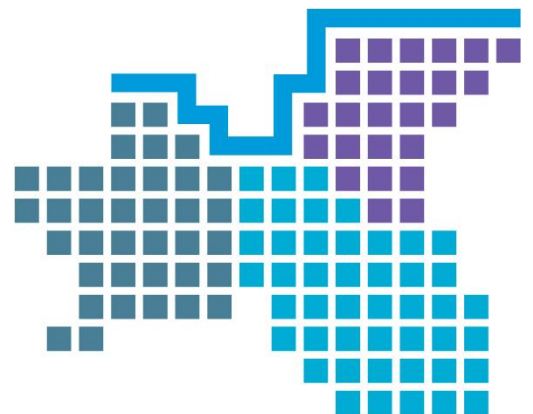


Business Continuity Plan

Version 3.2

14 November 2014



Contents

Main Responsibilities	5
Amendments	5
Introduction.....	6
Scope	6
Purpose of the Plan	7
Definition of Essential and Supporting Services.....	7
Business Continuity Planning Structure	8
Levels of Service	10
Risks and Action Plan.....	12
Additional Risks Identified on South West London Community Risk Register	20
Activation, Escalation, De-Escalation and Stand Down of the Plan.....	20
Alerting / Information Cascade to Staff.....	21
Command Structure.....	23
Exercising, Training & Testing	23
Validation.....	24
Recording Information, Actions and Decisions.....	24
De-Briefing & Reporting.....	24
Storage and Retention of Information	25
Legal & Regulatory Requirements	25
Welfare Arrangments.....	25
Finance.....	26
Recovery Strategy	26
Communications Strategy.....	26
Incident Control Room	28
Business Continuity Planning Template.....	28
Business Impact Analysis for Individual Directorates	29
Corporate Affairs, Performance & Quality	29
Delivery & Development.....	31
Commissioning & Planning	34
Finance.....	36
Business Continuity Plan	39
Chain of Command.....	47
Business Continuity Plan Contact Details and Sign Off.....	47
Appendices.....	49

Bomb Threat Form	49
Action Cards.....	49
Community Risk Register	49
Community Flood Plan	49
South West London Director On-Call Handbook.....	49
Business Continuity Plans	49
St. George’s Healthcare NHS Trust	49
South London Commissioning Support Unit ICT Service	49
Harmoni NHS 111 & Out of Hours Service.....	49

Main responsibilities

Please state the main responsibilities or roles of your service (to allow a duty manager to understand)

This plan is for Wandsworth Clinical Commissioning Group (CCG). The functions include:

- Commission and plan services on behalf of the local population (Wandsworth)
- Contracting, performance and quality monitoring for health service providers – e.g. Acute Trusts, Mental Health Trusts, Community Services
- Management of Wandsworth commissioning budget (c. £450 million)
- Strategic planning based on health needs
- Development (but not contracting) of primary care
- Support to primary care providers
- Ensuring that commissioned services have business continuity plans in place

Amendments

Any amendments made to the plan should be forwarded to Sandra Allingham

Number	Date	Author	Next review date
Version 1.0	23 November 2012	Sandra Iskander	1 March 2013
Version 2.0	5 December 2012	Ed Checkley	1 March 2013
Version 3.0	23 April 2014	Iain Rickard	
Version 3.1	1 August 2014	Iain Rickard	1 October 2014
Version 3.2	14 November 2014	Iain Rickard	14 November 2015

INTRODUCTION

Wandsworth CCG is committed to putting in place a robust Business Continuity (BC) plan to ensure that we have the capability for an effective response in times of crisis that protects the health and safety of our residents and safeguards the interests of our key stakeholders, and our reputation. The business continuity plan will enable the CCG, working together with NHS England (NHSE) and NHS borough providers and partners, to plan and respond to a disruption or crisis that affects the continuity of the business and enable us to restore normal services as soon as possible.

This Business Continuity Plan provides the framework within which each directorate will produce their own individual business continuity plans. The CCG BC plan includes an alerting and activation process which will direct the actions of management when responding to a crisis.

The CCG BC Plan has been created in accordance with ISO 22301 international business continuity standard and is fully compliant with the NHS England Emergency Preparedness Framework 2013.

SCOPE

The Business Continuity Plan seeks to ensure that Wandsworth CCG can continue to commission health services for the population of Wandsworth Borough in the event of an emergency or other disruption or crisis in line with the statutory responsibilities set out in the Health and Social Care Act 2012,.

This involves prioritising the CCGs activities and mobilising resources to ensure that essential functions are maintained with minimal disruption, considering which functions can be deferred in order to support essential functions and planning to restore all services as quickly as possible.

The CCG may have to support delivery of services by its constituent GP practices as well as other healthcare providers from whom it commissions service in order to continue to meet its statutory responsibilities. It will also be expected to share information with, and act on instructions from external bodies including NHS England, Wandsworth Council and local emergency services. The CCG also has a responsibility to continue to provide a safe working environment for its employees to allow them to continue to carry out essential functions.

Wandsworth CCG is a Category 2 responder organisation under the Civil Contingencies Act 2004 (CCA) and the Health and Social Care Act 2012.

