

NHS Oxfordshire Clinical Commissioning Group

Policy	Business Continuity Policy and Framework
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Document Control

Reviewers and Approvals

This document requires the following reviews and approvals:

Name	Version Approved	Date Approved
OCCG Executive	6.0	

Revision History

Version	Revision Date	Details of Changes	Author
1.0	October 2013	First Iteration of policy	Julie Dandridge
2.0	December 2014	Change to Oxford Health Telephone No (9.1.2)	Linda Adhana
3.0	September 2015	Updated to reflect new structure	Rachel Jeacock
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5.0	December 2018	Updated to reflect more agile working practices	Rachel Jeacock
6.0	September 2019	CM revision for new structure and NHS mail	Catherine Mountford

Links or Overlaps with Other Key Documents and Policies

Document Title	Version and Issue Date	Link
Incident Plan & Operational Response Manual	August 2018	
Agile Working Policy	May 2019	

Acknowledgement of External Sources

Title / Author	Institution	Link
Civil Contingencies Act 2004	HM Government	http://www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf
Emergency Preparedness and Response Framework	NHS England	https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-framework.pdf
Business Continuity Management Framework (service resilience)	NHS England	https://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of OCCGs commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

OCCG aims to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with OCCG's legal equality duties.

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Foreword

This document contains both the Business Continuity Policy and Framework providing the strategic overview and the Business Continuity Plan which summarises the practical steps which will be taken in the event of significant disruption to business continuity.

It should be read alongside the Incident Response Plan and Operational Response Manual for Oxfordshire Clinical Commissioning Group (OCCG).

Section 1: Business Continuity Policy and Framework

1 Introduction

Business continuity planning forms an important element of good business management and service provision. All business activity is subject to disruptions such as technology failure, flooding or utility disruption. Business Continuity Management (BCM) provides the capability to adequately react to operational disruptions, while protecting welfare and safety.

BCM involves managing the recovery or continuation of business activities in the event of a business disruption, and management of the overall programme through training, exercises and review to ensure the business continuity plan stays current and up to date.

For the NHS, BCM is defined as the management process that enables an NHS organisation:

- To identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation;
- To identify and reduce the risks and threats to the continuation of these key services;
- To develop plans which enable the organisation to recover and / or maintain core services in the shortest possible time.

1.1 The Benefits of an Effective BCM Programme

An effective BCM programme within OCCG will help the organisation to:

- Anticipate;
- Prepare for;
- Prevent;
- Respond to;
- Recover from

disruptions, whatever their source and whatever part of the business they affect.

1.2 The Outcome of an Effective BCM Programme

The outcomes of an effective BCM programme within OCCG include:

- Key products and services are identified and protected, ensuring their

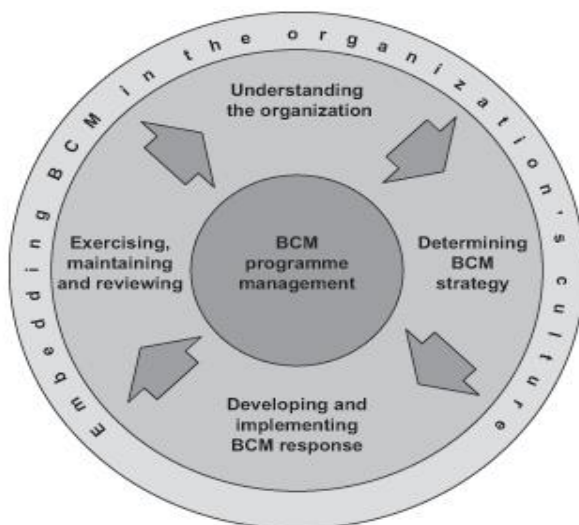
continuity;

- The organisation's understanding of itself and its relationships with other organisations, relevant regulators or government departments, local authorities and the emergency services are properly developed, documented and understood;
- Staff are trained to respond effectively to an incident or disruption through appropriate exercising;
- Staff receive adequate support and communications in the event of disruption;
- The organisation's supply chain is secured;
- The organisation's reputation is protected;
- The organisation remains compliant with its legal and regulatory obligations

1.3 Elements of BCM Lifecycle

The industry standard, ISO22301 BCM, characterises BCM as a series of six lifecycle elements:

- BCM programme management;
- Understanding the organisation;
- Determining business continuity strategy;
- Developing and implementing BCM response;
- BCM exercising, maintaining and reviewing BCM arrangements;
- Embedding BCM in the organisations culture



2 Duties for Business Continuity and Recovery

This document has been written to align to PAS 2015 and the NHS England Business Continuity Framework.

There are a number of key documents that outline and detail the requirement for NHS organisations to establish a business continuity management system:

- Civil Contingencies Act 2004
- NHS England Emergency Preparedness, Resilience and Response

Framework 2015

- NHS England Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

2.1 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at a local level. The Act divides local responders into two categories, imposing a different set of duties on each. Category 1 responders are those organisations at the core of the response to most emergencies and are subject to the full set of civil protection duties. Category 2 organisations (the Health and Safety Executive, transport and utility companies) are ‘co-operating bodies’. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties – co-operating and sharing relevant information with other Category 1 and 2 responders.

All CCGs are listed as category 2 responders.

2.2 NHS England Emergency Planning Framework

This document provides a framework for all NHS funded organisations to meet the requirements of the Civil Contingencies Act (2004), the Health and Social Care Act (2012), the NHS standard contracts and the NHS England EPRR Response Framework (2015), NHS England Incident Response Plan (2017) and NHS England Business Continuity Framework (2013). The core standards provide the minimum standards which NHS organisations and sub-contractors must meet.

