staffing for anticipated disruption period and ensure with Directors that there is adequate staffing in place for each function. Refer to Directorate BIA for staffing levels needed for activities/service these can be accessed via Resilience Direct. • Look at staff members who can work from home and agree work priorities / review office time.
<p>Loss of staff due to an infectious disease, such as Pandemic Flu.</p>	<p>Depending on level of reduction consider the following:</p> <ul style="list-style-type: none"> • Undertake detailed analysis of staff numbers/skills affected and impact on functions. • Prioritise immediate and urgent functions for Thurrock CCG. Refer to table 1 for a list of prioritised activities. • Assess on a daily basis the level of staff available. • Consider cancelling meetings and workshops. • Off duty (annual leave or non-working day) staff that live locally to be contacted to see if they can come into work – TOIL provided for additional days worked. Staff contact details can be accessed through the CCG on-call director <insert number>. • Ensure any non-essential duties and functions are cancelled. • Seek resources from other departments, temporary / agency staff to back fill permanent staff members concentrating on immediate functions. Local employment agencies can be found using Google. • Ensure staff who are showing signs of symptoms do not come to work.

- | | |
|--|---|
| | <ul style="list-style-type: none">• Ensure website is updated informing staff of any health advice being issued.• Notify staff of interim working arrangements and/or of their new duties/place of work, if appropriate. |
|--|---|

12.1.2 Loss of premises (buildings and facilities)

In the event of a disruptive incident caused by/causing loss of access to premises and facilities the following actions will be taken.

Impact	Actions to be considered
<p>Denial of access to key building leading to operational effectiveness problems for e.g.</p> <ul style="list-style-type: none"> • Flood • Fire • Security issues 	<p>Depending on the area lost and cause consider the following:</p> <ul style="list-style-type: none"> • Refer all CCG Estates Calls to PROPCO – 0844 822 2888 requesting ‘NHSPS03’ or if you know the contact details for your CCGs maintenance contract team you can contact then directly. • If Security issues e.g. building is not unlocked. Contact Thurrock Council Security on CC TO INSERT • Ensure staff are contacted to advise to report to a temporary location or to stay at home until further advised. Staff contact details can be accessed through the CCG on-call director 07623 972256. • Refer to Directorate BIA’s for activities/services that can be undertaken at home and ones that require alternative premises. Directorate BIA’s can be accessed via Resilience Direct. • Look at staff members who can work from home and agree work priorities / review office time. • Ask staff who cannot work from home to consider taking any TOIL or annual leave ensuring that immediate and urgent functions are covered. Refer to table 1 for a list of prioritised activities. • Moving of essential functions to another local NHS temporary location where staff have access to IT and telecommunications. Refer to annex C for Essex CCGs Mutual Aid agreement for alternative locations – Awaiting development, awaiting key information from NHS Property Services. • If denial of access has been due to a destructive process such as fire and flood consider longer term relocation of premises
<p>Single or multiple failures of utilities which have a significant effect on operational activity, for e.g.</p> <ul style="list-style-type: none"> • Electricity Failure • No water 	<p>Depending on the type, number and extent of loss consider the following:</p> <ul style="list-style-type: none"> • Refer all CCG Estates Calls to PROPCO – 0844 822 2888 requesting ‘NHSPS03’ or if you know the contact details for your CCGs maintenance contract team you can contact then directly. • Look at staff members who can work from home and agree work priorities / review of office time. • Ask staff who cannot work from home to consider taking any TOIL or annual leave ensuring that immediate and urgent functions are covered. Refer to table 1 for a list of prioritised activities. • Moving of essential functions to another local NHS temporary location where staff have access to IT and telecommunications. Refer annex C for Essex CCGs Mutual Aid agreement for alternative locations - Awaiting development, awaiting key information from NHS Property Services.