Category 2 responders are "co-operating bodies" that are placed under lesser obligations under the CCA than Category 1 responders (e.g. acute hospital Trusts and the emergency services). Primarily their role is co-operating and sharing relevant information with Category 1 responders. They should be engaged in discussions where they can add value. Furthermore, they must respond to reasonable requests.

Wandsworth CCG has the following Emergency Planning Resilience & Response (EPRR) responsibilities:

- To ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.
- To support NHS England in discharging its EPRR functions and duties locally.
- To provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability.

- To fulfil the responsibilities as a Category 2 responder under the CCA including maintaining its own business continuity plan.
- To be represented on the LHRP.

Wandsworth CCG discharges its day-to-day EPRR responsibilities as a member of the NHS England South West London EPRR Network, the South London Local Health Resilience Partnership, the Wandsworth Borough Resilience Forum and the South West London Sub-Regional Resilience Forum. Membership of these groups provides the opportunity to participate in multi-agency exercises and educational workshops. The CCG's business continuity plan is regularly updated based on learning from these events.

PURPOSE OF THE PLAN

- To identify essential functions across the organisation which need to continue during a Business Continuity Crisis.
- To prioritise non-essential services which could be deferred or stopped during a Business Continuity Crisis depending on levels of resources available.
- To provide guidance for managing emergency or other unforeseen situations to minimise their effect on business as usual.

DEFINITION OF ESSENTIAL AND SUPPORTING SERVICES

A business continuity crisis is:

a problem which has not overwhelmed our capability to deliver services to our clients, and is therefore not an emergency, but does need action to ensure that our essential services continue, and if the problem continues over time, to take actions to continue normal business.

In the event of a crisis or emergency some functions may need to be enhanced, reduced or suspended, depending on the nature of the function and the emergency that is taking place. BC leads, or if they are not available, their deputies, will be responsible for taking actions to continue business depending on circumstances at the time based on the information contained in the BC plan. The responsibility for completing the business continuity plan is with the department head designated as the business continuity lead.

The services having most impact on the business of the CCG are defined as essential services that must be continued in the event of a crisis or lives may be at risk. Other services defined as 'supporting' could be deferred for periods of time if our capacity is diminished and be available to support the essential services.

Essential and supporting services of the CCG are defined as follows:

ESSENTIAL SERVICES	SUPPORTING SERVICES
<p>Role in emergency planning response – on call for surge pressure management</p> <p>As a Category 2 responder</p>	<p>All other commissioning functions:</p> <ul style="list-style-type: none"> ▪ Corporate Affairs, Performance & Quality ▪ Commissioning & Planning ▪ Finance ▪ Development & Delivery

(cooperation and information sharing with Category 1 responders) IT and Telecoms (Provided by South East CSU) Estates & Facilities (Provided by Essentia) Care Package Provision Safeguarding Recovery	<ul style="list-style-type: none"> ▪ Joint Commissioning Unit
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The Minimum Business Objectives in a Business Continuity situation would be:

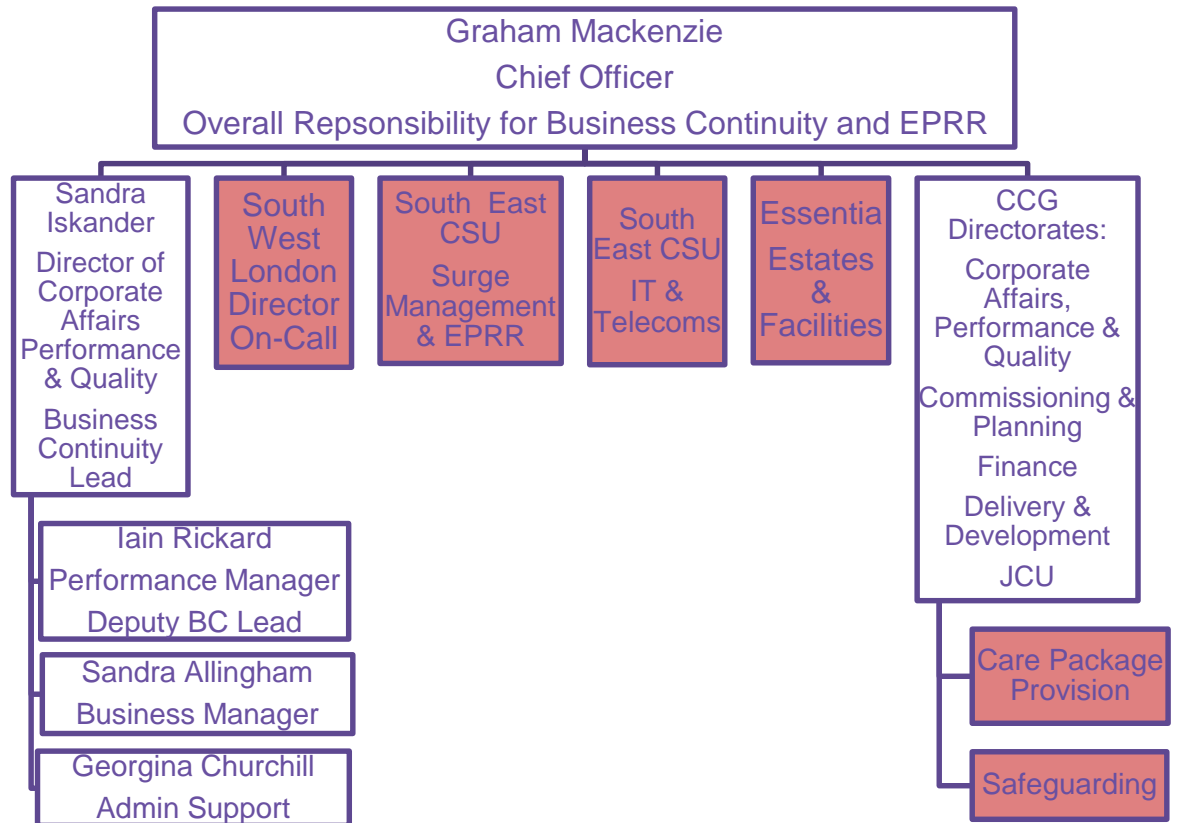
- Fulfilling role in emergency planning arrangements
- Responding to urgent requests from NHS England, providers and other Category 1 responders
- Ensuring work around patient care package provision (e.g. continuing care) continues
- Safeguarding of children and adults
- Managing the impact of and recovery from the cause of the Business Continuity Crisis