2.3 NHS England Business Continuity Management Framework (system resilience)

This highlights the need for business continuity management in NHS organisations. It lists the relevant standards and indicates the guidance organisations need to follow. It promotes joint working arrangements between NHS organisations when planning for and responding to disruptions.

2.4 National and International Standards for Business Continuity Planning

There are a number of national and international standards relating to guidance for BCM that can be found in:

- ISO 22301 Societal Security – Business Continuity Management System – requirements
- ISO 22313 Societal Security – Business Continuity Management System – Guidance
- PAS 2015 – Framework for Health Service Resilience

On 6 January 2014 NHS England produced a BCM Management Toolkit to help organisations meet these national and international standards. This Toolkit, which was updated in November 2016, has been used to ensure all standards are met by OCCG.

3 Business Continuity Policy and Planning Framework

3.1 Aim of Business Continuity Policy and Planning Framework

The policy and planning framework aims to ensure that the principles of BCM are embedded throughout the organisation and provides assurance to staff, patients, stakeholders and the local population that key services during a disruption event can continue.

3.2 Objectives of the Business Continuity Policy and Planning Framework

The objectives of the Business Continuity Policy and Planning Framework are:

- To ensure a comprehensive BCM system is established and maintained;
- To ensure key services, together with their supporting critical activities, processes and resources, will be identified by undertaking business impact analysis;
- To ensure risk mitigation strategies will be applied to reduce the impact of disruption on key services;
- To ensure plans will be developed to enable continuity of key services at a minimum acceptable standard following disruption;
- To outline how business continuity plans will be invoked and the relationship with the OCCG Incident Response Plan;
- To ensure plans are subject to on-going exercising and revision;
- To ensure OCCG Board is assured that the BCM system remains up to date and relevant.

3.3 Scope

The BCM system, which includes the Business Continuity Policy and Planning Framework and Business Continuity Plan, addresses those services which are provided by the Directorates of OCCG:

- Governance
- Quality
- Delivery and Localities
- Finance
- Transformation

3.4 Roles and Responsibilities

Ownership of BCM is required at every level within OCCG.

Each directorate must ensure that the business activities of each individual service under its jurisdiction are maintained if this service is identified as critical to the directorate's function. Where a service is contracted out, or is dependent on external suppliers, the responsibility remains with the directorate to ensure continuity. Directorate Business Continuity Leads need to seek assurance that suppliers and contractors also have robust business continuity arrangements in place.

Key business continuity responsibilities are as follows:

- **Chief Executive Officer:** has overall accountability for the successful implementation of business continuity.
- **Accountable Emergency Officer:** has overall responsibility for the successful implementation of business continuity.

- **Director of Finance:** will be responsible for identifying resources for business continuity management systems where necessary and setting up unique cost codes and budget codes to track costs.
- **Directors:** responsible for drawing up directorate business continuity plans and ensuring the successful implementation of contingency arrangements for critical services within their directorates. This may be delegated to a Business Continuity Lead for the directorate.
- **Business Continuity Lead:** responsible for assisting with drawing up directorate business continuity plans and ensuring implementation of contingency arrangements for critical services within their directorate
- **Managers and Teams:** responsible for successful implementation of business continuity within their area of responsibility.
- **Individual employees:** each individual member of staff is responsible for ensuring they are familiar with the Business Continuity Plan and their role within it. As dependent on use of technology all staff must ensure calendar up to date, showing details (where and how to contact visible for all).

3.5 Business Impact Analysis

Business Impact Analysis (BIA) is the process of analysing business functions and determining the effect that a business disruption might have upon them, and how these vary over time. The aim of BIA is to ensure OCCG has identified those activities that support its key services in advance of an incident, so that robust business continuity plans can be put into place for those identified critical activities.

The strategic aims of the organisation are taken into account when directorates determine critical activities.

3.6 Risk Assessment

Thames Valley Local Resilience Forum has a legal duty to maintain a Community Risk Register (CRR). Thames Valley's CRR helps identify emerging issues and also situations where a risk may be increasing or decreasing in the Thames Valley area. The Community Risk Register should be considered when undertaking impact analysis in order to enable the organisation to understand threats to, and vulnerabilities of, critical activities and supporting resources, including those provided by suppliers and outsourced partners.

3.7 Business Impact Analysis Tool

The BIA tool (see Appendix A) assists each directorate to identify critical activities / services, maximum tolerable periods of disruption, critical interdependencies and recovery objectives.

The Maximum Acceptable Downtime (MAD) is the timeframe during which recovery of systems, processes and activities must be achieved to prevent the risk of a significant impact arising if the downtime is exceeded, i.e. what is the maximum down time which could be tolerated without incurring one or more of the consequences below.

For the purposes of business continuity, OCCG defines a 'significant impact' as any situation that could give rise to one or more of the following situations:

- An unacceptable risk to the safety and / or welfare of patients and staff;

- A major breach of a legal or regulatory requirement;
- A major breach of a contract, service level agreement or similar formal agreement;
- A risk of significant financial impact;
- A threat to the reputation of OCCG as a competent NHS organisation

For the purposes of business continuity, OCCG defines the following scale of MADs:

Scale	Timeframe	Rationale
A	Immediate restart	Typically used only for clinical and in-patient services where <u>any</u> interruption raises an immediate and unacceptable risk to people
B	One working day	An unacceptable risk will arise if this activity is not fully restored within 24 hours
C	Three working days	The norm for service recovery - recovery within this timeframe will not jeopardise patient safety or welfare
D	One working week	The timeframe for most non-clinical activity
E	Seven days plus	Typically training and similar activities that can be suspended without significant impact in the short term

3.8 Directorate BCM Plans

The outcome of each directorate's BIA has been used to prepare a directorate business continuity plan (see section 2).

