NHS HARINGEY
CLINICAL COMMISSIONING GROUP

BUSINESS CONTINUITY PLAN

AND

EMERGENCY PLANNING RESPONSE AND RESILIENCE (EPRR) ARRANGEMENTS
|   | SUMMARY | Haringey CCG is required by NHS England to plan its emergency preparedness and business continuity to meet a set of core standards. The Business Continuity Management Plans are well developed. A Business Impact Assessment has been completed. This has informed the Business Continuity Plan and Emergency Response Plan. These documents which have been subject to review and assess against the new Emergency Preparedness, Resilience and Response (EPRR) Core Standards for Clinical Commissioning Groups are submitted for approval. The expectations of NHS England are now documented and the CCG can meet these. In particular, Haringey CCG was expected to undertake its duties as a Category 2 Responder, with 24/7 coverage provided through an On-Call rota. An Incident Co-ordination Room has been identified and will be equipped to the appropriate standard for a Category 2 Responder and adequate enough to support a Category 1 Responder in a Major Incident should we be required to do so. |
|---|---|
| 2. | RESPONSIBLE PERSON: | Steve Beeho, Head of Integrated Governance |
| 3. | ACCOUNTABLE DIRECTOR | Sarah Price, Chief Officer |
| 4. | APPLIES TO: | All Departments |
| 5. | EQUALITY IMPACT ANALYSIS COMPLETED: | This will be completed as part of the testing of the Business Continuity and Emergency Plans. |
| 6. | GROUPS/INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS SET OF PLANS: | Jill Shatock, Director of Commissioning Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance Pauline Taylor, Head of Medicines Management Karen Baggaley, Assistant Director for Safeguarding and Designated Nurse for Child Protection Carlene Annan, Clinical Team Manager, Continuing Healthcare David Maloney, Chief Finance Officer Temmy Fashega, Vulnerable Adults Commissioning Manager Sue Edwards, Surge Programme Director, NEL Commissioning Support Unit |
| 7. | GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL: | Senior Management Team Audit Committee (14.9.15) |
| 8. | RATIFYING COMMITTEE (S) & DATE OF FINAL APPROVAL: | Haringey CCG Governing Body (1.10.15) |
| 8. | VERSION: | Version 2.3 |
| 10. | AVAILABLE ON: | Intranet X Website X |
| 11. RELATED DOCUMENTS:                      | • Civil Contingencies Act 2004  
• Health and Social Care Act 2012  
• ISO 22301  
• PAS 2015  
• Memorandum of Understanding between the NHS England and Haringey CCG  
• NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)  
• The role of the Accountable Emergency Officers’ for EPRR  
• NHS England Model Job Description and Competences for Emergency Preparedness Officers in NHS Provider Organisations  
• Surge Management, Provider Operational Resilience and Surge Management Service Core Offer for CCGs 2015/16  
• NEL Commissioning Support Unit – Assurance regarding the BCP and Surge Service Business Continuity Plans – August 2015  
• North Central London CCGs EPRR On-call Manual – Version 1.8 dated February 2014  
• NHS England EPRR Operating Model and Command and Control Pan (December 2012 Version 1)  
• NHS England Roles and Responsibilities of NHS Funded Organisations in a Major Incident  
• Haringey CCG Incident Reporting & Serious Incident Policy  
• NHS England CCG EPRR Responsibilities (January 2013)  
• Haringey CCG Risk Management Strategy. |
| 12. DISSEMINATED TO:                       | To be disseminated to all staff and On-Call Directors of the CCG |
| 13. DATE OF IMPLEMENTATION:               | October 2015 |
| 14. DATE OF NEXT FORMAL REVIEW:           | September 2016 |
### Document Control

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<td>Minor amendments/ additional section added on Commissioning Team (placements)</td>
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Background

NHS Haringey Clinical Commissioning Group (CCG) is required to plan its emergency preparedness and business continuity.

Unlike the primary care trusts, CCGs will NOT be Category 1 Responders. They will be category 2 Responders and their main role will be in support of the Category 1 Responders (main NHS providers which require an escalation route to their commissioners and the NHS England which may require support from the CCGs).

Clinical Commissioning Groups are designated as ‘Category 2’ responder organisations in an amendment made to the Civil Contingencies Act (CCA). The CCA prescribes specific emergency planning and response duties for a range of organisations. As Category 2 organisations CCG have duties to:

- Co-operate with other responders
- Share information with other responders.

The Cabinet Office’s “Expectations and indicator of Good Practice Set for Category 1 and 2 Responders” describes 7 expectations regarding the Civil Contingencies Act (2004), Regulations (2005) and guidance:

- Duty to assess risk
- Duty to maintain plans – Emergency plan
- Duty to maintain plans – Business Continuity
- Duty to communicate with the public
- Business Continuity Promotion
- Information sharing
- Co-operation.

The specific duties of the CCG are explained further in (1) a formal Memorandum of Understanding and (2) NHS England – see below:

The Memorandum of Understanding between the (then) NHS Commissioning Board– now NHS England – states:

‘The CCG has a duty to participate in preparations for an incident and emergency but in response, its role is one of co-operation and support to the (then) NHS CB London’.

The NHS England Core Standards for EPRR (Emergency Planning Response and Resilience) adds:

‘Category 2 Responders, such as Clinical Commissioning Groups, are seen as co-operating organisations. They are less likely to be involved in the heart of planning, but they will be heavily involved in incidents that affect their sector. Although Category 2 Responders have a lesser set of duties, it is vital that they share relevant information with other responders (both Category 1 and 2) if EPRR arrangements are to succeed. Category 1 and 2 responders come together to form local resilience forums based on police areas. These forums help to co-ordinate activities and foster co-operation between local responders.’

The intent of these duties is to ensure that CCG and other Category 2 organisations can fulfill the responsibilities imposed by other legislation, such as the Health and Social Care Act, in a way that is integrated with the work of other organisations that are usually more involved in planning for and responding to emergencies.

Sharing information between responders will also:

- Develop a co-ordinated response to emergencies by better understanding the preparedness of partners
• Support the development of Business Continuity Management (BCM) plans by understanding linkages to and dependencies on partners, suppliers, and contractors.

As Category 2 responders under the Civil Contingencies Act 2004, CCGs are required to have a Business Continuity Plan in place to manage the effects of any incident that might disrupt its normal business. This plan follows the principles of ISO 22301 and PAS 2015.

For Haringey CCG, the implication of the duty to co-operate includes ensuring that its own constituent parts can work together and understand how they would respond in an emergency. This will be achieved by good Business Continuity Management planning.

The duty also applies to outward facing co-operation with other responders, through routine communication activities, as well as working together through formal structures such as the London Health Resilience Partnership (LHRP).

Information shared will usually relate to the organisation’s arrangements for responding to emergencies. This is often shared routinely and without the need for any special arrangements. Occasionally though, partner agencies request access to sensitive information (which may be commercially sensitive or personal data).

The Civil Contingences Act (CCA) does not impose any regulations that contradict other legislation, such as the Data Protection Act (DPA), and responders receiving requests may be entitled to refuse those requests. The CCA does however put in place a procedure for placing and responding to requests for information, so Haringey CCG must be able to respond with a clear understanding of all relevant guidance and legislation.

As a Category 2 Responder, Haringey CCG is required to co-operate with Category 1 such as Whittington Health and the North Middlesex Hospitals in the event of an emergency. It is required to have Business Continuity and Emergency Plans. These are achieved in three stages:

Stage 1 Undertaking Business Impact Analysis – the impacts of loss of: staff, communications, data systems, transport, and buildings.

Stage 2 A Business Continuity Plan – the measures to be taken internally in the event of such a loss and the mitigating actions arising from the Impact Analysis of the critical areas of the CCG; the key contacts that will instigate the relevant mitigating actions and the contact details of all staff that might have to undertake those actions. – be it communicating with others or changing their way of working.

Stage 3 An Emergency Response Plan – the measures to be taken in support of Category 1 Responders in the event of an ‘Emergency’. This will refer to an event or situation that threatens serious damage to human welfare and the environment, war, terrorism that threatens serious damage to the security of the UK.
The Current Situation

The Business Impact Analysis which identifies the critical functions of Haringey CCG and the potential impact of loss of staff, communications, data systems, transports and buildings is a core element of the Business Continuity Management Plan.

A Business Continuity Management Plan was developed in order to maintain as normal a service as is practically possible, and to ensure and promote and efficient recovery of critical activities from any incident or physical disaster that may affect the CCG’s abilities to operate and deliver its commissioning services in support of the NHS economy.

An Emergency Plan establishes procedures to ensure that Haringey CCG can respond to emergencies in accordance with the NHS EPRR guidelines and the CCA. In meeting these requirements it has been agreed and acknowledged that a full scale Incident Control Centre (ICC) is not required.

Haringey CCG shares on-call arrangements with four other CCGs and three of its Directors participate in a 1 in 15 rota.

A Policy Statement on Business Continuity Management has been prepared and has been signed by the Chief Officer of Haringey CCG.

Given the above, Haringey CCG has made reasonable provision; met its legal obligations and NHS England core standards in making plans for emergency preparedness and business continuity.

In terms of Equality and Diversity, an equality impact assessment for the plan will be undertaken when it is tested in exercises during the course of the EPRR/BCM annual work plan. Initial high level scanning suggests that as a response plan underpinned by operational arrangements, no one group/category of staff is adversely affected.
1. BUSINESS IMPACT ANALYSIS

FOR HARINGEY CCG

Business Impact Analysis

Requirements

Following the reorganisation of the NHS under the Health and Social Care Act 2012, the existing Business Continuity Plan (BCP) has been reviewed to take into account the changes, together with a re-evaluation of the criticality of functions and dependencies through the process of Business Impact Analysis (BIA) which lays down the process to be followed in the event of an incident which impacts upon the delivery of CCG functions by adopting a generic approach to such incidents.

Potential Impacts on Critical Functions of Haringey CCG and Restoration of Services

This covers the following services and has been based on their Departmental Business Plans. Six critical functions have been identified for this purpose:

1. Clinical Commissioning
2. Medicines Management
3. Continuing Healthcare
4. Commissioning Team (placements)
5. Safeguarding Adults and Children and Quality in Care Homes team
6. Finance

1. Clinical Commissioning

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Business impact:
The ability to provide commissioning advice and/or approval would be hampered.

**Proactive strategy:**
All of the team have mobile phones, so work could continue to be progressed, albeit prioritised.

**Reactive strategy:**
Seek alternative temporary space as required at neighbouring CCG offices. Use mobile devices as far as possible, including Blackberries and iPads.

### Recovery Procedure

- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

### Recovery time objective (RTO)

Initial management and administrative response to assess situation and redirect service provision to be immediate.

100% resumption of service within 24 hours by diversion of staff to alternative office/home sites.

### Recovery location

Management of recovery procedure to be directed from home working, or neighbouring CCG premises.

### Dependencies

Access to temporary office space; single or multiple sites identified as available. Continued access to mobile network.

### Other considerations

**Recovery steps**

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<tr>
<td>1</td>
<td>Notify staff of situation</td>
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<td>Establish nature and anticipated duration of disruption</td>
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<td>Short term disruption-priorities work</td>
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**Loss or damage to IT**

**Describe function:**

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**Business impact:**

The ability to provide commissioning advice and/or approval would be hampered.