12.1.3 Loss of Resources (IT, information, equipment, materials)

Impact	Actions to be considered
<p>Single sustained or multiple IT system failure which has significant operational impacts</p>	<p>Depending on specific shortage consider:</p> <ul style="list-style-type: none"> • Obtain detailed information from NELCSU – 01268 243731 on the extent and time frame for loss and ensure activation of the NELCSU BCP. • Director on-call to liaise with NELCSU on identified critical software systems and recovery times. Refer to annex D for critical software systems and recovery times – Awaiting development • Refer to Directorate BIA for minimum number of hardware and software requirements for each activity / service. Directorate BIA's can be accessed via Resilience Direct. • Director on-call to consider home working or an alternative CENTRA location, see below for locations <ul style="list-style-type: none"> ▪ Mid Essex CCG - Wren House, Chelmsford ▪ North East Essex CCG - 2nd Floor Colchester Primary Care Centre, Colchester ▪ West Essex - Building 4, Spencer Close, St Margarets Hospital, Epping ▪ Basildon and Brentwood CCG - 1st Floor, Phoenix Place, Basildon ▪ Castle Point and Rochford CCG – Pearle House, 12 Castle Road, Rayleigh (room TBC) ▪ Southend CCG – Harcourt House, 5-15 Harcourt Avenue, Southend-On-sea ▪ Thurrock CCG - The Thames Room, 2nd Floor, Civic Offices, Grays • Seek assurance that all areas are using backup paper systems where possible. • If remote access / smartphones are still working consider sending some staff members home to work
<p>Single sustained or multiple telephony system failure which has significant operational impacts</p>	<p>Depending on specific shortage consider:</p> <ul style="list-style-type: none"> • Obtain detailed information from NELCSU – 01268 243731 on the extent and time frame for loss and ensure activation of the NELCSU BCP. • Director on-call to liaise with NELCSU on identified critical services replying telephony. Refer to annex D • Use mobile phones if available, consider using the internal communications teams to put mobile numbers on the internet.
<p>Loss of IT equipment</p>	<p>Depending on scale of loss consider:</p> <ul style="list-style-type: none"> • Consider increasing VPN access for staff to work from home – Process to be confirmed by NELCSU / AO • Arrange for replacement IT equipment to be installed – Process to be confirmed by NELCSU / AO

IT Incident Out of Hours	THERE IS CURRENTLY NO OUT OF HOURS AGREEMENT – Ongoing discussions with NELCSU and CCG
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12.1.4 Loss of Suppliers (Products, services supplied by a third party)

Impact	Actions to be considered
Loss of key supplier / provider of services	<p>Depending on the supplier / provider lost and duration of loss consider the following:</p> <ul style="list-style-type: none"> • Work with supplier / provider on their business continuity arrangements to review timescale and level of disruption. List of Suppliers / Provider of services can be accessed via Resilience Direct (Nicola DOES YOUR HEAD OF CONTRACTS HAVE AN EXCEL SPREADSHEET WE CAN PUT ON RD WITH ALL THE SUPPLIERS ON IT IF NOT WE WILL NEED TO GET INFORMATION FROM BIAS BUT IT WOULD BE MORE SCETCHY) CHRIS TO FIND THIS FROM CR • The use of alternative supplier / provider for a short time frame to provide additional cover. List of alternative suppliers can be accessed via Resilience Direct • Mutual aid between suppliers / providers to ensure that any immediate or urgent functions are maintained. Refer to table 1 for the list of prioritised activities. <p>Communication</p> <ul style="list-style-type: none"> • Communicate to local primary care providers as to any disruption to services • Communicate with NHS England on local issues

12.2 Business continuity mutual aid

Mutual aid agreements should be developed and maintained to ensure the continued delivery of prioritised activities across Essex CCGs during a business continuity incident. Guidance and procedures on how to request mutual aid can be found in local Mutual Aid Agreements Annex C (currently in development).

12.3 Records retention

Those individuals with responsibility for managing the response to an incident should ensure that suitable records and documentation are maintained, including incident logs, decision logs and minutes of any incident management meetings. On stand down all documentation and records must be submitted to the Emergency Planning Team.

12.4 Financial and Budget Arrangements

During the response to or recovery from an incident additional costs may be incurred either through the procurement of additional supplies and services or through the alternations of existing contracts. It is the Incident Manager responsibility to agree any additional expenditure, ensure that all additional costs are captured.

At the time of publication of this plan the nationally set Accounts Ledger did not allocate a specific account code or budget centre for the collation of costs against incident response. As it is not possible to amend the ledger CCGs will identify a cost centre and budget code under which to capture expenditure locally.