4 Implementing the Business Continuity Plan

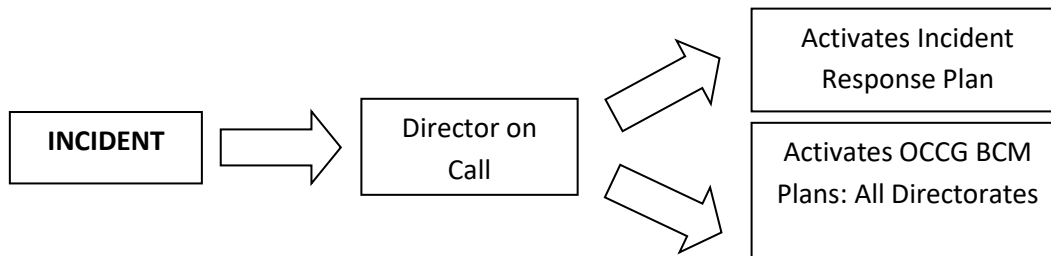
4.1 Triggers for Activation of Plan

The OCCG Business Continuity Plan is likely to be activated in the following circumstances although the list is not exhaustive and the need to activate the plan will be decided by the Director on Call.

- Loss of access to Jubilee House (due to fire, flood or other incident effecting either Jubilee House or the surrounding business parks or roads)
- Loss of amenities that support Jubilee House including power, water or gas
- Loss of ICT access or services
- Significant changes in the operating risk level necessitating a change in the operating environment.

4.2 Activating the Plan

The Business Continuity Plan will be activated by the Director on Call when the Incident Response Plan has been activated or is on standby and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all directorates will need to activate their Business Continuity Plan.



4.3 Managing Business Continuity during an Incident

This is detailed in the Business Continuity Plan in Section 2 and is led by the Director on Call.

4.4 Standing Down

When there is no further risk to business continuity from the incident, the Director on Call together with the Chief Executive will declare the event over (stand down).

5 Training and Exercising

5.1 Training

Directors on Call and Directorate Business Continuity Leads will be provided with business continuity training appropriate to their role.

5.2 Exercising

All staff will be expected to participate in business continuity exercises on a regular basis. Exercises can take various forms, from a test of the communications plan, a desk-top walk through, to a live exercise. However in all cases, exercises should be realistic, carefully planned and agreed with all stakeholders, so that there is minimum risk of disruption to business processes.

5.3 Records

A record of training and exercising undertaken will be kept by the Accountable Emergency Officer so that the organisation has a central record of training undertaken.

5.4 Audit and Monitoring Criteria

The Accountable Emergency Officer is responsible for ensuring policy and guidance on all business continuity arrangements is developed, including the production and maintenance of the OCCG Business Continuity Policy and Plan which is approved by the OCG Board.

The Accountable Emergency Officer is responsible for ensuring the Policy and Plan is reviewed on an annual basis or earlier as a result of changes to legislation or changes to OCCG structure and / or procedures. Each directorate will undertake an annual BIA and review the directorate business continuity plan accordingly.

Within OCCG, the Accountable Emergency Officer will ensure that annual assurance reports are submitted to the Board outlining the current status of OCCG emergency preparedness in line with NHS England Assurance Process.

5.5 Continuous Improvement

Business Continuity Plans will be updated in light of feedback from:

- Actual incidents and disruptions to business activities;
- Exercises and audits;
- Re-assessment of risks;
- Organisational, facility or system changes;
- External change including change to partner organisations;
- Management reviews of the effectiveness of the business continuity process.

5.6 Distribution

This Policy and Plan is distributed to designated manual holders and is available on the Staff Zone.

Section 2

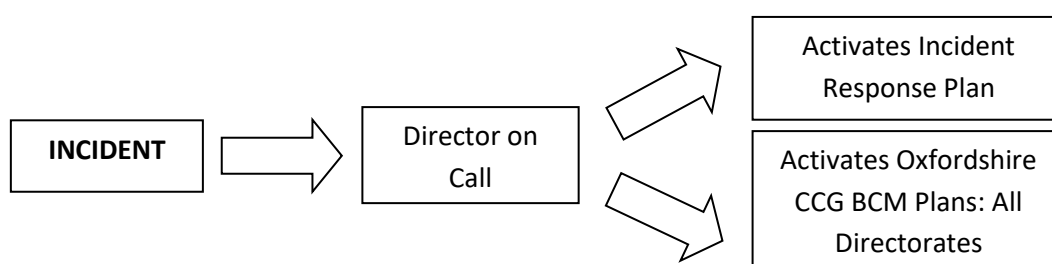
Business Continuity Plan for OCCG

6 Introduction

This plan should be followed should the need to activate the business continuity plan in OCCG be triggered. It may not be necessary to activate the whole plan and it will be possible to activate certain elements.

7 Activating the Plan

The Business Continuity Plan will be activated by the Director on Call when the Incident Response Plan has been activated or is on standby and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all directorates will need to activate their Business Continuity Plan.



8 Managing the Plan

8.1 Roles and Responsibilities

The Director on Call is responsible for activating and co-ordinating the plan. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario it is possible to delegate the leadership of the Business Continuity Plan to the second on call or other suitable delegate. If there is an incident that requires evacuation of Jubilee House and the Director on Call is not on site they should delegate the responsibility to an individual who is on site.

The Directorate Business Continuity Leads are the key link with the Director on Call. They are responsible for ensuring that the directorate Business Continuity Plan is activated and that all staff in the directorate are kept informed and updated.