**Proactive strategy:**

IT to ensure back up system to re-establish data files etc.

**Reactive strategy:**
In event of IT system failure at River Park House, Clinical Commissioning would seek to use systems elsewhere, including neighbouring CCGs or via laptops. Support could be sought from colleagues in neighbouring CCGs with IT/internet access.

**Recovery Procedure**

- Initial impact and anticipated duration of disruption would be established and assessed.
- IT providers to be notified.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

**Recovery time objective (RTO)**

100% within 3 working days

**Recovery location**

River Park House

**Dependencies**

IT provider to re-establish functioning system, and have contingency measures in place. Continued access to mobile network.

**Recovery steps**

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<td>Contact IT manager immediately to establish problem</td>
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<td>Director of Commissioning/Assistant Directors of Commissioning</td>
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<td>2</td>
<td>If possible ensure relevant files etc. are downloaded / emailed for working off-site</td>
<td>H</td>
<td>Director of Commissioning/Assistant Directors of Commissioning</td>
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<tr>
<td>3</td>
<td>Allocate spare laptops Establish who can work from home.</td>
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<td>Director of Commissioning/Assistant Directors of Commissioning</td>
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Ensure home workers know the log on procedure, if it is still working. Send staff to other CCG working bases

Commissioning

4 Liaise with IT to ensure all possible action undertaken for urgent re-establishment of system

H Director of Commissioning/Assistant Directors of Commissioning

Time:

Non Availability of Key Staff

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Business impact:
The ability to obtain commissioning approval would be affected.

Proactive strategy:
Alerting key internal and external contacts to the non-availability of key staff and potentially seeking support from neighbouring CCG Commissioning teams.

Reactive strategy:
Highlighting in responses that there will be delays in responding to queries and providing sign-posting to other potential support. The immediate priority (within 24 hours) would be to ensure that commissioning approval can be granted for urgent or fast track placements, looked after children placements, continuing care and end of life care.

Recovery Procedure
Work would be prioritised by management team and priority areas for recovery would be identified. Suspension of non-critical activities. Support sought from neighbouring CCG colleagues.

Recovery time objective (RTO)
100% recovery within 1 day/week depending on reason for staff absence

Dependencies
IT/Communications (telephones etc.)

Recovery steps

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Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015
2. Medicines Management

The local Medicines Management department for Haringey is a support function and as such does not provide clinical services.

The service will aim to ensure limited resources are used appropriately to achieve maximum benefit to those prioritised as in greatest need. While this function does not provide any clinical need, it does provide support and advice to GPs.

### Damage or denial of access to premises

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**Business impact:**

The ability to provide urgent professional advice concerning availability of medicines and pharmacy services would be affected. Delays may occur in the prescribing and supply of medicines to patients.

**Proactive Strategy:**
Haringey CCG Team will establish if neighbouring CCG Medicines Management teams could help to provide temporary cover. Email GPs and community pharmacies to notify them of any alternative contact arrangements.

**Reactive Strategy:**
Respond to requests for advice via remote access/iPad. Permission to be sought to use remote access by staff working from home if appropriate.

**Recovery Procedure**

- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

**Recovery time objective (RTO)**

Initial management and administrative response to assess situation and redirect service provision to be immediate. 100% resumption of service within 24 hours by diversion of staff to alternative office/home sites.

**Recovery location**

Management of recovery procedure to be directed from home working or neighbouring CCG premises.

**Dependencies**

Access to temporary office space; single or multiple sites identified as available.

**Other considerations**

**Recovery steps**

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<tr>
<td></td>
<td></td>
<td>Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Establish nature and anticipated duration of disruption</td>
<td>H</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Short term disruption-prioritise work</td>
<td>H</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>Re-direction and utilisation of staff</td>
<td>H</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Long-term disruption - Identify alternative office sites</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of staff with CCG priorities</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>7</td>
<td>Re-direction to new site/s</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td>8</td>
<td>Plan re-establishment of normal service</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Loss or damage to IT

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management work requires some form of IT</td>
<td>Impact 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>Likelihood 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**Business impact:**
Server failure/system failure or data corruption would leave the Medicines Management department unable to access any data / files.

**Proactive strategy:**
IT to ensure back up system to re-establish data files etc.

**Reactive strategy:**
In event of IT system failure at River Park House, Medicines Management would seek to use systems elsewhere, including neighbouring CCGs or via laptops. Staff with remote access could work from home but without IT work will be severely hampered. Advice could be sought from colleagues in neighbouring CCGs with IT/internet access.

**Recovery Procedure**
- Initial impact and anticipated duration of disruption would be established and assessed.
- IT providers to be notified.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

**Recovery time objective (RTO)**
100% within 3 working days.

**Recovery location**
River Park House.

**Dependencies**
IT provider to re-establish functioning system, and have contingency measures in place.

**Recovery steps**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work to address identified system failure</td>
<td>H</td>
<td>IT</td>
<td>Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contact IT manager immediately to establish problem</td>
<td>H</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
</tr>
<tr>
<td></td>
<td>If possible, ensure relevant files etc. are downloaded / emailed for working off-site</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Allocate spare laptops. Establish who can work from home. Ensure staff with remote access know the log on procedure, if it is still working. Send staff to other CCG working bases</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Liaise with IT to ensure all possible action undertaken for urgent re-establishment of system</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Non Availability of Key Staff

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced ability to provide Medicines Management support to GP practices</td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost Certain</td>
</tr>
</tbody>
</table>

**Business impact:**
Long term (ie over 2 weeks) likely to have budgetary implications, due to reduction in cost-effective prescribing, reduced focus on QIPP schemes and reduced participation in evidence reviews for Individual Funding Requests.

**Proactive Strategy:**
Alerting key internal and external contacts to the non-availability of key staff and seeking support from neighbouring Medicines Management teams or the CSU Medicines Management team.

**Reactive Strategy:**
Highlighting in responses that there will be delays in responding to queries and providing sign-posting to other potential support.

**Recovery Procedure**
Work would be prioritised by management team and priority areas for recovery would be identified. Suspension of non-critical activities. Support sought from neighbouring CCG colleagues. Potentially seek additional support from agencies.

**Recovery time objective (RTO)**
100% recovery within 1 day/week depending on reason for staff absence
Dependencies
Capacity of staff in neighbouring CCGs to provide support.

Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not applicable.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff advise managers of non-availability</td>
<td>H</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time: H</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>If duration likely to be extended, manager to make contingencies.</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time: D</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reallocate work in Department. Request assistance from other Departments if necessary</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time: D</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If possible, modeling of predicted absence may take place</td>
<td>D</td>
<td>Head of Medicines Management/Deputy Head of Medicines Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time: D</td>
<td></td>
</tr>
</tbody>
</table>

3. Continuing Healthcare

Damage or denial of access to premises

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to undertake Continuing Healthcare and Funded Nursing Care Assessments.</td>
<td>Impact 2</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Likelihood</td>
<td>1 2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business impact:
Unable to undertake NHS Continuing Healthcare and NHS Funded Nursing Care Assessments and decision-making process from usual base. Access to emails may be limited to NHS Mail.

Proactive strategy:
Staff will be able to continue to undertake assessments in the field. Care Track Database can be accessed remotely (contact redacted)
Identify alternative temporary office base in other NHS or CCG offices.
The Continuing Healthcare Service has established a process for receiving faxed referrals securely (contact redacted). This can be accessed remotely and will facilitate remote working and business continuity.

Reactive strategy:
Seek alternative temporary space as required.

Recovery Procedure
- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

Recovery time objective (RTO)
Initial management and administrative response to assess situation and redirect service provision to be immediate. 80% resumption of service within 24 hours by diversion of staff to alternative office sites. 100% service provision to be established within 1 week.

Recovery location
Management of recovery procedure to be directed from local NHS base or neighbouring CCG.

Dependencies
- Access to temporary office space; single or multiple sites identified as available.
- Full co-operation of IT to reconnect servers and PCs at new temporary location.

Other considerations

Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify staff of situation, location and time to meet – telephone cascade/emails via telephone tree.</td>
<td>H</td>
<td>Clinical Team Manager/ Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>No</td>
<td>Action</td>
<td>Carried out within (D=days, H=hours)</td>
<td>Responsibility</td>
<td>Signed and noted when action completed</td>
</tr>
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<td>----</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Notify staff of situation, location and time to meet</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>Establish nature and anticipated duration of disruption</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Short term disruption-prioritise work</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>Re-direction and utilisation of staff</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Long-term disruption - Identify alternative office site. Team to utilise home base as much as possible.</td>
<td>D</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>6</td>
<td>Plan re-establishment of normal service</td>
<td>D</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify staff of situation, location and time to meet</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>Establish nature and anticipated duration of disruption</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Short term disruption-prioritise work</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>Re-direction and utilisation of staff</td>
<td>H</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Long-term disruption - Identify alternative office site. Team to utilise home base as much as possible.</td>
<td>D</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
<tr>
<td>6</td>
<td>Plan re-establishment of normal service</td>
<td>D</td>
<td>Clinical Team Manager/Lead Nurse</td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Loss or damage to IT

| Describe function: Most Continuing Healthcare work requires some form of IT | Priority: |
|--------------------------|----------------------|-----------|
|                         | Impact               | 1 2 3 4 5 |
| Likelihood              |                      |          |
| 1                        |                      |          |
| 2                        |                      |          |
| 3                        | X (24 hours)         | X (72 hours) |
| 4                        |                      |          |
| 5                        |                      |          |

### Business impact:
Carehome Selection (Caretrack) database can be accessed remotely as it is web-based. Therefore, unless there is widespread IT disruption it will be possible to access and update records. In the absence of IT paper records can be maintained in the short term.
**Proactive strategy:**

Produce paper copies of all assessment documentation to avoid disruption to service. Generate electronic copies of all documentation used and store this on encrypted memory stick for each nurse assessor, and in a Business Continuity Folder to enable these to be reproduced if necessary. Establish how files on shared drive might be accessed. IT to ensure back up of system to re-establish data files etc.

Refer as appropriate to paper/electronic copies of the Carehome Selection Business Continuity and Disaster Policy and Carehome Selection IT Policy. Key Carehome Selection contacts in event of IT failure are (contact redacted)

**Reactive strategy:**

In the event of IT system failure at River Park House, the Continuing Healthcare Service would aim to use systems elsewhere, such as in neighbouring CCG offices. The Care Home Selection (Caretrack) database can be accessed from any PC with internet connection. The team could use other CCG locations or laptops. In the event of total IT failure preventing staff from accessing records from any CCG/NHS base, the Continuing Healthcare team will work proactively by going to hospitals/healthcentres to access records relating to Continuing Healthcare. The prioritisation of referrals will also be considered.

**Recovery Procedure**

- Continuing Healthcare Service would start Business Continuity implementation by initiating and joining the Haringey CCG Emergency Management Team
- Backlog of data entry begins. An alternative storage facility will be sought (eg hospital/GP practice) if relying on paper records.

**Recovery time objective (RTO)**

100% within 3 working days.

**Recovery location**

River Park House.

**Dependencies**

IT to re-establish functioning system and have contingency measures in place.