BUSINESS CONTINUITY PLANNING STRUCTURE

Business continuity planning needs to cover both physical buildings and the functions provided from those buildings. Each building / function is responsible for producing their own business continuity plans based on a planning template at section 1.

The services having most impact on the business of the CCG are defined as essential services (marked in red in the diagram below), which includes IT & telecoms services, and surge capacity management that must be continued in the event of a crisis or lives may be at risk. Other services are defined as normal (marked in white in the diagram below), although key to running the business, could be deferred for periods of time if our capacity is diminished.

Wandsworth CCG Business Continuity Structure



LEVELS OF SERVICE

Level	Recovery Time Objective
1	Critical and essential service – cannot be shut down
2	Needs to be a priority for service resumption the next day
3	2 to 4 days
4	1 week
5	more than 1 week

Name of site: 1 st Floor, SW15H Building
Address: 73-75 Upper Richmond Road, London, SW15 2SR
Office manager, key holder or equivalent: Sandra Allingham

Business Unit	Business Function	Number of staff	Priority level 1-6
Corporate Affairs, Performance and Quality Director: Sandra Iskander	Board support	1	3
	Risk	1	3
	Health and safety	1	2
	Office support	3	2
	Performance management	1	3
	Information analysis	2	3
	QIPP delivery	1	3
	Clinical governance & Quality	3	2
	SI management	2	2
	Safeguarding	2	1
	PALS and complaints	1	2
	IT & Information Governance	2	1
Commissioning and Planning Director: Lucie Waters	Commissioning	4	3
	JCU Link	1	3
	CSU link	1	3
	Medicines management / Prescribing	8	2
	Planning and strategy	1	3

Delivery and Development Director: Andrew McMylor	Workforce Development	1	4
	Service Redesign	5	4
	Community Contracting	1	4
	Referral Management	3	4
	Locality Management	4	4
	Patient & Public Involvement / Equality & Diversity	3	4
Finance Director: Hardev Virdee	Financial control of all CCG activities including commissioning expenditure and internal budgets.	6	2

Name of site: 5 th Floor, Town Hall Extension, Wandsworth Town Hall
Address: Wandsworth High St, London SW18 2PU
Office manager, key holder or equivalent:

Joint Commissioning Unit Head: Rob Persey	Commissioning of services in conjunction with London Borough of Wandsworth, including drug and alcohol services, children's' services and Mental Health / Learning Disabilities services.	7	3
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RISKS AND ACTION PLAN

In addition to the actions for each situation below, NHS England (London) should be advised of any Business Continuity Crisis as soon as practically possible.

Please contact NHS England (London) via telephone on **0844 8 222 888**. You will reach a call handler and be asked for a pager call sign. Please quote **'NHS01'** and then leave a short message, including your name, organisation and contact number. Your message will be sent to the on-call manager who will call you back to discuss the incident with you. Where appropriate, NHS England (London) will then contact on-call Directors of local NHS provider and commissioner organisations to make them aware of the situation.

Remember never to put yourself in danger and to alert the emergency services if a dangerous situation arises.