8.2 Action Required

The action cards for the Director on Call and the directorate Business Continuity Leads should be followed.

Each directorate has a comprehensive business impact analysis and service continuity plan in place which details the critical functions and key recovery objectives in order to minimise disruption to essential services.

8.3 Incident Management Team

If the incident looks like it may be prolonged it may be necessary to set up an

Incident Management Team (IMT) to ensure OCCG critical activities are continued.

The IMT may meet in the Incident Control Centre (ICC) or communicate via teleconference.

Key individuals involved would be:

- Director on Call;
- Directorate Business Continuity Leads;
- Head of Communications and Engagement / Communications Manager

Co-opted members may also include NHS Property Services Ltd and Workman FM (Business Park Managers).

8.4 Information Recording

It is important that there is a clear record of decisions taken which should be recorded in the Director on Call log book.

As a minimum this information will include:

- The nature of the decision;
- The reason for the decision;
- The date and time of the decision;
- Who has taken the decision;
- The extent of consultation and advice from external stakeholders;
- Who has been notified of the decisions made;
- Any review dates of the decision.

8.5 Finance and Resources

If necessary a separate cost centre will be set up with a budget in agreement with the Director of Finance. The Scheme of Delegation will apply.

8.6 Staff Safety

Staff safety remains a high priority. If it is not safe for staff to be in Jubilee House or traveling to and from Jubilee House or on OCCG business then staff should remain at home. This decision will be taken by the Director on Call or another Director.

In the unlikely event that some staff are not able to travel home due to disruption they will be encouraged to stay with a colleague / local friend where possible.

Overnight accommodation is also available at the Premier Inn, Oxford Business Park, Garsington Road, Oxford, OX4 2JT, telephone number 0871 527 8866.

8.7 Outsourced Activity

OCCG currently outsources a number of activities to SCWCSU. This includes critical activities such as Human Resources and financial services. The business continuity plans for these services have been reviewed. Directorates with lead commissioner responsibilities for critical outsourced activities will capture this in their BIA and service continuity plans.

Other critical outsourced activities include the management of Jubilee House to NHS

Property Services.

Information Technology support is outsourced (via CSCSU) to Oxford University Hospital Trust.

8.8 Communications

Involvement of the Communications team is key when activating business continuity plans. Communications support should come through the Head of Communications and Engagement in hours and they will be responsible for the consistency of internal and external messages.

Staff messages are especially important and will be primarily through the Directorate Business Continuity Leads or via email / cascade to all OCCG staff.

When there are long periods of time when staff are working from home then consideration will be given to daily directorate teleconferences to ensure staff are kept up to date with events and can liaise over business critical activities.

9 Specific Actions

9.1 Loss of Access to Jubilee House

All staff have been issued with laptops to enable agile working practices. In the event staff being unable to access Jubilee House either as a result of long-term disruption to business operations or as a result of short term issues such as adverse weather it is expected most staff would work from home / alternative location such as another NHS building or Oxfordshire County Council offices. Staff must clearly record in their calendars where they are working and how they can be contacted.

To support this staff are requested to take their laptops home every evening. However if this is difficult staff should have made plans as to how they will continue to work during a business continuity incident. Where staff are unable to do this they will be asked to take annual or unpaid leave. Those staff who have been identified as having a business critical role must ensure they take their laptop home every evening.

All staff are aware of evacuation points in the case of a fire alarm and this should be the first port of call for all staff so that the fire marshals can ensure staff are accounted for.

In conjunction with OCCG Directors and Directorate Business Continuity Leads, the Director on Call would seek to ensure that essential staff members from each directorate were promptly relocated.

Alternate accommodation is available at:

Raglan House
23 Between Towns Road
Cowley
Oxford
OX4 3LX

Windrush Medical Centre
Welch Way
Witney
Oxfordshire
OX28 6JS

Windrush Medical Centre has telephones and computers which can connect to the OCCG network. There is capacity for eight staff to work from the Medical Centre.

Other staff will be relocated, if required, once suitable accommodation can be identified and prepared. This may take between one to twelve weeks and in the interim each directorate will need to identify staff members who may be able to work from home and ensure that communication with staff is maintained.

9.2 Loss of Utilities to Jubilee House

The following disruption to utilities in Jubilee House could affect OCCG business:

- Water outage;
- Power failure – gas for heating and hot water;
- Air conditioning failure
- Telephone failure

In this situation, NHS Property Services would work with Workman FM to ensure utilities are restored as soon as possible.

If necessary staff will be advised to work from an alternative location.

9.3 Technology Failure

Technology support is provided to OCCG from OUH IM&T. There is a service level agreement (SLA) which ensures that any system failure is quickly resolved.

- If a network switch goes down, OUH IM&T will replace under SLA usually within 4-6 hours.

Additional servers are based off site providing back up and access to files if the servers at Jubilee House are no longer available.

File servers that are not in Jubilee House are covered under OUH IM&T SLA and would usually be up and running again within 48 hours with files backed up every night.

Loss of power to Jubilee House or difficulty in access would mean:

- Staff who work from laptops may have residual battery power for a short time;
- Staff with virtual private network (VPN) on their laptops would be able to access their drives and folders provided internet access is available and could email documents to those that don't have VPN;
- If access to Jubilee house is limited for an extended time, it is possible to set up VPN remotely via OUH IM&T.
- All staff can access NHS mail via web browser

10 Extraordinary Events

10.1 Fuel Shortage

The Governance Team and business continuity leads hold information on which staff rely on personal cars to reach Jubilee House. If personal cars are not available those staff that can travel by foot, bicycle or public transport (if available) will be expected to do so.