**Other considerations**

For duration of IT failure recorded coverage of screening programmes would be regularly backed-up by Caretrack (managed by Carehome Selection).

**Recovery steps**

**Out of hours**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work to address identified system failure</td>
<td>H</td>
<td>IT</td>
<td>Time:</td>
</tr>
</tbody>
</table>

**Inside working hours**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out</th>
<th>Responsibility</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>within (D=days, H=hours)</td>
<td>and noted when action completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Contact IT manager immediately to establish problem</td>
<td>H</td>
<td>Clinical Team Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>If possible, ensure relevant files etc. are downloaded / emailed for working off-site</td>
<td>H</td>
<td>Clinical Team Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Establish who can work from home. Ensure home workers know the log on procedure, if it is still working. Send staff to other CCG working bases.</td>
<td>H</td>
<td>Clinical Team Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>Liaise with IT to ensure all possible action undertaken for urgent re-establishment of system</td>
<td>H</td>
<td>Clinical Team Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Transfer updates to affected sites.</td>
<td>H&amp;D</td>
<td>Clinical Team Manager</td>
<td>Time:</td>
</tr>
</tbody>
</table>

**Non-availability of key staff**

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient staff need to be available to undertake work</td>
<td>Impact</td>
</tr>
<tr>
<td>Likelihood</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Business impact:**
Prioritise reviews and referrals according to clinical need to maximise the contribution of available staff.

**Proactive strategy:**
Clinical Team Manager to prioritise and allocate work.

**Reactive strategy:**
Clinical Team Manager to prioritise work.

Service aim would be to establish prioritised workload dependent on staff availability.

**Recovery Procedure**
Work would be prioritised by Clinical Team Manager. Staff can continue to undertake assessments in the field.

**Recovery time objective (RTO)**
50% recovery within 1 day / week depending on reason for staff absence.
Dependencies
IT/Communications (telephones etc.)

Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff advise managers of non-availability</td>
<td>H</td>
<td>All staff</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Team Manager informs Executive Nurse and Director of Quality and Integrated Governance</td>
<td>H</td>
<td>/Executive Nurse and Director of Quality and Integrated Governance</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>If duration likely to be extended, management team to make contingencies</td>
<td>D</td>
<td>Clinical Team Manager/ Lead Nurse</td>
<td>Time:</td>
</tr>
</tbody>
</table>

4. Commissioning Team (Placements)

Damage or denial of access to premises

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to make placements for Continuing Healthcare, Funded Nursing Care Assessments or in an Inpatient/ locked rehabilitation setting.</td>
<td>Impact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>3</td>
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<td>4</td>
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<td>5</td>
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</tbody>
</table>

Business impact:
Inability to make placements for Continuing Healthcare, Funded Nursing Care Assessments or patients requiring to be placed within inpatient/locked rehabilitation settings. Access to emails may be limited to NHS Mail. The Commissioning team also manages the referrals to the CHC eligibility panel which is held at River Park House

Proactive strategy:
Commissioning staff will be able to access other NHS buildings that are on the ‘blue network’ that will enable access to IT accounts. Both NHS Net and Care Track Database can be accessed remotely if required. Identify alternative temporary office base in other NHS or CCG offices. This can be accessed remotely and will facilitate remote working and business continuity. The Eligibility Panel could also be held at other local NHS or Local Authority venues, postponed/deferred or held virtually.

Reactive strategy:
Seek alternative temporary space as required.
Recovery Procedure

- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

Recovery time objective (RTO)

Initial management and administrative response to assess situation and redirect service provision to be immediate. 80% resumption of service within 24 hours by diversion of staff to alternative office sites. 100% service provision to be established within 1 week.

Recovery location

Management of recovery procedure to be directed from local NHS base or neighbouring CCG.

Dependencies

- Access to temporary office space; single or multiple sites identified as available.
- Communication with the CHC Clinical team.
- Full co-operation of IT to reconnect servers and PCs at new temporary location.

Other considerations

Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify staff of situation, location and time to meet – telephone cascade/emails via telephone tree.</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>Notice to be left at River Park House of where to reconvene etc.</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
</tbody>
</table>

Inside working hours
<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify staff of situation, location and time to meet</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>Establish nature and anticipated duration of disruption</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Short term disruption- prioritise work</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>Re-direction and utilisation of staff</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Long-term disruption - Identify alternative office site. Team to utilise home base as much as possible.</td>
<td>D</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>6</td>
<td>Plan re-establishment of normal service</td>
<td>D</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
</tbody>
</table>

**Loss or damage to IT**

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss or damage to IT</td>
<td>Impact 1 2 3 4 5</td>
</tr>
<tr>
<td>Most Continuing Healthcare work requires some form of IT</td>
<td>Likelihood 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
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<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015
Business impact:
Caretrack database can be accessed remotely as it is web-based. Therefore, unless there is widespread IT disruption it will be possible to access and update records. In the absence of IT paper records can be maintained in the short term. NHS Net email account can be accessed remotely allowing Commissioning team to email providers and partners securely in relation to patient sensitive information.

Proactive strategy:
Establish how files on shared drive might be accessed. Obtain copy of Caretrack Business Continuity plan. IT to ensure back up of system to re-establish data files etc.

Reactive strategy:
In the event of IT system failure at River Park House, the Continuing Healthcare Commissioning team would aim to use systems elsewhere, such as in neighbouring CCG offices. The Caretrack database can be accessed from any PC with internet connection. The team could use other CCG locations or laptops. Senior staff could work from home, using personal IT equipment via remote access. In the event of total IT failure preventing staff from accessing records from any CCG/NHS base, the CHC Clinical team and partners will have to make urgent placements which can be authorised verbally using a CCG mobile phone and a hard copy of placements will be kept securely at a NHS building. Once IT connectivity has been resumed then these will be added to care Track and hard copy destroyed.

Recovery Procedure
- Continuing Healthcare Commissioning team would start Business Continuity implementation by initiating and joining the Haringey CCG Emergency Management Team
- Backlog of data entry begins. An alternative storage facility will be sought (eg hospital/GP practice) if relying on paper records.

Recovery time objective (RTO)
100% within 3 working days.

Recovery location
River Park House.

Dependencies
IT helpdesk and support re-establishing functioning system and have contingency measures in place.

Other considerations
For duration of IT failure recorded coverage of screening programmes would be regularly backed-up by Caretrack (managed by Carehome Selection).

Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work to address identified system failure</td>
<td>H</td>
<td>IT</td>
<td>Time:</td>
</tr>
</tbody>
</table>
### Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contact IT manager immediately to establish problem</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>If possible, ensure relevant files etc. are downloaded / emailed for working off-site</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Establish who can work from home. Ensure home workers know the log on procedure, if it is still working.</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td></td>
<td>Liaise with IT to ensure all possible action undertaken for urgent re-establishment of system</td>
<td>H</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/ CHC Contracts Manager</td>
<td>Time:</td>
</tr>
<tr>
<td>5</td>
<td>Transfer updates to affected sites.</td>
<td>H&amp;D</td>
<td>IT Department</td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Non-availability of key staff

#### Describe function:
Sufficient staff need to be available to undertake work

<table>
<thead>
<tr>
<th>Impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood</td>
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</table>

#### Business impact:
Prioritise fast track placements to maximise the contribution of available staff to make placements.

#### Proactive strategy:
Commissioning Manager to prioritise and allocate work.

#### Reactive strategy:
Commissioning Manager to prioritise and allocate work. Service aim would be to establish prioritised workload dependent on staff availability.

**Recovery Procedure**

Work would be prioritised by the Commissioning Manager. Staff within the team can make placements in the absence of key staff.

**Recovery time objective (RTO)**

50% recovery within 1 day / week depending on reason for staff absence.

**Dependencies**

IT/Communications (telephones etc.)

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**Inside working hours**

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<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff advise managers of non-availability</td>
<td>H</td>
<td>All staff</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>If duration likely to be extended, management team to make contingencies</td>
<td>D</td>
<td>Assistant Director, Mental Health and Vulnerable Adults/Commissioning Manager/CHC Contracts Manager</td>
<td>Time:</td>
</tr>
</tbody>
</table>

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**Loss of key partners**

**Describe function:** Support provider unable to deliver contracted/commissioned care package

**Priority:**

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<tr>
<th>Impact</th>
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<tbody>
<tr>
<td>Likelihood</td>
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<td>X (24 hours)</td>
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<td>4</td>
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<td>X (72 hours)</td>
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</table>

**Business impact:**

If care provider is unable to deliver care the Haringey CCG CHC Commissioning Team would work with CHC Clinical team, the relevant local authority and CQC in identifying alternative options. This will be informed by first assessing the level of risk and patient needs/vulnerability to determine appropriate joint action.

**Proactive strategy:**
Obtain Business Continuity Plans for all providers. Liaise with Council and CQC regarding business continuity arrangements.

**Reactive strategy:**
Seek advice and support of Haringey CCG Emergency Management Team; establish availability of carers and placements outside of borough. Alert partners to the issues that may affect service continuity.

**Recovery Procedure**
- Confirm facts and timeframes
- Review staffing and service provision.
- Manage service change/reduction of service levels according to priorities

**Recovery time objective (RTO)**
According to CCG and HR timescales.

**Recovery location**
Managed from River Park House.

**Dependencies**
CCG management and HR.
Availability of alternative care providers/services.
Level of risk following a detailed risk assessment.

**Other considerations**
Consultation with partner organisations.

5. Safeguarding Adults and Children and Quality in Care Homes team

**Damage or denial of access to premises**

<table>
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<tr>
<th>Describe function:</th>
<th>Priority:</th>
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<tbody>
<tr>
<td>Impact Likelihood</td>
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</table>

**Business impact:**
Business impact would vary – some of the team can work remotely, all the team could access IT from other north central London CCG sites and attending meetings off site or visiting care homes would be unaffected. The Designated Doctor and Named GP work primarily off-site.

**Proactive strategy:**
Staff would need to be relocated in other NHS premises with PC equipment. Assistant Director for Safeguarding, Designated Nurse for Child Protection, Deputy Designated Nurse and Care Homes Team are able to work remotely.
### Reactive strategy:
Seek alternative temporary space as required.

### Recovery Procedure
- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

### Recovery time objective (RTO)
Initial management and administrative response to assess situation and redirect service provision to be immediate. 100% resumption of service within 24 hours by diversion of staff to alternative office sites.

### Recovery location
Management of recovery procedure to be directed from home working base or neighbouring CCG premises.

### Dependencies
- Access to temporary office space; single or multiple sites identified as available
- Remote access via VPN being available.

### Other considerations

#### Recovery steps

<table>
<thead>
<tr>
<th>Out of hours</th>
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<tbody>
<tr>
<td><strong>No</strong></td>
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<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Inside working hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
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<td>---</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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</tbody>
</table>

### Loss or damage to IT

<table>
<thead>
<tr>
<th>Describe function</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact Likelihood</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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</tr>
</tbody>
</table>

Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015

32
### Business impact:
Safeguarding advice and support can continue to be provided by phone. Alternative email contact arrangements (via web-based NHS.net) to be communicated. Work on papers would be disrupted and diary access may be affected. Major loss if the loss of electronic data was permanent.

### Proactive strategy:
- IT to ensure back up system to re-establish data files etc.
- Use of Blackberries, iPads and PCs elsewhere.