<p>Staffing</p>	<p>Risk: Reduced numbers of staffing due to disease pandemic, failure of transport networks, denial of access to office building and therefore unable to fulfil core functions</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Emergency and home contact details held for staff and arrangements to ensure core staffing. ▪ Provision for staff to work from home or any location with wi-fi access or mobile broadband coverage. All staff able to access network via Citrix. All staff have Office 365 and OneDrive. ▪ Possible provision for key staff to work from other sites if more convenient e.g. 120 The Broadway, Wimbledon, Wandsworth Town Hall. ▪ Request support in terms of office space or additional staff from partners agencies such as CSU, other CCGs, acute Trusts, employment agencies, serviced office providers, Essentia estates & facilities.
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<p>Transport</p>	<p>Risk: Staff unable to travel for business purposes due to public transport disruption or fuel shortage (e.g. due to industrial action or weather)</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Identify staff who can work at home or at other sites with telephone / IT connectivity. ▪ Identify staff who need to work at specific sites and consider transport options (taxi, car sharing, car parking, bicycle storage). ▪ Refer to database of car drivers and cross-reference with locations in order to facilitate car sharing for staff who need to be at specific sites, if appropriate. ▪ Identify staff who may be eligible for priority fuel supply and ensure they are provided with appropriate documentation. ▪ Use conference calling, Skype or FaceTime to avoid travel. ▪ Reschedule any non-urgent meetings.
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Information Technology	<p>Risk: network failure meaning that IT cannot be used</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Contact South East CSU Helpdesk, advise of problem and cause if known (e.g. cable cut during roadworks) and ascertain proposed solution and potential length of downtime. ▪ Refer to South East CSU ICT Business Continuity Plan and Data Recovery Protocol. ▪ Ascertain which network services are available and unavailable. PCs with local applications installed can function without network access. Make provision to save any documents created locally. Communicate by telephone instead of e-mail. ▪ Use mobile devices (iPads / notebooks) to access network remotely via 3G/4G network. Devices may have built in SIM cards or need to be paired with mobile phones. ▪ All staff have Office 365 e-mail accounts and access to NHS.net e-mail accounts. These services are managed externally and will be accessible subject to a connection being available as above. ▪ Establish downtime paperwork and procedures for recording essential information, financial transactions etc. and communications (paper copies of contact details etc.) ▪ Identify alternative office locations as per Staffing section above.
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Telephony	<p>Risk: Failure of telephone system to either accept incoming calls, make outgoing calls or both.</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Contact South East CSU Helpdesk, advise of problem and cause if known (e.g. cable cut during roadworks) and ascertain proposed solution and potential length of downtime. ▪ Use mobile telephones where necessary. ▪ Publish notice on public internet site stating that telephone service is disrupted and suggesting alternative contact methods (e.g. e-mail). ▪ Issue similar message from Customer Relationship Management (CRM) system to all stakeholders.
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Building Services (Electricity, Water, Heating & Air Conditioning)	<p>Risks: Interruption to supply of electricity or water and subsequent effect of this on heating and air conditioning. Also isolated failure of heating and air conditioning systems.</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Contact Essentia on-call Operations Manager (020 8870 2032 / 202 8874 3200), advise of problem and cause if known and ascertain proposed solution and potential length of downtime. SW15H concierge may contact the utility companies. However, if this is not possible for any reason: ▪ In case of electricity supply problem, call UK Power Networks on 0800 028 0247 to report the problem or receive an update. Refer to UK Power Networks guide for business.
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| | <ul style="list-style-type: none">▪ In case of a loss of water supply, contact Thames Water on 0845 9200 800.▪ To report a water leak, contact Thames Water on 0800 714 614.▪ Take steps to protect electrical equipment or anything else liable to water damage from the source and range of any water leak until the flow is stopped.▪ IT equipment will remain operational for 1-2 hours following a power cut. This is to allow safe shutdown and use of this back-up power should be minimised.▪ Conserve hot and cold drinking water in flasks and jugs provided.▪ If heating is lost to the whole building, concentrate additional heating in limited areas. Note the minimum safe working temperature in an office environment is 16 degrees Celsius.▪ If air conditioning (cooling) is lost, in the absence of opening windows in the building, the front doors and emergency exits could be opened to provide some ventilation. However, the security risk that this may present should be considered. Ensure fresh drinking water is available. Note that there is no maximum safe working temperature in an office environment.▪ If air conditioning (cooling) is lost, contact South East CSU regarding cooling requirements for network equipment in the communications room. There is a risk of equipment failure by overheating.▪ Heating and cooling equipment may be available to hire locally.▪ If necessary, consider alternative working arrangements and / or office locations as per staffing section above. |
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Fire	<p>Risks: Denial of access to premises for prolonged period, injury and danger to life, significant loss and damage to documents, equipment, fixtures and fittings.</p> <p>Plan:</p> <p>Refer to Wandsworth CCG Fire Policy.</p> <ul style="list-style-type: none"> ▪ Fire Wardens appointed and trained ▪ Fire alarms fitted and tested weekly ▪ Evacuation drills performed and evaluated regularly ▪ Annual mandatory training for staff ▪ Fire alarm call points and extinguishers provided throughout building ▪ No file servers located on site ▪ Critical paper documents duplicated off site and electronic copies available <p>In case of fire, activate fire alarm and evacuate building. Fire Brigade will attend. Advise Essentia on-call Operations Manager (020 8870 2032 / 202 8874 3200).</p> <p>Refer to staffing section above for actions related to managing denial of access to building and arranging alternative locations for staff to work.</p> <p>Liaise with Essentia, insurers and equipment suppliers to arrange re-establishment of office.</p>
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Flood	<p>Risks: Increased demand for GP and hospital appointments and increased attendances at local emergency departments; Disruption to transport networks; Increased risk of infection due to contaminated water; Failure or disruption to gas and electricity supplies; Risk of live flood water if in contact with electrical supply; Damage to property, equipment and documents stored at ground level.</p> <p>Flood warnings available from Environment Agency Floodline (0845 988 1188) or website www.environmentagency.gov.uk/flood. It is possible to register for automated SMS flood warnings.</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Pressure surge management plan operated by South East CSU on behalf of the CCG. ▪ NHS England to ensure GP practices are aware of their at risk patients, can provide sufficient urgent appointments and avoid referring patients to emergency departments. ▪ Allow staff extra time to travel to and from work if required to do so safely. ▪ Minimise the need for business travel during the day. Re-arrange meetings or organise conference calls. ▪ Ensure sufficient supplies of critical goods. ▪ Staff with D&V or similar symptoms should remain away from work until they have been symptom free for 48 hours. Refer to CCG Sickness Absence Policy.
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	<ul style="list-style-type: none"> ▪ Avoid contact with flood water. ▪ Refer to actions for electricity and Information Technology failure ▪ Refer to actions for cold weather in case of failure of gas heating systems. ▪ Contact Essentia on-call Operations Manager (020 8870 2032 / 202 8874 3200) for assistance with disconnecting water and electricity supplies and providing flood protection materials (sand bags, barriers etc.) ▪ Refer to local multi-agency flood plan. ▪ Relocate items liable to water damage above anticipated high water level. ▪ Refer to staffing section above for actions related to managing staff shortages, denial of access to building and arranging alternative locations for staff to work. ▪ Liaise with Essentia, insurers and equipment suppliers to arrange re-establishment of office.
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<p>Cold Weather</p>	<p>Risks: Increased demand for GP and hospital appointments and increased attendances at local emergency departments; Increased requirement for CCG to support NHS partners under its responsibilities as a Category 2 responder and to ensure commissioned services have plans in place; Shortage of staff due to sickness and transport disruption; Interruption to water supply.</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Pressure surge management plan operated by South East CSU on behalf of the CCG. ▪ NHS England to ensure GP practices are aware of their at risk patients, can provide sufficient urgent appointments and avoid referring patients to emergency departments. ▪ Ensure adequate heating is available to office areas. Minimum recommended safe working temperature of 16 degrees Celsius needs to be maintained. ▪ Contact Essentia on-call Operations Manager (020 8870 2032 / 202 8874 3200) in case of problems with heating system and / or to obtain additional heating equipment. ▪ Additional heating equipment may be available to hire locally. ▪ It may be more effective to concentrate heating in smaller areas of the building. ▪ Refer to sections above on staffing and building services for guidance on managing staff shortage, alternative working locations and water shortage and leakage. ▪ Staff are recommended to receive a flu vaccination. Staff with Norovirus or similar symptoms should remain away from work until they have been symptom free for 48 hours. Refer to CCG Sickness Absence Policy. ▪ Allow staff extra time to travel to and from work if required to do so safely. ▪ Minimise the need for business travel during the day. Re-arrange meetings or organise conference calls. ▪ Ensure sufficient supplies of critical goods. ▪ CCG to assure itself that commissioned services are able to respond to Cold Weather alerts as below:
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Level 0: Year round planning