12.5 Legal advice access

During an incident or the recovery phase it may be necessary for the Incident Manager to seek legal advice. Thurrock CCG has formal arrangements for receiving legal advice in hours from Capsticks (0208 7802211). Also refer to the below link for legal support services:

<http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm919>

13 Stand Down and Recovery

13.1 Stand-down

A decision to stand-down the incident will be made by the Incident Manager and BCIRG. A log must be kept of all decisions and how they were made. A message should be issued to all incident staff to stand-down. The Incident Manager will appoint a Recovery Manager who will set the strategy for recovery.

13.2 Recovery

The Recovery phase will manage the long term return to business as usual processes or restoration of service to the 'new normal' over a period of hours, days, weeks or months.

The Recovery Manager will form an Incident Recovery Group (IRG) to assist them in making strategic decisions for the short, medium and long term recovery. Attendance from directors, heads of service and external agencies will be as required depending on the incident. The Recovery Director will determine the attendance, frequency and venue. Refer to [annex A](#) for Recovery Manager Action card.

13.3 HR / staff

HR should be consulted for all issues concerning over time, reimbursement of extraordinary costs, relocation costs and staff illness/ wellbeing due to an incident. For further assistance contact the local HR advisor.

13.4 Staff relocation

If staff are to be relocated back to their original workspace, or to another permanent location, the recovery team will liaise with HR, senior management and partner organisations to create and implement arrangements.

14 Debrief

The purpose of a debrief is to properly appraise all aspects of the incident response and capture good practice and requirements for continual improvement.

To maximise benefit debriefs should be conducted face to face and in an environment that facilitates open and honest input.

In the event that this plan has been activated the BCIRG will be responsible for organising an internal debrief. The Emergency Planning Team can provide support and assistance.

14.1 Hot debrief

To be conducted immediately following incident stand-down. Staff should provide feedback on incident response to identify lessons and good practice.

14.2 Cold debrief

To be conducted within 14 days of incident stand-down. This debrief should encompass feedback and incident logs. The debrief should be co-ordinated by the Incident Director and construct a chronological list of events and actions. Analysis should be undertaken to identify lessons and establish good practice. A subsequent incident report should be created including an action plan.

14.3 Multi-agency debrief

Depending on the nature of the incident, there may be a multi-agency response. As appropriate, stakeholders and partner organisations will be invited to participate in the appropriate debriefs.

15 Associated and reference documentation

15.1 Associated documents

- Essex CCGs Business Continuity Policy
- Incident Co-ordination Centre Plan
- Incident Response Plan
- Directorate BIA's

15.2 Reference documents

- [Civil Contingencies Act 2004](#)
- ISO 22301:2012 – Business Continuity Management Systems Requirements.
- ISO 22313:2012 – Business Continuity Management Systems Guidance.
- [NHS England Business Continuity Management Framework.](#)
- [NHS England Core Standards for Emergency Preparedness, Resilience and Response \(EPRR\).](#)
- [NHS England EPRR Business Continuity Management Toolkit.](#)
- PAS 2015:2010 Framework for Health Services Resilience.
- [Chapter 6: Business Continuity Management, Emergency Preparedness](#)

16 Annex A – BCIRG Action Cards

Business Continuity Incident Response Group Action Cards

1. Director on-call – Incident Manager
2. Accountable Officer / Emergency Accountable Officer
3. Head of Resilience
4. Admin Support
5. Loggist
6. Communications Officer
7. Heads of Service/ Departments
8. Recovery Manager