### Reactive strategy:
- In event of IT system failure at River Park House, the Safeguarding team would seek to use systems elsewhere, including neighbouring CCGs or via laptops.
- Encrypted data sticks used locally to back up system to be used to allow operation to continue until IT re-establishes systems.
- Partner agencies, GP practices, NHS England and Safeguarding colleagues in other CCGs to be notified of alternative contact arrangements.
- Scan hard copies as required if available or request from partner agencies.

### Recovery Procedure
- Initial impact and anticipated duration of disruption would be established and assessed.
- IT providers to be notified.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

### Recovery time objective (RTO)
100% within 3 working days.

### Recovery location
- Neighbouring CCG premises or home working.

### Dependencies
- IT provider to re-establish functioning system and have contingency measures in place.

### Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work to address identified system failure</td>
<td>H</td>
<td>IT</td>
<td></td>
</tr>
</tbody>
</table>
### Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contact IT manager immediately to establish problem</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>2</td>
<td>If possible ensure relevant files etc. are downloaded/ emailed for working at another NHS location</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Send staff to other CCG working bases</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Liaise with IT to ensure all possible action undertaken for urgent re-establishment of system</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
</tbody>
</table>

### Non Availability of Key Staff

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Impact</td>
</tr>
<tr>
<td></td>
<td>Likelihood</td>
</tr>
<tr>
<td>Sufficient staff need to be available to undertake work</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
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<td>5</td>
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</tbody>
</table>

Business impact:
Assistant Director for Safeguarding and Designated Nurse for Child Protection and Deputy Designated Nurse for Safeguarding Children work together extremely closely and would be able to take on each other’s urgent key commitments in the short term. Reciprocal support from neighbouring CCG safeguarding colleagues might be sought, depending on how long staff would be absent, but attendance at Child Protection meetings would need to be scaled down due to pressures on capacity. If the Safeguarding Adult Lead is absent for any length of time the Assistant Director for Safeguarding and Designated Nurse for Child Protection would be able to take on urgent key commitments in the short term. If the Quality Assurance Manager for Care Homes is absent, Quality Assurance Nurse will deputise. The Adult Safeguarding Lead will provide support.

**Proactive strategy:**

Arrange for IT to change/activate Out of Office messages so that partners etc can be redirected as appropriate.

**Reactive strategy:**

Management team to prioritise work. Interim cover might be sought.

**Recovery Procedure**

Partner agencies and GP practices to be notified of current staffing situation. Work/commitments to be prioritised. Team to provide cover for each other’s roles as far as possible.

**Recovery time objective (RTO)**

100% recovery within 1 day/week depending on reason for staff absence

**Recovery location**

River Park House.

**Dependencies**

IT/Communications (telephones) etc.

**Recovery steps**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff absence identified</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
</tbody>
</table>
Inside working hours

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff advise managers of non-availability</td>
<td>H</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>If duration likely to be extended, manager to make contingencies</td>
<td>D</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>3</td>
<td>Reallocation work in Department. Request assistance from other Departments if necessary</td>
<td>D</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
<tr>
<td>4</td>
<td>If possible, modeling of predicted absence may take place</td>
<td>D</td>
<td>Assistant Director for Safeguarding and Designated Nurse for Child Protection/ Safeguarding Adult Lead</td>
<td>Time:</td>
</tr>
</tbody>
</table>

6. Finance
The local Finance directorate for Haringey is a support function and as such does not provide clinical services.

The aim of this plan is to ensure that the Haringey CCG Finance team can continue to provide services in case of disruption or interruption.

The service will aim to ensure limited resources are used appropriately to achieve maximum benefit to those prioritised as in greatest need. It is recognised that this function does not provide any clinical need.

Damage or denial of access to premises

<table>
<thead>
<tr>
<th>Describe function:</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to Provide Financial Support Services</td>
<td>Impact</td>
</tr>
<tr>
<td></td>
<td>Likelihood</td>
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<tr>
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</tbody>
</table>
### Business impact:
Long term would seriously affect the CCG’s finances or accuracy of critical records.

### Proactive strategy:
Staff able to work at home. Investigate ability to work in other CCG premises.

### Reactive strategy:
Seek alternative temporary space as required.

### Recovery Procedure
- Initial impact and anticipated duration of disruption would be established and assessed.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

### Recovery time objective (RTO)
Initial management and administrative response to assess situation and redirect service provision to be immediate.
100% resumption of service within 24 hours by diversion of staff to alternative office/home sites.

### Recovery location
Management of recovery procedure to be directed from home working, or neighbouring CCG premises.

### Dependencies
Access to temporary office space; single or multiple sites identified as available.

### Other considerations

### Recovery steps

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
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<tbody>
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<td>Not applicable</td>
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<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when action completed</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Notify staff of situation</td>
<td>H</td>
<td>Chief Finance Officer/ Deputy Chief</td>
<td>Time:</td>
</tr>
<tr>
<td></td>
<td>Establish nature and anticipated duration of disruption</td>
<td>Finance Officer</td>
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<tr>
<td>2</td>
<td>H Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
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<table>
<thead>
<tr>
<th></th>
<th>Short term disruption-priorities work</th>
<th>Finance Officer</th>
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<tbody>
<tr>
<td>3</td>
<td>H Chief Finance Officer/ Deputy Chief Finance Officer</td>
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<th>Re-direction and utilisation of staff</th>
<th>Finance Officer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>H Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Long-term disruption - Identify alternative office sites</th>
<th>Finance Officer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Coordination of staff with Trust priorities</th>
<th>Finance Officer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Re-direction to new site/s</th>
<th>Finance Officer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Plan re-establishment of normal service</th>
<th>Finance Officer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td>Time:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Loss or damage to IT

### Describe function:

<table>
<thead>
<tr>
<th>Most Finance work requires some form of IT</th>
<th>Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact</strong></td>
<td>1  2</td>
</tr>
<tr>
<td><strong>Likelihood</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

### Business impact:

Almost total. Finance is almost totally reliant upon IT. Server failure/system failure or data corruption would leave the Finance directorate unable to access any data/files.

### Proactive strategy:

IT to ensure back up system to re-establish data files etc.

### Reactive strategy:

In event of IT system failure the Finance team would seek to use systems elsewhere, including other neighbouring CCG locations, or via laptops. Staff could work from home but without IT work will be severely hampered.
Recovery Procedure

- Initial impact and anticipated duration of disruption would be established and assessed.
- IT providers to be notified.
- Identification of alternative site/space to accommodate partial or whole service relocation would be pursued at earliest opportunity.
- Depending on duration of disruption and availability of alternative accommodation part or whole service would be re-provided at single or multiple sites with staff and support services notified and re-directed as appropriate.

Recovery time objective (RTO)

100% within 3 working days

Recovery location

River Park House.

Dependencies

IT provider to re-establish functioning system, and have contingency measures in place.

Recovery steps

<table>
<thead>
<tr>
<th>Out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inside working hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>
Non Availability of Key Staff

**Describe function:**
Sufficient staff need to be available to undertake work

**Impact**
- 1: Critical
- 2: High
- 3: Medium
- 4: Low
- 5: Minimal

**Priority**
- 1: Immediate
- 2: Urgent
- 3: High
- 4: Medium
- 5: Low

**Likelihood**
- 1: Likely
- 2: Possible
- 3: Unlikely
- 4: Very unlikely
- 5: Impossible

**Business impact:**
Unable to provide necessary financial support. Service aim would be to establish prioritised workload dependent on staff availability.

**Proactive strategy:**
Ensure succession planning and up-skilling of existing staff workforce to ensure staff with adequate skill levels can be re-directed according to the prioritising of service delivery according to situation. Work teams are broadly aware of on-going pieces of work.

**Reactive strategy:**
Management team to prioritise work. Cover might be sought.

**Recovery Procedure**
Work would be prioritised by management team. Some work could be sent to staff at home if warning given.

**Recovery time objective (RTO)**
100% recovery within 1 day/week depending on reason for staff absence

**Dependencies**
IT/Communications (telephones etc.)

**Recovery steps**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Sign and note when action is completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff absence identified</td>
<td>H</td>
<td>Time:</td>
<td></td>
</tr>
</tbody>
</table>

**Out of hours**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when</th>
</tr>
</thead>
</table>

**Inside working hours**

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Carried out within (D=days, H=hours)</th>
<th>Responsibility</th>
<th>Signed and noted when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Action</td>
<td>Time:</td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Staff advise managers of non-availability</td>
<td>H Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If duration likely to be extended manager to make contingencies</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reallocate work in Dept. Request assistance from other Departments if necessary</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If possible, modeling of predicted absence may take place</td>
<td>D Chief Finance Officer/ Deputy Chief Finance Officer</td>
<td></td>
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</tr>
</tbody>
</table>
2. BUSINESS CONTINUITY PLAN

FOR HARINGEY CCG

Business Continuity Management Plan

Background

The Civil Contingencies Act 2004 came into force in November 2005, focusing on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders such as Haringey Clinical Commissioning Group (CCG) as Category 2 Responders.

It is a requirement of the Act that CCGs have Business Continuity Plans in place to support the CCGs Emergency Plan.

In addition to the above, it is a requirement for NHS organisations to align their business continuity plans with ISO 22301 (formerly BS 25999) as the standard model platform and good practice not least because it is linked to emergency preparedness and the undertaking if business impact analysis.

Purpose of NHS Business Continuity Planning

The purpose of the Business Continuity Plan is to outline the responsibility required by the CCG and its staff in the event of a crisis in order to maintain as normal a service as is practically possible, and to ensure a prompt and efficient recovery of critical activities from any incident or physical disaster that may affect the CCG’s ability to operate and deliver its commissioning services in support of the local NHS economy.

Haringey CCG’s core services have been defined as being either business critical/essential, priority or support. See below:

1. Clinical Commissioning – business critical/essential
2. Medicines management – support
4. Commissioning Team (placements) business critical/essential
5. Safeguarding Adults and Children and Quality in Care Homes team – support
6. Finance - support

Impact of events on Haringey CCG

It must be recognised that any event not only impacts on staff, premises, technology and operations, but also on the Haringey CCG brand, status, relationships and reputation. Therefore, all business continuity management arrangements should ensure that the CCG meets its legal, statutory and regulatory obligations to both staff and dependent stakeholders (e.g. local acute commissioned hospitals, Haringey Council, NEL CSU).

Scope of the Haringey Business Continuity Plan

The scope of this plan is to provide over-arching organisational guidance of business continuity management and the invocation process within Haringey CCG, and an outline of responsibilities.
The Plan follows ISO 22301 main requirements.

**Clause 4** - Defining the context of Haringey CCG, both internal and external needs, knowing the needs of stakeholders.

**Clause 5** – Leadership from the senior management structure and in setting resources aside for Business Continuity Planning (and EPRR).

**Clause 6** – Planning in undertaking periodic business impact assessments in light of fresh threats to the NHS and CCG.

**Clause 7** – Support in terms of training and developing knowledge skills and experience of managing Business Continuity planning in Haringey.

**Clause 8** – Getting departmental managers actively involved in business impact analysis and scenario planning, tests and local exercises.