- Work with partner agencies to ensure that cold weather planning features within wider winter resilience planning.
- Work with partners to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) and fuel poverty is taken across the local health and social care economy.
- Work with partner agencies to:
 - develop a shared understanding of EWDs and what partners can do to reduce them.
 - identify those most at risk from seasonal variations.
 - improve winter resilience of those at risk.
 - ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions.
 - achieve a reduction in carbon emissions and assess the implications of climate change.
- Consider how your winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health.
- Ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice).
- Work with partners and staff on risk reduction awareness (eg flu vaccination for staff in September/October), information and education.
- Engage with local VCS organisations for planning and implementation of all stages of the plan.

Level 1: Winter preparedness and action programme – 1 November to 31 March

- Communicate public health media messages.
- Work with partner agencies to coordinate locally appropriate cold weather plans.
- Ensure key partners, including all managers of care, residential and nursing homes are aware of the alert system and can access advice.
- Review the distribution of the cold weather alerts across the system and ensure staff are aware of winter plans and advice.
- Ensure that local organisations and professionals are taking appropriate actions in light of the cold weather alerts in accordance with the local and national Cold Weather Plan.
- Ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice).
- Liaise with providers of emergency shelter for homeless people to agree plans for severe weather and ensure capacity to scale up provision.
- Support communities to help those at risk. Support the development of community emergency plans.
- Identify which local health, social care and voluntary and community sector organisations are most vulnerable to the effects of winter weather. Agree plans for winter surge in demand for services. Make sure emergency contacts are up to date.

Level 2: Severe winter weather is forecast - Alert and readiness

Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence

- Continue to communicate public health media messages.
- Communicate alerts to staff and make sure that they can take appropriate actions.
- Ensure key partners, including all managers of care, residential and nursing homes, are aware of the alerts and can access Department of Health and other advice.
- Ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice).
- Support local community organisations to activate community emergency plans.
- Activate business continuity arrangements and emergency plans as required.
- Consider how to make best use of available capacity, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step-down care and reablement.
- Work with partner agencies (eg transport) to ensure road/ pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots.

Level 3: Response to severe winter weather – Severe weather action	
<i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.</i>	
<ul style="list-style-type: none"> ▪ Continue to communicate public health media messages. ▪ Communicate alerts to staff and make sure that winter plans are in operation. ▪ Ensure key partners are undertaking action in response to alerts. ▪ Support local community organisations to mobilise community emergency plans. ▪ Ensure continuity arrangements are working with provider organisations. ▪ Work with partner agencies (eg transport) to ensure road and pavement gritting arrangements are in effect to allow access to critical services and pedestrian hotspots. 	
Level 4: Major incident - Emergency response	
<i>Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health.</i>	
<ul style="list-style-type: none"> ▪ Continue actions as per level 3 unless advised to the contrary. ▪ Implementation of national emergency response arrangements by central government. 	