1. Director on – Call (Incident Manager)

ACTION CARD		CCG Director on Call (Incident Manager)
Responsible for: Ensuring that providers of commissioned Healthcare in Essex continue to deliver critical services so far as reasonably practical during a disruptive incident		
Number	Action	Time Completed
1	Confirm that the alert is a genuine emergency and estimate the extent of the disruption	
2	Make a decision to invoke the Thurrock CCG Business Continuity Plan – Section 7 of the BCP	
3	Liaise with CCG Accountable Officer / Emergency Accountable Officer and CCG Head of Resilience	
4	Depending on the scale of the disruption consider setting up the Business Continuity Incident Response Group (BCIRG) to coordinate the response to the disruption – Section 9 of the BCP	
5	Depending on the scale of the disruption consider setting up the CCG Incident Coordination Centre (ICC)	
6	Commence and maintain a personal log of your actions, including any details of any briefing received.	
7	Determine the incident response level of the incident – Section 8 of the BCP	
8	Using Table 1 – Section 5 of the BCP identify the Prioritised Activities (RED) which must be continued during and following an incident in order to mitigate impacts on the delivery of services.	
9	Contact the appropriate Heads of Service/ Managers to inform them of the activation of the BCP and request them to attend the BCIRG.	
10	Inform Heads of Service /Managers of the critical services to be maintained during the disruption and request regular SITREPS.	
11	Liaise with NHS England Midlands and (East) Director / Manager on –Call, completing the SITREP form at annex B of the BCP when requested.	
12	Continue to direct and coordinate the management of the disruption. On a regular basis, stop the action and obtain a situation report from all members of the team.	
13	Liaise with internal and external partners / suppliers effected by the disruption	
14	Determine business continuity strategy in conjunction with BCIRG members. Refer to BC strategies identified within Section 12 of the BCP	
15	Ensure the communications team issue updates to staff and media when required. Section 11 of the BCP	
16	Appoint a Recovery Manager to start to facilitate a timely recovery process. Section 13.2 of the BCP	
17	For a protracted incident (over 6 hours) request one of the other CCG directors to take over from you.	
18	Stand down the BCIRG, BCP and ICC when it is felt that the situation can be handled within normal working arrangements.	
19	At stand down arrange/ participate in any debrief and hand hard copies of logs to the Emergency Planning Team.	

2. Accountable Officer / Emergency Accountable Officer

ACTION CARD		Accountable Officer / Emergency Accountable Officer
Responsible for: Supporting the Incident Manager		
Number	Action	Time Completed
1	Work with Incident Manager to ensure that the CCG continues to deliver their prioritised activities during and after the disruption.	
2	Assume the role of Incident Manager if required.	
3	Carry out actions requested by the Incident Manager.	
4	Commence and maintain a personal log of your actions, including any details of any briefing received.	

3. Head of Resilience

ACTION CARD		Head of Resilience
Responsible for: Supporting the Incident Manager		
Number	Action	Time Completed
1	Provide the BCIRG with timely, comprehensive advice in line with relevant legislation, guidance etc.	
2	Ensure any requests by or to the BCIRG are actioned as required.	
3	Be aware how many members of the BCIRG and support team are functioning and support where necessary.	
4	Carry out actions requested by the Incident Manager.	
5	Be able to provide a report for the Incident Manager.	
6	Keep a log of all your actions, including details of any briefing received.	
7	Arrange any debrief with or for the Incident Manager.	

4. Administrative Support

ACTION CARD		Administrative Support Officer
Responsible for: To provide administrative support to the BCIRG		
Number	Action	Time Completed
1	Assist in setting up of Incident Coordination Centre (ICC).	
2	Agree levels of admin support staff required with Incident Manager.	
3	Source required staff.	
4	Allocate staff to the following roles: <ul style="list-style-type: none"> • Call handling staff • Loggists • Information Coordinator 	
5	Provide help and assistance where required.	
6	Keep a log of your actions, including details of any incident briefed.	

5. Loggist

ACTION CARD		Loggist – Accountable to the Incident Manager only
Responsible for: recording all issues/actions/decisions/ made by the Incident Manager		
Number	Action	Time Completed
1	The Loggist must use the CCG log book provided (blue log book). It must be completed using agreed best practice principles (as per loggist training).	
2	The log must be clearly written, dated and initialled by the loggist at the start of shift and include the location.	
3	All persons in attendance to be recorded in the log (table plan).	
4	The log must be a complete and continuous record of all the issues / decisions/ actions as directed by the Incident Manager, it must be recorded in real time (contemporaneous).	
5	If individuals are tasked with a function or role this must be documented so no alternations can be made at a later date.	
6	If notes or maps are utilised these must be noted within the log.	
7	At the end of each session in the log a score and signature is to be added underneath the documentation so no alternations can be made at a later date.	
8	All documentation is to be handed to the Emergency Planning Team, to be stored and retained for evidence for any future proceedings.	
9	Where something is written in error changes must be made by a single line scored through the word and the amendment made and initialled.	