**Clause 9** – Evaluation in terms of working with NHS England to define and use KPIs and other measures of performance.

**Clause 10** – Business Continuity Planning will contribute to continuous service improvement for Haringey CCG as corrective action is taken as a result of audits, reviews and exercises.

Further information is detailed in the individual Department Business Continuity Plans that underpin this document.

**Definition**

Business Continuity Management is the process that helps to manage the risks to the smooth running of Haringey CCGs in the delivery of its services, ensuring that essential business can continue in the event of a disruption and can be sustained in the event of an emergency.

It is aimed at reducing or eliminating the risks of business interruption and it is necessary to have contingency plans in place to ensure normal business functions can be resumed as soon as possible.

A service interruption can be defined as *‘Any incident which threaten personnel, buildings or the operational procedures of an organisation which requires special measures to be taken to restore normal functions’.*

For the NHS, Business Continuity management is defined as:

The management process that enables an NHS organisation to

1. Identify those key /critical services which interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation

2. Identify and reduce the risks and threats to the continuation of these key/critical services.

3. Develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

**Possible causes of Service Disruption**

- Loss of infrastructure e.g. offices, buildings, IT Systems at River Park House
- Managing a power cut at River Park House
- Extreme weather conditions
- Arranging service provision during an emergency or epidemic
Please note (1): These events may not be mutually exclusive i.e. extreme weather can lead to loss of electricity or staff being unable to get into work.

Please note (2) In the event of a major fire at River Park House, and the building could not be occupied, arrangements would be in place for some staff to work in other local NHS facilities that are on the same network and for some staff to work from home via remote access arrangements through IT.

Severe Service Disruption and Communications

If an event occurs that is so severe that alternative arrangements for the provision of care commissioned by the CCG needs to be communicated to the local population, this will be carried out via the Head of Communications and Engagement after discussion with the Chief Officer after the receipt of Severe Weather Alerts.

Benefits of Effective Business Continuity Management for Haringey CCG

An effective BCM Plan means that the CCG

- Can identify the impacts of an operational disruption;
- Has in place an effective response to disruptions which minimises the impact on the organisation;
- Is able to demonstrate a robust response through a process of training and exercises;
- Will be able to protect and enhance its reputation and competitive advantage with new and existing customers, with working partners and other stakeholders by demonstrating reliability and maintaining service delivery.

The outcomes of an effective Business Continuity Management ‘programme’ approach are that:

- Key products and services are identified and protected, ensuring their continuity;
- Incidents are managed to enable an effective response;
- The organisation understands its relationships and interdependencies with other organisations and stakeholders (e.g. local acute hospitals, Haringey Council, NEL CSU);
- Staff are trained to respond effectively to a disruption through appropriate training, education and exercises;
- Stakeholder requirements are understood and able to be delivered;
- Staff are supported by adequate communication strategies;
- The organisation’s supply chain is secured;
- The organisation’s reputation is protected;
- The organisation remains compliant with its legal and regulatory obligations.

The stages in the Business Continuity Management Lifecycle process are:

- Understanding the organisation’s business, i.e. defining the critical/core functions of the organisation.
- Identifying the risks and establishing how they are to be managed.
- Developing a response to risks.
- Raising awareness and embedding plans.
- Maintaining and auditing plans.

See diagram below.
Accountability, Roles and Responsibilities

Incident declaration and plan invocation
During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service (see below), an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Directors & Senior Managers
The following officers of the CCG can declare an internal incident where business continuity is disrupted or at risk of disruption:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Sherry Tang</td>
<td>Haringey CCG Chair</td>
<td></td>
</tr>
<tr>
<td>Sarah Price</td>
<td>Chief Officer</td>
<td></td>
</tr>
<tr>
<td>David Maloney</td>
<td>Chief Finance Officer</td>
<td></td>
</tr>
<tr>
<td>Catherine Herman</td>
<td>Vice Chair</td>
<td></td>
</tr>
<tr>
<td>Jennie Williams</td>
<td>Executive Nurse and Director of Quality and Integrated Governance</td>
<td></td>
</tr>
<tr>
<td>Jill Shatthock</td>
<td>Director of Commissioning</td>
<td></td>
</tr>
</tbody>
</table>

Incident identification
An incident or set of circumstances which might present a risk to the continuity of a service provided by the CCG might be identified by any member of staff.

When an incident or set of circumstances which might present a risk to the continuity of a service is identified, it is important that the person identifying the incident knows what to do. In the initial stages, this will involve making sure that the right people have been informed.
In the event of a minor incident, or one that can be dealt with using normal services and resources, local managers and staff will deal with it.

Specific actions to be carried out following the declaration of an internal incident

- Form a **Business Continuity Team** to manage, log and record the response to the incident – this would normally be Directors and senior managers.
- Nominate a Team Leader
- Start documenting information and actions. Business Continuity Team Notes should be used in connection with this action – see Appendix 2.
- Begin also completing a Serious Untoward Incident report form as per the CCG Risk Policy - see Appendix 3
- Establish what the nature of the incident is and assess the impact on service functions
- Contact
  - 1) NHS England (see below)

**NHS England London must be notified whenever this plan is invoked:**

<table>
<thead>
<tr>
<th>Call (Contact redacted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(NHS England London Manager)</td>
</tr>
</tbody>
</table>

**Pass on as much information as you can, including:**

- Type of incident
- The current and projected impact of the incident
- Your ability to cope – any additional support or resources required
- Which other agencies/partners are involved in the incident
- Any other information that you think is relevant

- 2) CCG Director on call (for information, see below)

**Contacting the CCG On-Call Director**

<table>
<thead>
<tr>
<th>Telephone Page One</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Contact redacted)</td>
</tr>
</tbody>
</table>

...and ask for the NHS North Central London CCG On-Call Director to be paged

**Call sign:** (Contact redacted)

If there is no response after 15 minutes, repeat

... provide a short message on request, which must include: a contact name and telephone number

**Pass on as much information as you can when contacted by the On-Call Director, including:**

- Type of incident
- The current and projected impact of the incident
- Your ability to cope – any additional support or resources required
- Which other agencies/partners are involved in the incident
- Any other information that you think is relevant

- 3) Communications (if applicable)

- Categorise affected functions according to the categories detailed below. **A template is provided** – see Appendix 4
Ensure that staff are briefed about the incident and given clear instructions on whether they should relocate or go home, and when they are expected to return.

Ensure health and safety of staff is prioritised.

Determine priorities and recovery time objectives.

Establish contact with key partners – e.g. CSU (Commissioning Support Unit) operations.

Establish recovery strategies.

Update staff and other key stakeholders with recovery plans and estimated recovery time objectives.

Update NHS England as required.

Ensure that tasks that are being carried out to facilitate recovery are regularly monitored.

Once the main priorities have been dealt with, you might consider scaling down the Business Continuity Team, or hand over to another member of staff to deal with the medium and long-term issues, or the day-to-day recovery of the incident.

If an incident is going to last for longer than 4–8 hours, establish a rota for staff within the team and regular hand over for the BC (Business Continuity) Manager role.

Team Leader to authorise and communicate Stand Down.

Ensure debrief meetings are held, logged information is retained and lessons learned are captured in a final report.

Checklist

- Use key contacts
- For loss of power/utilities – time of year and forecasted weather temperatures; in the event of water check toilets; hand hygiene and drinking water.
- For loss of building – do services need to be suspended or relocated?
- For loss of IT/telephony – can IT be accessed at neighbouring CCG sites?
- For fuel shortages – can staff get into work? What about alternative travel and work arrangements?
- For staff shortages – impact will be variable depending on the critical function concerned. Consider cover arrangements. Departmental managers are to advise.

Recommended Timescales for recovery:
  - Critical – Danger to staff/patients. Prevents provision of essential CCG function
  - Urgent – within 8 hours
  - Essential - within 24 hours
  - Important – Within 3 days
  - Necessary – within 7 days
  - Routine – within 14 days
  - Non-Urgent – within 28 days

Engagement and communications with internal staff, NHS England, media, etc. as appropriate. If an event is such that it impacts on the provision of care, the CCG will need to communicate alternative
arrangements with the local population. The CCG Head of Communications and Engagement will need to be involved.

- Acknowledge complaints that may come in
- Consider quality, safety and safeguarding issues as appropriate
- Consider immediate and future Governance, Risk, and Assurance management and reporting as appropriate e.g. inspection by the NHS Litigation Authority, updating the Corporate Risk Register.

**Recovery Process**

Recovery from an incident or event is equally as important as the business continuity process itself. It can be a complex and long running process, which may be costly in terms of resources and can come under close scrutiny by the community and media. In order to manage the process, Haringey CCG has a recovery plan to refer to – see Business Impact Analysis.

**Records Management**

All records created during the implementation of a business continuity plan must be kept and stored in line with the Haringey CCG Information Management Policy (Records and Quality).

**Incident Reporting**

Details of the impact on any of the critical functions must be reported in accordance with the Incident & Serious Incident Policy of Haringey CCG and an Incident Form (see appendix 4) should be completed and sent to the CCG Head of Integrated Governance.

**Communicating the Plan – Internally**

Communicating this plan will be conducted through multiple channels including induction and annual mandatory training. The policy will be available to staff via the intranet.

**Training, Exercising and Assurance**

The emergency and business continuity response arrangements within the plan will be ineffective if the staff expected to implement them at the time are unaware of them. Therefore, all staff will be made aware of the plan at induction to the CCG (as new starters), by managers at departmental meetings and in exercises organised by the Accountable Emergency Officer (Chief Officer), supported by the Emergency Planning Liaison Officer (Head of Integrated Governance).

In addition to the above, the Business Continuity Plan – in conjunction with the Emergency Preparedness Plan – as appropriate – will be periodically tested and the CCG will be required to participate in various exercises. This will form part of the assurance process pertaining to both plans. Gaps that are identified, qualified and risk assessed will be incorporated into the new iterative version of the Plans.

**Document Review, Version Control and Changes to the Plan**

The Business Continuity Plan will be reviewed on a bi-annual basis or when there are changes in the working systems of the CCG; or when major changes to the contact arrangements of staff or suppliers that affect the content are made.

The date of the review will be recorded on the front of the document.

It is the responsibility of CCG Directors and their Departmental Managers to update local departmental plans and the Head of Integrated Governance to ensure that the generic section of the plan is kept updated.
If there are any significant changes to the plan, then this will be communicated to Departments and Managers to cascade to all staff, interims and consultants working in River Park House.

**Exercises**

Business Continuity arrangements will be exercised at least once a year in order to validate the effectiveness and highlight any gaps that can be addressed and then amended in the Plan. Such exercises may coincide with Emergency Planning Response and Resilience (EPRR) exercises with local Category One Responders arranged and co-ordinated by NHS England.
3. EMERGENCY PLANNING and SURGE MANAGEMENT ARRANGEMENTS

For Haringey CCG

Emergency Planning Response and Resilience (EPRR) and Surge Management

Statutory and Legal Obligations and Requirements

The Operating Framework for the NHS in England 2012/13 requires EPRR to remain a core function for NHS organisations in line with the Civil Contingencies Act 2004.

All NHS organisations are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats and hazards and disruptive events such as:

- a) Pandemic influenza
- b) Mass casualty
- c) Potential terrorist incidents
- d) Effects of severe/adverse weather
- e) Chemical, biological, radiological and nuclear (CBRN) incidents
- f) Fuel and supply chain disruption
- g) Public health incidents

NHS England

NHS England bears the majority of responsibilities in preparing for and responding to incidents and emergencies as the Category 1 Responder.