Hot Weather	<p>Risks: Increased demand for GP and hospital appointments and increased attendances at local emergency departments; Increased requirement for CCG to support NHS partners under its responsibilities as a Category 2 responder and to ensure commissioned services have plans in place; Increased pressure on local emergency departments; Shortage of staff due to sickness.</p> <p>Plan:</p> <ul style="list-style-type: none"> ▪ Pressure surge management plan operated by South East CSU on behalf of the CCG. ▪ NHS England to ensure GP practices are aware of their at risk patients, can provide sufficient urgent appointments and avoid referring patients to emergency departments. ▪ Ensure adequate air conditioning / ventilation is available to office areas. Note that there is no maximum recommended safe working temperature in an office environment. ▪ Contact Essentia on-call Operations Manager (020 8870 2032 / 202 8874 3200) in case of problems with air conditioning system and / or to obtain additional cooling equipment. ▪ Additional cooling equipment may be available to hire locally. ▪ Refer to sections above on staffing and building services for guidance on managing staff shortage, failure of air conditioning and alternative working locations. ▪ Contact South East CSU regarding cooling requirements for network equipment in communications room. There is a risk of equipment failure by overheating. ▪ CCG to assure itself that commissioned services are able to respond to hot Weather alerts as below:
ALERTS	SUMMARY OF ACTIONS
LEVEL 1 Long-term planning <i>All Year</i>	<ul style="list-style-type: none"> ▪ Work with partner agencies to develop long term plans to prepare for, adapt to, and mitigate the impact of future heatwaves, including: <ul style="list-style-type: none"> ▪ How to identify and improve the resilience of those individuals and communities most at risk ▪ Ensuring that a local, joined-up programme is in place covering issues such as: <ul style="list-style-type: none"> ▪ Housing (inc loft and wall insulation and other plans to reduce internal energy use and heat production) ▪ Environmental action: (eg Increase trees and green spaces; External shading; Reflective paint; Water features) ▪ Other infrastructure changes (eg porous pavements)

	<ul style="list-style-type: none"> Engaging the community and voluntary sector to support development of local (neighbourhood) community emergency plans
LEVEL 1 Heatwave and Summer preparedness programme 1 June–15th September	<ul style="list-style-type: none"> Work with partner agencies and businesses to coordinate heatwave plans Work with partners and staff on risk reduction awareness (eg storage of medications), information and education Continue to engage the community and voluntary sector to support communities to help those most at risk Ensure other institutional establishments (eg prisons; schools) are aware of heatwave guidance
LEVEL 2 Alert and Readiness 60 per cent risk of heatwave in 2–3 days*	<ul style="list-style-type: none"> Communicate public media messages – especially to “hard to reach” vulnerable groups Communicate alerts to staff and make sure that they are aware of heatwave plans Implement business continuity Increase advice to health and social care workers and other community staff
LEVEL 3 Heatwave Action Heatwave temperature reached in one or more National Severe Weather Warning Service (NSWWS) region	<ul style="list-style-type: none"> Media alerts about keeping cool Support organisations to reduce unnecessary travel Review safety of public events Mobilise community and voluntary support
LEVEL 4** Exceptionally severe Heatwave. Central Government might consider declaring a Level4 alert if a wide area of England and Wales, or several sectors, are affected by the threshold temperatures	NATIONAL EMERGENCY Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health and if requiring coordinated multi-agency response
<p>High-risk Indicators (please note that people not falling in these categories can still be at high individual risk)</p> <p>Community: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion</p> <p>Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple</p>	

medications; babies and young children.
<p>*Because Level 2 is based on a projection, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions.</p> <p>** Level 4: The decision to issue a Level 4 alert at national level will be taken in light of a cross-Government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (Cabinet Office).</p>

CBRN (Chemical, Biological, Radiological, and Nuclear)	<p>Call 999. Refer to Public Health England (PHE) CBRN Guidance. Contact PHE Emergency number for CBRN: Chemicals: 0844 8920555 Radiation: 01235 834590 Prepare to provide assistance / co-operation with Category 1 Responders as required.</p>
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Infection	<p>Contact Public Health England. 020 8200 4400 or 020 8200 6868</p>
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Suspicious package	<p>Call 999 Refer to Essentia Community security policy + appendix on how to deal with caller</p>
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Bomb threat	<p>Call 999 Refer to Essentia Community security policy + appendix on how to deal with caller</p>
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ADDITIONAL RISKS IDENTIFIED ON SOUTH WEST LONDON COMMUNITY RISK REGISTER