6. Communications Officer

ACTION CARD		Communications Officer	
Responsible for:			
Number	Action	Time Completed	
1	Liaise with NHS England Midlands and (East) communications lead on a regular basis.		
2	Prepare staff briefing informing of the implementation of the Business Continuity Plan and Business Continuity Incident Response Group and outlining the disruption.		
3	Prepare public briefing to inform of services which will be interrupted, continued and details of helpline numbers (if required)		
4	Oversee implementation of helpline (if required)		
5	Implement arrangements for communicating with professional partners and agree policy statements and briefing times with the BCIRG.		
6	Information on current national, regional and local situation posted and updated daily on the CCG website and Twitter page.		
7	Information regarding arrangements for the delivery of services e.g. cancellation of services and relocation of services posted on the CCG website and updated regularly.		
8	Consider the use of local to deliver information regarding the disruption and current position.		
9	Be available to support CCG Executives during media interviews if necessary.		
10	Carry out actions requested by the Incident Manager		
11	Keep a log of your actions, including details of any incident briefed.		

7. Heads of Service / Departments

ACTION CARD		Heads of Service / Departments
Responsible for:		
Number	Action	Time Completed
1	Attend BCIRG as requested by the Incident Manager	
2	Identify critical services affected by the disruption in your area	
3	Determine priorities and allocate resources in accordance with the BCP and you directorate BIA. Task operational leads in the department.	
4	In consultation with the Incident Manager agree strategies to ensure critical services are continued	
5	In consultation with the Incident Manager prepare to cease non-essential services and re-allocate staff.	
6	Prepare update briefing reports in line with requests from the Incident Manager.	
7	Carry out actions requested by the Incident Manager	
8	Keep of log of your actions, including details of any briefings received	

8. Recovery Manager

ACTION CARD		Recovery Manager
Responsible for: To coordinate and implement the overall recovery strategy.		
Number	Action	Time Completed
1	Highlight, monitor and consider recovery issues whilst still in the response phase.	
2	Manage the long term return to business as usual processes or restoration of service to the 'new normal' over a period of hours, days, weeks or months	
3	Form an Incident Recovery Group (IRC) to assist in strategic decision making for the overall recovery strategy. Membership of the group will depend on the incident.	
4	Monitor financial matters and pursue funding and other assistance if required	
5	Establishing specialist sub-groups where necessary e.g. Estates, IT, Information Governance.	
6	Allocating staff to priority areas.	
7	Managing impact of incident on performance targets and managing expectations of partners.	
8	Implications of, and solutions to, any lack of resources.	
9	If affected, utilities (e.g. power & water) are brought back into use as soon as practicable.	
10	Information and media management of the recovery process is co-ordinated.	
11	HR to be consulted for all issues concerning over time, reimbursement of extraordinary costs, relocation costs and staff illness/ wellbeing due to an incident.	
12	If staff are to be relocated back to their original workspace, or to another permanent location, liaise with HR, senior management and partner organisations to create and implement arrangements.	
14	Keep of log of your actions, including details of any briefings received.	

17 Annex B Incident briefing template

Incident Brief

Date:	Time:
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Briefing No:	of
---------------------	-----------

Completed by:		For:	
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Current Incident Level:	1	2	3
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Incident description	
What is the likely duration of the incident?	
What is the current / possible impact on sites / services / prioritised activities for the team?	
Incident response summary (actions taken / required)	
Stakeholders notified / to be notified / impacted:	
Media & Communications (briefing lines provided / required)	
Any other issues or concerns?	
Officer:	Date/Time:

18 Annex B Incident situation report template (SITREP)

BC Incident SitRep - Capturing Initial Incident Details

Date:		Time:	
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Completed by:			
Notified by:	Name:		
	Contact Details:		

What has actually happened or is the anticipated scenario?	
What is the current / possible impact on sites / services / prioritised activities?	

Incident Level:	1	2	3
Response Team Required:	Insert details		

Next Update at :	Date:	Time:
Authorising Officer:		

19 Annex C – Mutual Aid Agreement

In development

20 Annex C – Mutual Aid Request Form

Agreement

This document details the provision of mutual aid during an incident between the given CCG in the table below, co-ordinated by an authorising officer(s) within each CCG.