Haringey CCG, as a Category 2 Responder, has a duty to participate in preparations for an incident and emergency but in response, its role is one of co-operation and support to NHS England, which was formalized in a Memorandum of Understanding (MoU), is summarised below:

Haringey CCG Roles and Responsibilities

Anticipation

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Emergency Officer (AEO) appointed – Director level</td>
<td>Through the AEO ensure that the CCG’s EPRR roles and responsibilities are adhered to</td>
<td>Act as champion in respect of EPRR</td>
<td>Support AEO with training and the provision of regular updates in respect of developments in EPRR</td>
</tr>
<tr>
<td>Governance</td>
<td>Ensure EPRR is integrated in CCG governance structures</td>
<td>Ensure the CO is kept appraised of resilience issues as they arise</td>
<td>Ensure EPRR is incorporated in to national and regional governance structures</td>
</tr>
<tr>
<td>Training</td>
<td>Staff will receive appropriate planned training with regard to the CCG’s EPRR roles and</td>
<td>Ensure the CCG has a planned programme of EPRR training in place</td>
<td>Support CCGs in respect of staff training eg provision of training packages</td>
</tr>
</tbody>
</table>
Responsibilities

| Directors | CCG Directors will receive appropriate training in respect of EPRR | Ensure training records are maintained and that Directors attend provided training sessions | Directors will receive training from NHS England to meet the published competencies |

Assessment

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCGs will ensure they are sighted on local risks and threats</td>
<td>Pay regard to Community Risk Register, national risk register and BRF intelligence</td>
<td>Put a system in place to receive/monitor/ document and cascade information received</td>
<td>Provide regular briefings from LRT. Alert CCGs to potential or actual threats and hazards</td>
</tr>
<tr>
<td>EPRR risks and threats will be documented on the risk register if appropriate</td>
<td>Examples will include Pandemic Flu, business continuity risks</td>
<td>Ensure risks are discussed at relevant Governance meetings</td>
<td>Contribute to national and regional risk registers and circulate</td>
</tr>
<tr>
<td>Monitor provider’s EPRR capabilities</td>
<td>CCG will liaise with NHS England with regard to risks identified within provider’s EPRR capacity and plans</td>
<td>Receive and escalate to NHS England EPRR team and EPRR capability concerns or issues</td>
<td>Put a system in place for review and assurance of all providers EPRR capabilities</td>
</tr>
<tr>
<td>Winter resilience</td>
<td>Put systems in place to ensure local providers have plans in place to manage winter</td>
<td>Ensure a named officer is responsible for provider winter planning – this may be a shared post with other CCGs</td>
<td>Provide support and assistance with regard to exercising winter resilience plans</td>
</tr>
</tbody>
</table>

Prevention

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surge capacity management</td>
<td>CCG will have surge capacity management arrangements in place to ensure pressures can be mitigated where possible</td>
<td>Ensure surge capacity management arrangements are reviewed on a regular basis and lessons learned are incorporated in to the system</td>
<td>Support CCGs with advice and information in respect of surge. Ensure CMS continues to be provided Act as an escalation point and manage the system when strategic command and control is necessary</td>
</tr>
<tr>
<td>Manage surge capacity related risks</td>
<td>CCGs will take such action as is possible and eliminate any identify any risks or threats within its internal systems or</td>
<td>As above</td>
<td>Support CCGs and provide advice and additional performance management in respect of providers</td>
</tr>
<tr>
<td>Escalation</td>
<td>CCGs will escalate to NHS England or LHRP any issues where a strategic approach may be required</td>
<td>Ensure risks are escalated to NHS England where appropriate</td>
<td>Will have systems in place to take strategic command and control of London health services when necessary</td>
</tr>
</tbody>
</table>

### Preparation

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining Plans</td>
<td>CCGs will have two key Incident Response Plans – <strong>Internal Business Continuity Plan</strong> and <strong>Surge Capacity Management Plan</strong></td>
<td>Ensure such plans are produced and are well understood by the organization and those tasked to use them</td>
<td>Support CCGs in respect of subject matter expertise through the three area teams Provide a BCP template and training materials</td>
</tr>
<tr>
<td>Business Continuity Plan</td>
<td>The BCP will contain an invocation procedure, list of services provided and their criticality, dependencies and a contact list</td>
<td>As above</td>
<td>As above and have its own BCP in place so critical strategic and tactical functions can be maintained in an incident</td>
</tr>
<tr>
<td>Exercising</td>
<td>CCGs will participate in exercises facilitated by NHS England, the Borough Resilience Forum or providers as part of programmed work</td>
<td>Ensure a programme of exercising is incorporated into CCG business planning</td>
<td>Provide a regular multi level and multi agency exercise programme and support CCGs in exercising</td>
</tr>
</tbody>
</table>

### Response

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Call Roster</td>
<td>The CCG will ensure a 24/7/365 contact point for providers to escalate to, and NHS England to cascade information and alerts through</td>
<td>Ensure the roster is maintained together with resilient method of contact eg Page One</td>
<td>Ensure that a 24/7/365 system is maintained comprising of NHS01, SM01 and NHS Gold</td>
</tr>
<tr>
<td>Escalation and cascade</td>
<td>Trigger point, escalation procedures and cascades should be documented in the CCG plans</td>
<td>Ensure all key people are aware what information needs to be communicated, where and when</td>
<td>Ensure that the on call system is well communicated across all NHS and other agencies</td>
</tr>
<tr>
<td>Ensure staff are aware of their responsibilities</td>
<td>Key staff roles and responsibilities should be documented and understood – action cards within the BCP/Surge Capacity</td>
<td>Ensure such roles and responsibilities (Action cards) are reviewed on an annual basis or post exercise/incident</td>
<td>Support CCGs and AEOs with advice concerning plans and action cards Ensure that its own staff are aware of their</td>
</tr>
</tbody>
</table>
Plan | roles and responsibilities
--- | ---
Incident Control Room | The Incident Control Room will be an understood and documented rendezvous point for key staff to manage the impact of a major incident – ie the surge, not the actual incident. Ensure the Incident Control Room is maintained and accessible. Maintain its own Incident Control Centre with back up facilities to manage any major incidents. Attend the London strategic Command Cell (SCC) when open.

Sit Reps | CCGs should be prepared to submit SitReps – capacity related. Ensure SitReps reporting are included in the BCP and Surge Capacity Plan. NHS England will receive and collate SitReps and provide information as may be necessary and appropriate to CCGs and providers.

Communication | CCGs should have an integrated communications strategy (internal and external stakeholders). Ensure the Comms Strategy and Plan is incorporated in to the BCP. NHS England will have tested communication systems and cascades in place. Will liaise with other comms teams.

Recovery

<table>
<thead>
<tr>
<th>Activity</th>
<th>CCG will</th>
<th>AEO will</th>
<th>NHS England will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery</td>
<td>CCGs should have recovery plans in place in respect of major surge.</td>
<td>Ensure a recovery team is prepared, briefed and able to direct the local recovery strategies.</td>
<td>Ensure it has recovery plans in place and coordinated recovery activity – eg mutual aid, additional resources.</td>
</tr>
<tr>
<td>Debrief</td>
<td>CCGs should have an identified debrief process consistent with national guidance.</td>
<td>Ensure debriefing is incorporated in to the BCP.</td>
<td>Will ensure debriefs are held as appropriate to the incident and participate in multi agency debriefs.</td>
</tr>
<tr>
<td>Staff Welfare and Psychosocial Support</td>
<td>Staff welfare should be incorporated in to BCP.</td>
<td>Ensure staff welfare and support is incorporated into the BCP.</td>
<td>Provide such support as necessary, proportionate to the incident.</td>
</tr>
</tbody>
</table>

Events that are likely to lead to the invocation of the Emergency/Major Incident Plan

- Large scale accidents – rail, M25 motorway, and air crashes etc.
- Slowly emerging incident – such as infectious diseases like pandemic flu, flooding, fuel shortages
- Toxic plumes drifting over the area – like Buncefield Oil Terminal fire
- Headline news report sparking a health scare
Examples of how incidents will be managed

1. Direct management of major incidents will be handled by NHS England – Haringey CCG will be expected to manage any consequent ‘surge’.

For Surge Management Arrangements - see next section

2. Primary Care issues e.g. estates problems will be handled by NHS England, NHS Property Services Limited, independent contractors.

3. Out of Hours GP Services – requests for assistance e.g. rest centres – Haringey CCG will assist where it commissions.

Note: As a Category 2 Responder, Haringey CCG is obliged to co-operate with Category 1 Responders (Emergency Services, Local Authorities, NHS England, Public Health England (PHE) and NHS Trusts in its responsibility to

• Carry out Risk Assessments of its own operation
• Prepare emergency plans
• Warn and inform the public
• Co-operate with other responders through other Local Resilience Forum
• Share information with other responders as appropriate
• Undertake a debrief and provide support to staff where required
• Assist with recovery to normal services where appropriate

Surge Management Arrangements for Haringey CCG

Haringey CCG ‘sub-contracts’ its surge management aligned with its EPRR responsibilities to NEL Commissioning Support Unit (NEL CSU).

Each Year, the NEL CSU will provide a Winter Planning and Surge Top Line Service Plan (the current one is 2015-16), based on Service wide externally driven Key activities and Internal Key activities and outcomes /Surge per se/Winter Planning and EPRR arrangements – See Appendix 5

The Accountable Emergency Officer (AEO and Emergency Planning (Liaison) Officer for the CCG will periodically review the Winter Planning and Surge Top Line Plan and how it relates to Haringey CCG with the NEL CSU Surge Manager

Telephone Number for the NEL CSU Surge Manager – (Contact redacted).

Surge Process – NEL CSU

NEL CSU works directly with the Emergency Departments, the London Ambulance Service, East of England Ambulance Service and other commissioning support units in London, CCGs, and NHS England to do this. The activity is managed in hours, by the Provider Operational Resilience and Surge Management Team and, out of hours, by a rota of on call directors and managers.

The surge management arrangements will adhere to the NHS England London Pressure Surge Management Arrangements, November 2013, Version 2 and will be inclusive of the Capacity Management
System (CMS), triggers and escalation actions relating to Emergency Department (ED) Re-direction and closures, guided by NHS England Emergency Department Capacity Management, Redirect and Closure Policy (ED Policy), Version 7.2.

How the arrangements work

The NELCSU Surge Management service is a high profile service that is delivered by the NELCSU on behalf of twelve North East and North Central CCGs clients 24/7 365 days a year. The aim of the service is to enable the Emergency Departments (ED) of our Acute Trust Providers to be more effective, by ensuring that they are able to manage patients safely within their capacity on a day to day basis and in times of additional demand causing significant pressure. The service works directly with the Emergency Departments, the London Ambulance Service, and other commissioning support units in London, CCGs, and NHS England to do this. The activity is managed in hours, by the Provider Operational Resilience and Surge Management Team and, out of hours, by a Rota of on call directors and managers. Out of hours, i.e. between 5pm-9am and weekends and Bank Holidays, the service is delivered by 24 on call directors and senior managers; bands 8c and above.