All permanent staff members issued with a laptop will have access (via VPN) to files stored on the network will email work files to staff members with no access to the network. Additionally staff can access work emails from personal computers via <https://portal.nhs.net/>

10.2 Severe Weather

In the event of severe weather which prevents staff from being able to travel to work, the arrangements for working remotely would be the same as for fuel shortages. Personal safety should be considered at all times. Where it is not possible to work remotely, staff may request annual or unpaid leave. In the case of worsening weather conditions staff may leave early and make up the hours remotely.

10.3 Industrial Action

In the event of industrial action where staff levels are affected, the Director on Call together with the directorate business continuity leads will reprioritise the critical activities and these functions will be the focus of the workforce.

10.4 Staffing Shortages

In the event of pandemic flu or other such incidences where staff levels are affected, the Director on Call together with the directorate Business Continuity Leads will reprioritise the critical activities and these functions will be the focus of the workforce. Planning and assumptions for pandemic flu are based on a worst case scenario of 50% of staff being absent from work.

A Skills Register has been developed and is held by the Governance Team to understand how mutual aid can be offered or received in an emergency response to a disease outbreak or similar clinical event.

11 Recovery

During the recovery period, the emphasis will be on getting services back to normal. It may be that it is easier for some services to return to normal and others will remain restricted depending on the incident.

The following should be considered during the recovery phase:

- Reduced availability of staff;
- Loss of skill and experience;
- Uncertainty, fear and anxiety of staff;
- Breakdown of community support mechanisms;
- Disruption to daily life (for example effect on transport systems, schools);

- Disruption to utilities and essential services;
- Disruption to internal / ICT services / communication systems
- Contaminated areas;
- Disruption to supplies;
- Management of finances;
- Stopping and starting targets;
- Change in competitive position;
- Reputation damage
- Organisational fatigue;
- Economic downturn

11.2 Standing Down

When there is no further risk to business continuity for the incident, the Director on Call together with the Chief Executive will declare the event over (stand down).

11.3 Debrief

In order to identify lessons learned, a series of debriefs post incident are seen as good practice:

- Hot debrief: immediately after incident and with incident responders (at each location);
- Organisational debrief: 48-72 hours post incident;
- Multi-agency debrief: within one month of incident;
- Post incident debrief: within six weeks of incident.

These will be supported by action plans and recommendations in order to update OCCG plans and provide any further training required.

Section 3 Directorate Specific Plans

Governance Team (incorporating Executive Team)

Updated: May 2019

Critical Activities

Activity	Person(s) Responsible
Leadership	Chief Executive Business Manager
EPRR	Director of Governance (AEO)

Critical Outsourced Activities

The following services are outsourced to Central South and West CSU:

- Human Resources

Their business continuity plans have been shared and reviewed by OCCG.

Accommodation and Relocation

The core team members for relocation in this Directorate are:

- Chief Executive
- Business Manager
- Director of Governance
- Governance Manager and EPRR Lead

Working off site

All permanent staff have VPN and can work remotely. Additionally access to emails is available on personal devices via <http://webmail.oxnet.nhs.uk> or <https://portal.nhs.net/>

Fuel Shortage

members of staff are able to get to work via public transport, bicycle or on foot.

Technology Failure – Access to Network

The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information

The Business Continuity Lead for the Directorate with the support of the Emergency Planning Lead will ensure that the following resources are in place:

Telephone cascade list with work, mobile and personal mobile numbers for staff members within the directorate stored on and off site	Checked: May 2019 Checked by: Emergency Planning Officer
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Quality

Updated: May 2019

Critical Activities

Activity	Person(s) Responsible
Patient Advice Service	Senior Patient Services Officer Patient Services Officer
111 Incidents and other SIRIs	Quality Improvement Manager
Safeguarding / CDOP	One member of Safeguarding Team

Critical Outsourced Activities

Not applicable to this directorate's critical activities

Accommodation and Relocation

The core team members for relocation in this Directorate are:

- Senior Patient Services Officer
- Patient Services Officer
- Quality Improvement Manager
- Safeguarding Team representative

Working off site

All permanent staff have VPN and can work remotely. Additionally access to emails is available on personal devices via <http://webmail.oxnet.nhs.uk> or <https://portal.nhs.net/>

Fuel Shortage

17 members of staff are able to get to work via public transport, bicycle or on foot.

Technology Failure – Access to Network

The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information

The Business Continuity Lead for the Directorate with the support of the Emergency Planning Lead will ensure that the following resources are in place:

Telephone cascade list with work, mobile and personal mobile numbers for staff members within the directorate stored on and off site	Checked: May 2019 Checked by: Emergency Planning Officer
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Delivery and Localities

Updated: May 2019

Critical Activities

Activity	Person(s) Responsible
Winter Resilience	Senior Commissioning Manager Urgent Care
Approval of Request funding for Out of County Repatriations	Anne Carlile : lead Commissioning Manager Urgent Care
Approval of Request funding for Acquired Brain Injury	Juliet Long : Senior Commissioning Manager Mental Health

Critical Outsourced Activities

Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, South Central Ambulance Foundation Trust, Oxford City Council, , NHS England South (South Central) are critical for the provision of healthcare to Oxfordshire residents.

All NHS providers are required to meet the Emergency Preparedness, Resilience and Response Assurance Framework core standards. Business Continuity plans will be requested and assessed periodically

Accommodation and Relocation

The core team members for relocation in this Directorate are:

- None – all could work from home

Working off site

All permanent staff have VPN and can work remotely. Additionally access to emails is available on personal devices via <http://webmail.oxnet.nhs.uk>

Fuel Shortage

12 members of staff are able to get to work via public transport, bicycle or on foot.