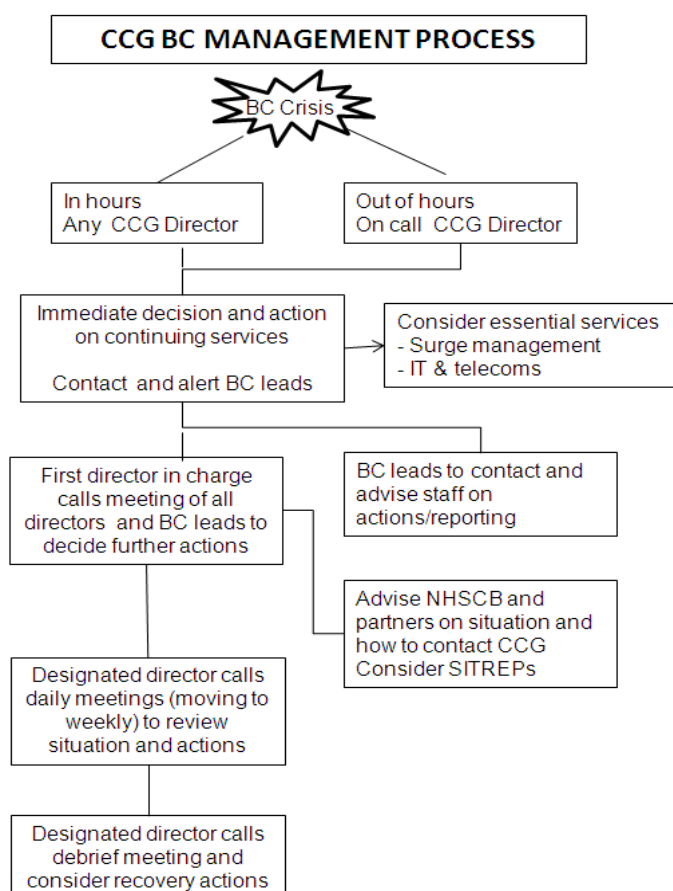
The Local Risk Register provides details of all emergencies identified as potential hazards or risks to public health and the delivery of health services across Wandsworth. Each risk is assessed based on likelihood and severity. The risk register is held by the London Fire Brigade and is regularly updated by the Borough Resilience Fora covering South West London. Wandsworth CCG is an active member of the Wandsworth Borough Resilience Forum.

ACTIVATION, ESCALATION, DE-ESCALATION AND STAND DOWN OF THE PLAN

Activation of the Business Continuity plan may be necessary either within working hours or out-of-hours. Action(s) will be initiated either by any Director (in working hours) or the Director On-Call for South West London (out-of-hours). A list of contact details for business continuity leads and their deputies will be available with Directors and BC leads and with the CCG Chief Officer PA. Any activation of CCG BC plans will be reported to NHS England (London).

The designated Director is responsible for deciding on escalation and de-escalation of the plan. NHS England (London) or other external bodies may set criteria to determine escalation or de-escalation. The designated Director is also responsible for the decision to stand down. Again, this may be based on specific criteria.

The Business Continuity Management Process detailed below will be followed:



ALERTING / INFORMATION CASCADE TO STAFF

At different stages of a Business Continuity situation, it is likely to be necessary to cascade alerts and information to members of staff who may be in various locations or on the move. To facilitate this, the CCG holds a staff database with mobile telephone numbers and personal e-mail addresses for all staff.

As indicated in the BC Management Process diagram above, the Business Continuity Leads are responsible for contacting and advising staff on actions / reporting in a BC situation. Each BC lead should be allocated an approximately equal number of staff to contact and liaise with. Recommended groupings are broadly based on distribution of staff across Directorates and allocated as follows:

- | | |
|--|------------------|
| ▪ Delivery and Development | Chris Rowland |
| ▪ Finance and Commissioning Combined | David Marshman |
| ▪ Corporate Affairs, Performance & Quality | Iain Rickard |
| ▪ Joint Commissioning Unit | Sandra Allingham |

The above is a recommendation and may need to be adjusted if any BC leads are unavailable or if some directorates are not affected.

It is recognised that the CCG employs a number of contract / interim staff at any one time. This group of staff changes frequently and an e-mail distribution list is kept by the Delivery & Development directorate. However, there is no guarantee that this is completely up to date. **It is therefore recommended that any staff who manage interim / contract staff cascade any messages received to them.**

The appropriate communication channel may vary according to availability of equipment and infrastructure. However, the ideal approach would be as follows:

- Compose a group SMS (text) message using NHS.net. Mobile phone numbers can be converted to addresses using the format 07123456789@sms.nhs.net.
- Messages should begin with the code “WCCG BC ALERT” followed by a brief message with essential details and a contact number for further information. The contact number should be for the BC Lead sending the message, unless other arrangements (e.g. an incident room or communications centre) are in place.
- SMS messages are limited to 160 characters. If more information needs to be sent, this could be sent by e-mail and the message “Check e-mail for more info” included in the message. Smartphones can send and receive messages longer than 160 characters. However, it must not be assumed that everyone has a smartphone.
- Read / delivery receipts should be requested for all messages sent.
- E-mails with additional information should be sent to all known addresses for each member of staff.

An example message might be:

WCCG BC ALERT Upper Richmond Rd Closed by Police. No access to office. Work at home or other location. Check e-mail for more info. Contact 07123456789.

(151 characters)

In certain BC situations affecting the wider community, certain communication channels (e.g. Internet or mobile networks) may not be available. It may therefore be necessary to use landline telephony, possibly in a location away from the BC situation. If it is possible to contact NHS England (London) via the pager system as described on page 12, they may be able to provide satellite phones or mobile phones with priority access to networks to assist with communications if required. SMS messages can be received by landline telephones, either displayed on the phone display or read aloud by an automated voice system.