NB: issue a copy to the assisting CCG and retain a copy for record purposes

MUTUAL AID REQUEST	
Date:	<i>(Date of request)</i>
Time:	<i>(Time of request)</i>
To:	<i>(Contact: assisting organisation)</i>
Assisting Organisation Contact Details:	<i>Tel:</i> <i>Email:</i> <i>Location</i>
From:	<i>(Incident Manager: requesting organisation)</i>
Incident Manager Contact Details:	<i>Tel:</i> <i>Email:</i> <i>Location:</i>
Details of request:	<i>No of staff:</i>
	<i>No of desks:</i>
	<i>ICT equipment</i>
	<i>Other resource:</i>
	<i>Comments:</i>
Requested timeline for assistance	<i>Start date:</i>
	<i>Estimated end date</i>

MUTUAL AID AGREEMENT	
Assisting organisation authorising officer	<i>Tel:</i> <i>Email:</i> <i>Location:</i>
Details of mutual aid provision	<i>No of staff:</i>
	<i>No of desks:</i>
	<i>ICT equipment</i>
	<i>Other resource:</i>
	<i>Comments:</i>
Confirmed timeline for assistance	<i>Start date:</i> <i>Estimated end date:</i>
Additional details / conditions of assistance	<i>Access arrangements:</i> <i>Other details:</i>

Request conditions:

Requests for mutual aid must be documented.

An estimated time of requirement should be made clear, with an agreed review timeframe.

are to be informed that Mutual Aid has been requested / provided / declined to enable an overview of incidents to be maintained.

Signatories (requesting and assisting organisations):

Organisation	Authorising officer / contact details	Signature	Date
Add as required			

21 Annex D Software Business Critical Analysis for ICT

Software Business Critical Analysis for recovery by NEL CSU

Thurrock

Date

22nd
October
2015

Jackie King and
Maxine Hazle

KEY

Critical - must be maintained

Urgent - Will become critical if not reinstated within 8 hrs

Essential - must be reinstated within 24 hours

Important - non-essential systems (within 7 days)

Application	Purpose	Application installed on PC/Laptop?	Accessed via Internet (Y/N)	CCG System Contact	Corp Services	Finance	Clinical Comm	Nursing & Quality	Medical	Priority
Cisco for VPN	Access to shared drives when remote working.	Y	Y		X	X	X	X	X	Critical (maintain)
Emails Microsoft Outlook	Internal & External Communication	Y	Y		X	X	X	X	X	Critical (maintain)
Internet - Internet Explorer	Access to intranet and internet	Y	Y		X	X	X	X	X	Critical (maintain)
ISFE (finance system)						X				Important (7 days)

OFFICIAL – SENSITIVE: COMMERCIAL

Microsoft Office 2010	Word, Outlook, Powerpoint, Access. Excel,	Y	N			X	X	X	X	X	Critical (maintain)
NHS mail	Secure NHS e-mail system	N	Y			X	X	X	X	X	Critical (maintain)
NHS Pathways CAMS and hospital inbound (via internet)	Situational awareness of Acute providers and Ambulance.	N	Y			X		X			Critical (maintain)
Oracle	Invoice coding and authorisation.	N	Y			X	X	X	X	X	Urgent (8 hrs)
Phone system	Internal and External communications	N	N			X	X	X	X	X	Critical (maintain)
Resilience direct	On-Call/ Emergency Planning/Business Continuity	N	Y	Jackie King		X	X	X	X	X	Critical (maintain)
shared drives	Shared files	Y	N			X	X	X	X	X	Critical (maintain)

SystemOne	CCC administration safe guarding childrenOn line booking service	N	Y					X		Urgent (8 hrs)
Emiss	Patient Access lets you use the online services of your local practice.	N	Y					X		Important (7 days)
ScriptSwich	ScriptSwitch is the UK's leading prescribing decision support solution for healthcare professionals within the primary care sector	N	Y						x	Essential (24 hrs)
Epact.net	application which allows authorised users at Primary Care Organisations (PCOs) / Area Teams / Trusts and National users to electronically access prescription data.	N	Y						x	Critical (maintain)