The Out of Hours element of the service also has some wider NELCSU corporate responsibilities such as being an escalation point of call for property issues at Clifton House, and dealing with a variety of possible out of hours commissioning issues local to North East and North Central London.

There are dependencies for the surge service: it is linked to the EPPR programme, it has a role in responding to major incidents and emergencies, as declared by NHS England (on behalf of CCGs). It is also dependent on number of other internal services including IT and Communications, in and out of hours.

Please note: the EPRR function is an administrative support function to Haringey CCG. The purpose of the service is to ensure that the CCG has a functioning and working on-call system to enable the CCG to respond to an emergency and major incident out of hours.

Surge Process – NHS England

Under certain circumstances, it may be necessary for NHS England (London) to centrally implement its pre-agreed co-ordination arrangements concerning Emergency Department (ED) capacity management arrangements, redirection and potential closures. Consequently, if this was to happen, then prior to implementing co-ordination arrangements, NHS England would endeavor to seek the opinion of CCGs such as Haringey, before a firm decision was made. Alternatively, NHS England may consider its use if requested by Haringey and other CCGs or the Department of Health.

On-call Arrangements for Haringey CCG

There are three Senior Officers/Directors of Haringey CCG who are on call

- Chief Officer
- Chief Finance Officer
- Director of Commissioning

They are provided with information and support to enable them to undertake their duties in support of NHS England for major incidents and North East London CSU for escalation of significant surge capacity events.

In-hours incident notification

When notified of an on-going incident or surge event during office hours, the On Call Director should contact the Haringey CCG AEO (Chief Officer) to request that, if affected, the CCG takes over from the on-call Director in supporting the response.
If the AEO (Chief Officer) is not available, contact needs to be made with other Directors on the on-call Rota for Haringey CCG.

**Out-of-hours incident notification**

Should the on-call CCG Director be required to assist with an incident out of hours, they should ensure an email or phone call handover is provided on the next working day to the AEO (Chief Officer) if Haringey CCG is affected by the incident, including actions taken, any expenditure agreed and outstanding issues that remain unresolved.

In extreme situations outside of office hours, such as when a major incident has been declared by an NHS organisation, it should be considered by the on-call CCG Director whether it is appropriate to contact the Chief Officer and inform them of the situation.

**Major Incident Notification**

The NCL CCG on-call Director should only be notified of an incident via either the NHS England (in relation to an on-going emergency) or via the CSU (in relation to escalation of a significant surge issue). If contacted directly by a provider organisation or another agency, try to clarify whether they have already spoken to:

- NHS England on-call Manager (Contact redacted)
- CSU on-call manager (Contact redacted)

If contact has not been made with either of these organisations you should redirect them back to the appropriate agency, depending on their requirements.

**Pager Alerts**

In the event of an incident, the On-call Director will be informed via pager, email and a text message. The pager system is part of the London Wide PageOne alert cascade. A caller can trigger the pager using the following number:

(Contact redacted)

**Equipment**

Each Director is expected to have a mobile from which they will receive both an email and text message. Pagers and spare batteries can be collected in hours from:

(Contact redacted)

**On Call General procedures**

Please follow the North Central London CCGs EPRR On-call Manual Version 1.8 dated February 2014 – See Appendix 6

**Supporting the response to a Major Incident – Co-ordination Room**

As a Category 2 Responder, Haringey CCG will have a ‘suitable room’ that could be used for as a co-ordination room, from which the response to an incident can be run. It has been agreed that Meeting Room 7, 4th Floor at River Park House will be the co-ordination room.

**Note:** It has been confirmed therefore that Haringey CCG does not need to meet the requirements of a fully comprehensive Incident Command Centre (ICC).
Reminder of Haringey CCG’s Duty to Support

As a Category 2 Responder, Haringey CCG has a duty to support NHS England in any response to a major incident. This will include:

- Informing NHS England ICC of contact details in the event of a major incident (mobile phone number, email address, fax number).
- Management of surge capacity – refer to the surge management arrangements that Haringey CCG has contracted out to NCL London – and any decant operations arising as a consequence of a major incident in co-operation with providers and other agencies e.g. Social Care.
- Provider local knowledge to NHS England ICC where able to do so.
- Ensure that actions taken and decision made in relation to the major incident are logged.
- Co-operate in and provide requested information at any subsequent debrief.

**Note (1):** During times of elevated pressure, such as winter, NHS England will oversee and participate in the pressure surge management arrangements. This may include regular teleconferences with NEL CSU on behalf of Haringey CCG with whom we have a contract to manage surge.

**Note (2):** The Team who will be based in the coordination room during an Emergency/Major Incident – if required - will consist of the Accountable Emergency Officer (Chief Officer), Emergency Planning Officer (Head of Integrated Governance), Head of Communications and Engagement, and a ‘Loggist’ who is required to complete the Major Incident Log Book.

Escalation Criteria

CSU – CCG Escalation Criteria

The following should be considered as trigger points at which it would be necessary for the NEL CSU on-call staff / Provider Operational Resilience and Surge Management Team to notify the CCG on-call Director of the situation:

- **Closure of an ED Department in an acute provider setting** – e.g. as a result of infrastructure failure, evacuation or any other situation which renders the ED department non-operations.
- **Notification from an acute provider that they have declared a ‘major incident’ or ‘major incident standby’**
- **Severe pressures on NHS services across north central London** - Trigger points need to be determined and agreed locally
- **Information that there is media interest or request for information to NHS organisations regarding an on-going situation or event** - NEL CSU should first have spoken to the on-call communications officer to agree a media strategy for the incident.

CCG on-call incident notification and handover

**In-hours incident notification**

When notified of an on-going incident or surge event during office hours, the on-call CCG director should contact the Accountable Emergency Officer (AEO) of the CCG(s) affected to request that the CCG affected by the incident takes over from the on-call CCG manager in supporting the response.
If the AEO is not available, contact should be made with the Chief Officer or other members of staff from the CCG who are members of the CCG on-call rota.

**Out-of-hours incident notification**

Should the on-call CCG manager be required to assist with an incident out of hours they should ensure an email or phone call handover is provided on the next working day to the AEO of the CCG affected by the incident, including actions taken, any expenditure agreed and outstanding issues that remain unresolved. In extreme situations outside of office hours, such as when a major incident has been declared by an NHS organisation, it should be considered by the on-call CCG manager whether it is appropriate.
KEY ROLES AND RESPONSIBILITIES IN BUSINESS CONTINUITY AND EMERGENCY PLANNING

FOR HARINGEY CCG

Roles and Responsibilities

1. The Accountable Emergency Officer (AEO)

Haringey CCG, in accordance with Section 46.9 of the Health and Social Care Act 2012, will appoint a Director Level Officer (the Chief Officer) with responsibilities to ensure that the CCG complies with its legal duties, roles and responsibilities associated with Emergency Preparedness – referred to in the above sections on:

Anticipation
Assessment
Prevention
Preparation
Response
Recovery

Specific responsibilities are set out on page 4 of the NHS England document ‘The Role of Accountable Emergency offices for EPRR.

This Officer will undertake these duties as the Accountable Emergency Officer (AEO). As part of their duties, the AEO will on behalf of the CCG ensure that all EPRR and BCM Plans are up to date and are aligned with emergency/surge planning arrangements and be prepared to work with other Category 1 and 2 Responders to test these plans through

- Communication exercises – every six months
- A desktop exercise - once a year
- A major live or simulated exercise every three years

In addition to the above, the AEO will ensure that Haringey CCG has suitable up to date plans that set out how it will

- Maintain continuous service when faced with disruption from identified local risks
- Resume key services which have been disrupted by, for example, severe weather; IT failure, an infectious disease; a fuel shortage or industrial action.

Following good practice, the AEO should scan the National and Regional Risk Registers and be in touch with information emanating from the London Local Health Resilience Partnership.

For a more detailed set of responsibilities for the AEO, see Appendix 7

2. Emergency Planning (Liaison) Officer (EPO)

In addition to the AEO role, Haringey CCG will appoint a Senior Manager (the Head of Integrated Governance), whose role will incorporate the responsibilities of an Emergency Planning (Liaison) Officer
(EPO) as a demonstration of further resources being invested in the CCG meeting its duties and obligations in EPRR management.

See detailed set of responsibilities for the EPO Set out in Appendix 8

3. Departmental Business Continuity Leads (BCL)

In keeping with the BCM Policy Statement, each Department within Haringey CCG must have a Business Continuity Lead (BCL) to represent their part of the business within the overall CCG Business Continuity Management arrangements and plan. The BCL will be responsible for reviewing and maintaining Departmental Business Continuity arrangements with the over-arching Plan for the CCG.
Appendix 1

Haringey CCG Business Continuity Management (BCM) Policy Statement

Business Continuity Management (BCM) is an important part of Haringey CCG’s risk management arrangements. The Civil Contingencies Act (CCA) 2004 identifies all CCGs as Category 2 Responders and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage the disruptions to the delivery of services.

It is the policy of NHS Haringey CCG to develop and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of our critical functions from any incident or physical disaster affecting our ability to operate and deliver our services in support of the NHS economy.

The aim of Business Continuity Management is to prepare for any disruption to the continuity of business, whether directly – i.e. within the responsibility control or influence of business, or indirectly –i.e. due to a major incident occurring to a partner organisation, supplier, dependent or third partner, or from a natural disaster.

It is recognised that plans to recover from any disruption must consider the impacts not only to our staff, premises, technology and operations, but that NHS Haringey CCG must also plan to maintain its reputation, status, and relationships.

Business Continuity arrangements should ensure that the CCG continues to meet its legal, statutory and regulatory obligations to its staff and to its dependent stakeholders. All CCG departments are to continue to develop and implement BCM for their particular areas of business.

In order for this to be achieved, each directorate will have Business Continuity Leads (BCLs) to represent their part of the business for Business Continuity Management. These individuals are responsible for reviewing and maintaining the departmental Business Continuity arrangements within the CCG Business Continuity Plan (BCP).

To ensure that the BCMS fully meets the changing needs of the business for Haringey CCG, all critical departmental BCPs will be exercised, reviewed and audited annually.

These will include:

- Clinical Commissioning
- Medicines Management
- Continuing Healthcare
- Commissioning Team (Placements)
- Safeguarding
- Finance

In accordance with NHS England Guidance on the Business Continuity Framework 2013, the NHS Haringey CCG BCMS will be aligned with ISO 22301.

Signed

...........................................................................................................