Technology Failure – Access to Network

The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information

The Business Continuity Lead for the Directorate with the support of the Emergency Planning Lead will ensure that the following resources are in place:

Telephone cascade list with work, mobile and personal mobile numbers for staff members within the directorate stored on and off site	Checked on: May 2019 Checked by: Emergency Planning Officer
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Finance

Updated: May 2019

Critical Activities

Activity	Person(s) Responsible
Payment of staff / invoices	Director of Finance
Performance reporting (dependent on time in month)	Head of Business Intelligence

Critical Outsourced Activities

The payment of staff and suppliers and performance reporting is outsourced to Central, South and West CSU. Their business continuity plans have been shared and reviewed by OCCG.

Accommodation and Relocation

All members of the Directorate are able to work remotely.

Working off site

All permanent staff have VPN and can work remotely. Additionally access to emails is available on personal devices via <http://webmail.oxnet.nhs.uk> or <https://portal.nhs.net/>

Fuel Shortage

Three members of staff are able to get to work via public transport, bicycle or on foot.

Technology Failure – Access to Network

The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information

The Business Continuity Lead for the Directorate with the support of the Emergency Planning Lead will ensure that the following resources are in place:

Telephone cascade list with work, mobile and personal mobile numbers for staff members within the directorate stored on and off site	Checked: May 2019 Checked by: Emergency Planning Officer
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Transformation

Updated: May 2019

Critical Activities

Activity	Person(s) Responsible
Emergency Planning	Rachel Jeacock Emergency Planning Officer

Critical Outsourced Activities

None

Accommodation and Relocation

All members of the Directorate are able to work remotely.

Working off site

All permanent staff have VPN and can work remotely. Additionally access to emails is available on personal devices via <http://webmail.oxnet.nhs.uk>
<https://portal.nhs.net/>

Fuel Shortage

9 members of staff are able to get to work via public transport, bicycle or on foot.

Technology Failure – Access to Network

The Directorate will be able to undertake critical activities independent of access to networked computers.

Staff Contact Information

The Business Continuity Lead for the Directorate with the support of the Emergency Planning Lead will ensure that the following resources are in place:

Telephone cascade list with work, mobile and personal mobile numbers for staff members within the directorate stored on and off site	Checked: May 2019 Checked by: Emergency Planning Officer
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Appendix A – Business Impact Analysis Template

Business Impact Analysis - Questionnaire

Introduction: Business Impact Analysis (BIA)

BIA is intended to collect the required information to support the development of business continuity plans at a service level. Although the information requirement may initially seem high, by conducting this analysis you will have completed the majority of your Business Continuity Plan (BCP).

Instructions for BIA Completion

Whilst the requested data is largely self-explanatory, the following instructions are designed to provide some guidance for completion:

- This BIA questionnaire is generic. Some areas may not be relevant to your function
- Section 01, once completed, aims to provide information on BIA administration and management and an overview of the service area
- Section 02 should be completed for each function within that service area (breakdown of a service is a part of the process of identifying recovery priorities)
- Completed BIAs should be returned the Directorate Business Continuity Lead
- Review of completed BIAs by the Directorate Business Continuity Leads ensures services which are critical are resumed or recovered first.

Please contact your Directorate Business Continuity Lead or the Accountable Emergency Officer for further information

SECTION 01

Quality Directorate	
Service undertaking BIA	
Name of person conducting BIA	
Contact Details	
Director/Head of Service	
Directorate	
Date of BIA Completion	
Service Business Continuity Plan (BCP)	
Location of Service BCP	
BCP Tested? If yes, when?	

Service Overview	
Brief summary of service functions and objectives	
Where does the service sit within the organisational chart? (This is important to show the reporting structure for communication).	

SECTION 02 Individual Functions within a Service

Note: This section must be completed for each 'function' within the service area. In business continuity terms, these functions are known as processes.

Functions: Quality	
Name of Function	
Function Lead	
Brief summary of the functions objectives	
What do you do? (measurable in transactions, volumes of calls, mail, etc)	
How do you do it? (measurable in deliverables, no of referrals, revenue, etc)	
Total number of staff in function (inc. number of PT / FT staff)	
Key skills/key personnel - what skills are required to do each role? Are there any niche skills? Is there any one skill/person that are critical to ensuring the function continues?	
Working Days & Hours - is it restricted to 9-5, Monday to Friday? Is shift work involved? Is it a 24 Hours function?	
Recruitment issues?	
Local employment issues?	
Local employment issues experienced?	
Skills register/audit available? If yes, where is this held?	

Maximum Acceptable Downtime

The scale below shows five target levels for recovery of service following a disruptive event. This scale is an important part of continuity planning as it indicates the order of priority in which services, or functions within a service, will be recovered.

Maximum Acceptable Downtime (MAD) is the timeframe during which the recovery of systems, processes and activities must be achieved to prevent the risk of a significant impact arising if the downtime is exceeded i.e. what is the maximum down time which could be tolerated without incurring one or more of the consequences below?

For the purposes of business continuity, OCCG defines a 'significant impact' as any situation that could give rise to one or more of the following situations:

- An unacceptable risk to the safety and/or welfare of patients and staff
- A major breach of a legal or regulatory requirement
- A major breach of a contract, service level agreement or similar formal agreement
- The risk of financial impact, and/or
- A threat to the reputation of the organisation as a competent NHS organisation

For the purposes of business continuity, OCCG defines the following scale of Maximum Acceptable Downtimes:

Scale	Timeframe	Rationale
A	Immediate Restart	Typically used only for clinical and in-patient services where <u>any</u> interruption raises an immediate and unacceptable risk to people
B	One Working Day	An unacceptable risk will arise if this activity is not fully restored within 24 hours
C	Three Working Days	The norm for service recovery - recovery within this timeframe will not jeopardise patient safety or welfare
D	One Working Week	The timeframe for most non-clinical activity
E	Seven plus days	Typically training and similar activities that can be suspended without significant impact in the short term

MAD Using the scale above, measure the maximum tolerable period of disruption for this function – the timeframe during which a recovery must become effective before an outage compromises the ability of the organisation to achieve its business	
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objectives.	
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Standard Equipment & Key Assets (Plant)

Excluding information and management technology, which systems and equipment do you use? (e.g. printing, kitchen equipment). Following an event it is possible that there will be limited resources available to your service/function – what would need to be recovered first?

Equipment and Key Assets	First	Next	Later	Last
Office for administration and processing				
Reception and telephone answering				
Cash handling and management	Not applicable			
Nurse and medical support	Not applicable			
Canteen or meals / kitchen facilities	Not applicable			
Vehicles	Not applicable			

Premises

Where does the function work? If various, please list					
What premises are adjacent to you (residential, business etc)?					
Potential issues? (Is the building in a flood plain, next to neighbours who may create a disruption, e.g. petrol station or other e.g. railway line)					
Minimum space requirements (approx/ m ²)					
Premises requirements	First	Next	Later	Last	N/A
Air Conditioning					
Caretaking					
Canteen or meals/kitchen facilities					
Heating					
Security					

Dependencies

Who do you do it with? **Dependencies** (who depends on you?) **Interdependencies** (What are the touch points with other internal department, other offices, external suppliers, customers, regulators, etc) e.g. authority signatory. What do you rely on your dependency for? **Are there any single source** suppliers? Can

alternatives be sourced quickly? Or spread the load?						
Dependencies Goods/Services	–	Name of Supplier	First	Next	Last	Later

Fuel Requirements	
Fuel Dependency - is your function dependent upon fuel for vehicles and/or heating etc?	No <input type="checkbox"/> <input type="checkbox"/> Yes
If yes, provide detail	
How many staff members require vehicle use for work functions?	
How many staff can use public transport to get to and from work?	
How many staff live outside Oxfordshire?	

Utilities						
Which supplies do you rely upon?						
Utility	Name of Supplier	First	Next	Last	Later	
Gas						
Electricity	Through NHS Property Services					
Water						

INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)					
IM&T (which systems or applications are important to your service/function?). There will need to be an order for recovery and those that need to be recovered first would be those that are deemed critical to your work stream and should be listed below.					
System/Application	First	Next	Later	Last	Number of Users

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Telecommunications & Remote Working

How many Trust issued mobile phones are used within the function?

How many staff member have work from home capability (e.g. VPN / Webmail)? Please list staff numbers and capabilities

Other information

Are there **seasonal peaks** of activity or special deadlines? (Are there penalties for not achieving the deadlines – what would be the impact of not achieving deadlines?)

No ☐ Yes ☐

If yes, include detail

Are there any legal and regulatory requirements? Corporate targets, standards of service, management of waiting lists? Are there any easements that would assist workaround and alternative arrangements?

Patient / Stakeholder relationships (what are their priorities? What are their expectations? Who is responsible for dealing with the customer?)

Essential documentation: where and how is it held?

Single Points of Failure (are there any single sources of suppliers? Are there any available contingencies)

Near misses (have there been any near misses?)

No ☐ Yes ☐

If yes, provide details

Appendix B – Director on Call Action Card – Activating the Business Continuity Plan

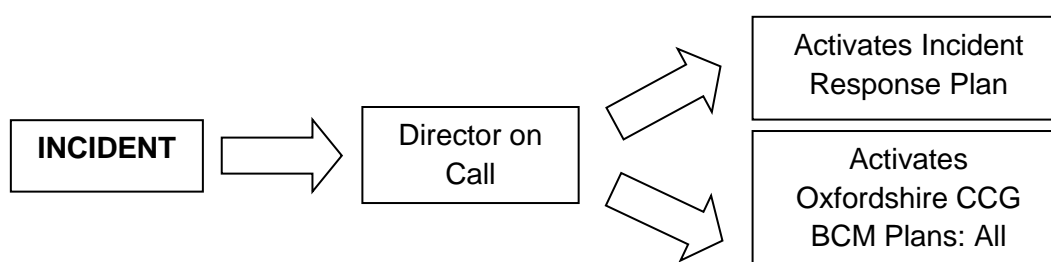
1D : Activating the Business Continuity Plan

For Action by OCCG Director on Call

Scope

The Business Continuity Plan will be activated by the Director on Call when the major incident plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all directorates will need to activate their business continuity plan.

Activating and escalating business continuity plans



Number	Actions:	Time Completed
Responsible for activating the Business Continuity Plan for OCCG and ensuring all Directorates take the necessary actions		
1	Set up a meeting / teleconference with Business Continuity Leads	
2	Director on Call to activate the communications cascade via Page One (07623514752) and advise all staff of arrangements / where to report	
3	Agree with Business Continuity Leads key activities needed and implement recovery plans	
5	Consider notifying key contacts including <ul style="list-style-type: none"> • NHS England • OCCG Communications Team • Oxford Universities Hospital NHS Foundation Trust • Oxford Health NHS Foundation Trust • Other partners 	
6	Ensure Business Continuity Leads establish immediate business needs, escalating as appropriate	
7	Maintain a log of all decisions / events / action taken.	
9	Ensure Business Continuity Leads have considered working arrangements for staff including moving key staff to Raglan House or other facility	