Chief Officer

Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015
Haringey Clinical Commissioning Group
Date: March 2014

Appendix 2

Haringey CCG - Business Continuity /Emergency Plan Team Notes

Reason for Invoking the Plan:

Date:
Time:
Brief Summary of the situation

Department(s) Affected

Other Organisations Involved/Alerted

Date
Signed

Actions Required

By Whom

Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015
Immediate:

Within 8 working Hours

Within 1 Working Day

Within 3 Days

Within 1 Week

Situation to be reviewed every ........ Hours/ ........Days
# Appendix 3

## HCCG Incident Reporting Form

<table>
<thead>
<tr>
<th>Incident Details</th>
<th>Incident Date</th>
<th>Incident Time</th>
<th>Type of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Incident</td>
<td>Directorate</td>
<td>Department</td>
<td>Incident location address:</td>
</tr>
</tbody>
</table>

**Description of Event** *(Enter Facts not opinions, Do not enter names of people)*:

*If the incident involved equipment/device please ensure that batch/serial/asset numbers are recorded:*

**Immediate Action Taken** *(Enter action taken at the time of the event or immediately after)*:

**Details of Person Affected**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
</tr>
</thead>
</table>

**Has anyone been harmed as a result of this incident?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Near Miss</td>
</tr>
<tr>
<td>☐</td>
<td>No Harm</td>
</tr>
<tr>
<td>☐</td>
<td>Low Harm</td>
</tr>
<tr>
<td>☐</td>
<td>Moderate Harm*</td>
</tr>
<tr>
<td>☐</td>
<td>Severe Harm*</td>
</tr>
<tr>
<td>☐</td>
<td>Catastrophic*</td>
</tr>
</tbody>
</table>

*Please contact the Head of Quality and Performance to discuss within 1 working day of incident (contact details on page2)*
Details of the incident reporter:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Directorate</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Your Line Manager/ Person responsible for local incident management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

What happens next?

Please pass the form to your line manager or the person responsible for incident management in your department for review and investigation.

Local incident Line Manager must complete this part of the form:

<table>
<thead>
<tr>
<th>RIDDOR Reporting</th>
<th>Is this Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable? RIDDOR incidents must be reported within 15 days by the CCG to HSE. If yes, Manager must telephone Head of Quality and Performance immediately who will report the incident to the HSE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Job Title</td>
</tr>
</tbody>
</table>

Risk Assessment:

Risk Consequence score for further information

<table>
<thead>
<tr>
<th>Severity of incident</th>
<th>Likelihood of incident happening at that severity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5 Catastrophic</td>
<td>5</td>
</tr>
<tr>
<td>4 Major</td>
<td>4</td>
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<tr>
<td>3 Moderate</td>
<td>3</td>
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<tr>
<td>2 Minor</td>
<td>2</td>
</tr>
<tr>
<td>1 No harm</td>
<td>1</td>
</tr>
</tbody>
</table>
Please assess the risk grade of the incident prior to investigation using the matrix above (Likelihood x Severity=) and record:
The risk grading will help identify the level of investigation required.

Investigation Details:
Please provide details about the investigation that has been undertaken following the incident:

Please list any contributory factors and root causes that you have identified through your Investigation of the incident. Continue on a separate sheet if necessary.

1. 
2. 
3. 

Actions:
Please list any actions which have been or will be taken to reduce the impact of this incident or the risk of it happening again. Continue on a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Action Required</th>
<th>Person Responsible</th>
<th>Due Date</th>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>

Re-Assess the Risk:
Following investigation you should re-assess the risk posed in light of the actions planned to mitigate the risk. Use the matrix at the top of this page (Likelihood x Severity=) and record the grade here:

Once completed:
Email the form to: (Contact redacted)

* Please be aware that if the form contains patient or staff details you must also send from an nhs.net account* Or post the form to: Head of Quality and Performance, Haringey Clinical Commissioning Group, 4th floor River Park House 225 High Road N22 8HQ.

Thank you for taking the time to report this incident.
### Appendix 4

**Categorisation of Affected CCG Functions - template**

<table>
<thead>
<tr>
<th>CATEGORY A</th>
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<tr>
<th>CATEGORY B</th>
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<tr>
<th>CATEGORY C</th>
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</table>
1. Escalation Management (Single Trust)

**Triggers**

- **Black**: Below 95% on both Monday & Tuesday
- **Red**: Below 95% for the calendar week
- **Amber**: Meets 95%
- **Green**: Meets 95%

**Process**

- **CSU**: Contact with Trust (incl. updating CMS) throughout the day. Review pressures including A&E, bed pressures, staffing, infection control repatriation issues; discharge arrangements, creating additional capacity, cancelling electives. Contact community providers and CCG’s to facilitate support including local teleconference as required.
- **CSU**: Daily contact with Trust, discuss issues/ actions. More often throughout the day when moved to amber. Daily reminder to update CMS.
- **CSU**: Contact Trust (incl. updating CMS) throughout the day. Review pressures including A&E, bed pressures, staffing, infection control repatriation issues; discharge arrangements, creating additional capacity, cancelling electives. Contact community providers and CCG’s to facilitate support including local teleconference as required.
- **CSU**: Contact Trust (incl. updating CMS) throughout the day. Review pressures including A&E, bed pressures, staffing, infection control repatriation issues; discharge arrangements, creating additional capacity, cancelling electives. Contact community providers and CCG’s to facilitate support including local teleconference as required.

**Actions**

- CMS
  - Black
  - Red
  - Amber
  - Green

**A&E**

- Below 95% on both Monday & Tuesday
- Below 95% for the calendar week
- Meets 95%

**Local Health Economy Telcon:** CCG; Acute Trust; CSU, NHS England

**Exception report signed off by Trust CEO, and CCG Chief Officer. Submitted to NHSE.**

**Daily performance monitoring and review of A&E Sitreps reports**

**Appendix 5**

NELCSU Surge Team: Uses CMS, A&E information, cold weather alerts and other intelligence to inform CSU actions required. Provide daily briefings to CCG and CSU on-call teams; Surge Team check with Trusts that actions are being taken in order for the Trust to manage activity appropriately. Support NEL/ NCL Trusts with repatriation requests. On-call staff advised to proactively contact Trusts.
## 2. Escalation Management (whole system)

<table>
<thead>
<tr>
<th>Level</th>
<th>Triggers</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>CMS black; A&amp;E 95% all type not met; A&amp;E type 1 below 90%; 12 hour trolley breach; 5 + sixty minute handover breaches; confirmed norovirus two wards+ affected</td>
<td>CSU Responsibility Contact with all Trusts throughout the day. Review pressures and actions being taken as per Slide 14. Contact community providers and CCG’s to facilitate support including sector wide teleconferences as required. Regular performance discussions and meetings with Trusts to support effective implementation of the A&amp;E recovery and improvement plans. Updates to NHSE provided through London bi-weekly surge teleconference, providing briefings, and updates on performance matters.</td>
</tr>
<tr>
<td>Red</td>
<td>CMS red; A&amp;E 95%: All types not achieved; A&amp;E Type 1 below 90% (2 days); trolley breach near miss; 2&lt;5 sixty minute handover breaches; confirmed norovirus up to two wards affected.</td>
<td>Sector level Weekly sector level teleconferences (eg NCL, and BHR) involving providers, local authorities, CCGs. Option to increase frequency of teleconferences to daily (or more often) depending on issue eg norovirus. This can be requested by key stakeholders, including the CSU with final decision by CCGs.</td>
</tr>
<tr>
<td>Amber</td>
<td>CMS Amber; A&amp;E 95% all types achieved; A&amp;E Type 1 90% +; no trolley breaches; 1 sixty minute handover breach; : precautionary closure of beds norovirus suspected not confirmed.</td>
<td>NHS England Seek NHSE primary care support to mobilise GPs where requested by Trusts or where system-wide pressures as indicated by CMS highlight the need for this support. Such action to be discussed and agreed with CCGs.</td>
</tr>
<tr>
<td>Green</td>
<td>CMS Green; A&amp;E 95% all types and type 1 standard achieved; No 60 minute handover breaches; no norovirus reported.</td>
<td>CCGs A mixture of weekly, bi-weekly and monthly local health economy meetings to support winter delivery</td>
</tr>
</tbody>
</table>

**NELCSU Surge Team:** Uses CMS, A&E information, cold weather alerts and other intelligence to inform CSU actions required. Provide daily briefings to CCG and CSU on-call teams; Surge Team check with Trusts that actions are being taken in order for the Trust to manage activity appropriately. Support NEL/ NCL Trusts with repatriation requests. On-call staff advised to proactively contact Trusts.

Haringey CCG Business Continuity Plan incorporating EPRR
Version 2.3 – September 2015
3. Escalation Management Example: Infection Control

Infection Control (norovirus)

D&V in acute or community provider trust: **confirmed norovirus two wards+ affected**

Convene sector level teleconference involving acute and community providers, CCGs, CSU, and other relevant partner agencies to appraise situation and actions. This will determine extent of issue and frequency of reporting (depending on level of containment): minimum daily. Provider to provide CCG and CSU with briefing (via surge team). This will be shared with NHS England, and other relevant agencies informed.

D&V in acute or community provider: **confirmed norovirus up to two wards affected**

Daily update from Provider, impact and scale discussed with provider including actions being undertaken and length of time closure for, and support required. CCGs briefed and guidance on actions considered. This will be shared with NHS England, and other relevant agencies. Teleconference may be required.

D&V in acute or community provider: **precautionary closure of beds** (up to 2 wards) with d&v suspected

CSU acts on CMS and infection control information (via surge team, daily sitreps, regular performance meetings, update reports provided by Trust, teleconferences). Issue discussed with trusts, including scale and impact on service provision. Trust advised to use CMS to update on details. CCG’s briefed.

**NELCSU Surge Team:** Uses CMS, A&E information, cold weather alerts and other intelligence to inform CSU actions required. Provide daily briefings to CCG and CSU on-call teams; Surge Team check with Trusts that actions are being taken in order for the Trust to manage activity appropriately. Support NEL/ NCL Trusts with repatriation requests. On-call staff advised to proactively contact Trusts.
Appendix 7

Haringey Clinical Commissioning Group

The Accountable Emergency Officer – responsibilities as defined by NHS England

1. Ensuring contracts with providers incorporate requirements to have emergency preparedness, response and business continuity arrangements in place.

2. Attending meetings of the local Borough Resilience Forum to share plans and ensure health response is integrated into multi-agency plans in its role as a commissioner.

3. Ensuring business continuity plans are in place to manage the impact of any incident on its own services.

4. Ensuring that the providers it commissions have a robust point of escalation (24/7/365) in the event of any failure or potential failure of a service.

5. Have in place a system to manage surge capacity issues as they arise and which will integrate with London wide surge capacity systems.

6. Ensuring that the system above is well communicated to providers, NHS England (London) and other significant agencies.

7. Ensuring the CCG participates in training and exercises to ensure plans are robust and integrated.

Date: October 2013
Appendix 8

Haringey Clinical Commissioning Group

The Emergency Planning (Liaison) Officer – Responsibilities defined by NHS England

1. Ensure that the organisation meets its statutory obligations under the CCA and complies with all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA and also for business continuity and resilience preparedness;

2. Develop and deliver the organisation’s emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues;

3. Ensure that EPRR corporate responsibilities are met and provide assurance to the organisation’s Board that it complies with relevant legislation and guidance (as summarised by the NHS England core standards for EPRR);

4. Developing and contributing to professional relationships within the organisation, with other commissioners and NHS funded organisations and multi-agency partners that facilitate the continual development of EPRR arrangements;

5. Lead the development and implementation of EPRR delivery plans;

6. Ensure appropriate representation at local health resilience partnerships (LHRPs), the local Haringey Borough Resilience Forum (BRF) and any associated sub-groups and work streams;

7. Coordinate emergency preparedness and training exercises for the organisation and with resilience partners;

8. Work with communications staff to ensure an appropriate communications and media response by the NHS to significant events and emergencies.

Date: October 2013