10	Establish a communication plan both internally and externally with the support of OCCG Head of Communications and Engagement.	
11	Lead the organisation on the restoration of services to normal levels of delivery	

Information

Relevant Plans

OCCG Business Continuity Policy and Framework and Business Continuity Plan
Action Card E: Directorate Business Continuity Plan Activation

Version Control

Version No	Date	Reason
Version 1 (JD)	11 October 2013	
Version 2 (RJ)	11 May 2015	Change to NHS England South (South Central)
Version 3 (LA)	5 November 2015	Change to name to OUHFT and SCW CSU. Changes to section 1, 2, 3 and 9 to clarify roles of Business Continuity Leads
Version 4 (RK)	February 2017	Changes to actions following learning from Exercise Cascade
Version 5 (LA)	12 July 2017	Remove Southern Health
Version 6 (LA)	19 December 2017	Update name of NHSE
Version 7 (LA)	September 2018	Update name of NHSE. Minor amendments to wording S.5 and S.7
Version 8 (LA)	May 2019	Update cascade systems and Communications & Engagement Team

Appendix C – Director on Call Action Card – Directorate Business Continuity Plan Activation

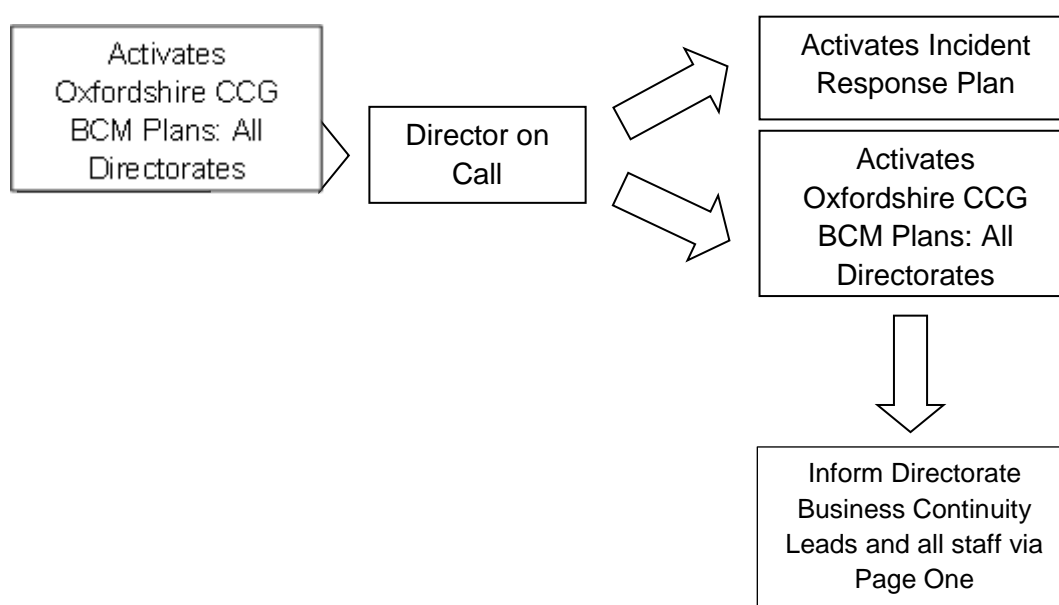
1E : Directorate Business Continuity Plan Activation

For Action by Directorate Business Continuity Lead

Scope

The Business Continuity Plan will be activated by the Director on Call when the Incident Response Plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all directorates will need to activate their Business Continuity Plan.

Activating and escalating business continuity plans



Number	Actions:	Time Completed
Responsible for activating the Directorate Business Continuity Plan and ensuring appropriate actions are taken and Directorate staff are aware		
1	Alerted to the need to activate Business Continuity Plan by Director on Call	
2	Ensure that Directorate Director knows that Business Continuity Plans are activated	
3	Director On Call to alert directorate staff through Page One text system (07623514752) Follow up text messages with an e-mail or text to clarify instructions Ensure that all communication and actions are logged accurately throughout the cascade system.	

4	Agree with key staff the activities needed and implement	
5	Act as the directorate link with the Director on Call	
6	Attend any agreed briefings on behalf of the directorate	
7	Establish any immediate business needs along with your Director	
8	Maintain a log of all decisions / events / action taken	
9	Ensure directorate staff are clear of their working arrangements and keep these under review	
10	Maintain communication channels with all directorate staff using teleconference / email / staff zone	
11	Ensure normal business is established as soon as feasible	
12	Contribute to the incident debrief run by the Director on Call	

Information

Relevant Plans

OCCG Business Continuity Policy and Framework and Business Continuity Plan

Action Card D: Activating Business Continuity Plan

Action Card G: Holding a Teleconference

Version Control

Version No	Date	Reason
Version 1 (JD)	17 October 2013	
Version 2 (RJ)	13 November 2015	Comprehensive review
Version 3 (RK)	February 2017	Changes following learning from Exercise Cascade
Version 4 (LA)	September 2018	S.10 inclusion of staff zone
Version 5 (LA)	May 2019	Update to include Page One cascade system

APPENDIX D – GLOSSARY

BCM	Business Continuity Management
BIA	Business Impact Assessment
BS	British Standard
CCG	Clinical Commissioning Group
SCWCSU	South, Central and West Commissioning Support Unit
EPRR	Emergency Preparedness, Resilience and Response
ICC	Incident Control Centre
ICT	Information and Communications Technology
IT	Information Technology
MAD	Maximum Acceptable Downtime
OCCG	Oxfordshire Clinical Commissioning Group
OUH IM&T	Oxford University Hospitals NHS Foundation Trust Information Management and Technology
SLA	Service Level Agreement
VPN	Virtual Private Network