At the time of writing, an alternative communication method is under development using the NHS England Workforce system. Email addresses and mobile phone numbers are currently being collected to allow urgent communications to be sent to directly employed NHS staff who are due to work (i.e. not on annual leave or on a day off if part-time) on a particular day. This should be regarded as an alternative means of communication to that described above. This plan will be updated as this system is developed further.

COMMAND STRUCTURE

The table below outlines the recommended command structure for a Business Continuity Situation.

<p>GOLD</p> <p>Strategic: Formulates strategic aim for the incidents. Reports to Strategic Co-ordinating Group and / or NHS England.</p>	<p>Most senior of Chief Officer, On-Call Director of Director Activating BC Plan depending on time of day / availability.</p>
<p>SILVER</p> <p>Tactical: Formulates tactical plans to achieve aims.</p>	<p>Other Directors & Business Continuity Leads</p>
<p>BRONZE</p> <p>Operational: Formulates operational plans to achieve aims.</p>	<p>Business Manager and Support Staff with other nominated managers / staff.</p>

EXERCISING, TRAINING & TESTING

The CCG will ensure, through its mandatory staff training programme, that all staff involved in the management process described above receive adequate regular training in their roles. This should include training specific to their roles and also training based around learning from previous incidents.

Public Health England provide a wide range of EPRR training courses, including:

- Strategic Leadership in a Crisis – Training for Directors required to manage a Business Continuity Crisis and invoke the Business Continuity Plan
- Loggist Training (including refresher training) - This course aims to give delegates a comprehensive understanding of the relationships that exists in an incident and the importance of evidential records and documents in any post-incident proceedings. Suitable for staff nominated to work as Loggists during a Major Incident.
- Health Emergency Planning Programme - This course aims to equip those working in Emergency Planning with the knowledge and skills to perform their roles.

South London CSU conduct regular Director on-call training sessions.

The Business Continuity Plan itself should be tested periodically. This can be done by holding a table-top exercise to simulate an event likely to trigger the Business Continuity plan and recording the outcomes as the plan is followed. This exercise could involve any of the organisations required to respond to an incident collectively and give them the opportunity to test their plans. The CCG is a member of the London Emergency Planning Response and Resilience (EPRR) Group and the Wandsworth Borough Resilience Forum (BRF). Membership of this group provides the opportunity to test the Business Continuity Plan regularly in organised exercises involving partner organisations.

Additionally, the CCG will conduct annual table-top exercises, supported by NHS England (London) to refresh staff awareness of the Business Continuity Plan and to prepare for response to a typical Business Continuity Crisis. In the event of a real BC Crisis, lessons learnt will be identified as part of the de-brief process and wider training / feedback sessions organised for all staff.

VALIDATION

As an active member of local EPRR groups, the CCG benefits from a peer review process of its Business Continuity Plan and evaluation against the NHS England Core Standards for EPRR. The CCG is also able to peer review the BC plans of its partner health organisations as part of this process. The core standards have been referred to in the development of the plan.

RECORDING INFORMATION, ACTIONS AND DECISIONS

A fundamental role within any major incident or business continuity situation is that of the Loggist; the person who is responsible for capturing, through note taking, the decision making process that might be used in any legal proceedings following an incident. Training for this role is provided by Public Health England. A trained loggist should be nominated to support the Business Continuity management process. A register of trained loggists is available on the emergency planning pages on the intranet.

The CCG is required to keep detailed logs / records of all individual actions, communications and instructions, and these should be timed, dated and initialled by the member of staff. It is helpful to review previous actions and information during an ongoing incident and also after the event, in order to provide evidence for any subsequent review. Such information will also be used to improve the way the trust responds to future emergencies.

All information relevant to the incident, including notes, post-it notes, audio and videotapes, electronic documents, memos, and message pads must be retained. Key decisions taken must also be noted.

DE-BRIEFING & REPORTING

The Director in charge of the Business Continuity process is responsible for providing SITREPs to NHS England as required and providing a post incident report. Immediately after an incident has been stood down, the Director On Call should coordinate 'Hot De-briefs'. These Hot De-Briefs will allow all staff to express any concerns they may have following the incident. De-briefs will also allow the organisations involved to perhaps identify staff who may be in need of support or counselling. The Hot De-briefs should also be used to thank staff and refreshments should be provided. Each person attending should be asked to state their two main comments, whilst all staff should be informed that they have the opportunity to feed back their comments in detail, anonymously if desired, as part of the full de-brief process. Hot De-briefs should not be allowed to become over emotional, individual or confrontational. The whole process should be seen to be a positive effort to learn lessons in an open and honest way.

In addition to the Hot De-brief, a Full Incident De-brief should be called within 3 weeks of the incident by the Director who was on-call. Any officer involved in the response to the incident may be called, as may any associated external agencies. A full de-brief report will be submitted to the Chief Officer and to the CCG Board. The de-brief report should summarise any findings and recommendations, any lessons to be learnt, and any amendments to the BC Plan.

Following the incident it will be necessary to review the BC Plan and implement any necessary changes in management methods/processes as well as identify any possible training needs.

STORAGE AND RETENTION OF INFORMATION

Copies of the Business Continuity Plan should be available in paper and electronic format as they must be accessible if IT systems are not available. The most up to date version of the plan should be held centrally and be regularly reviewed and updated. A version control system should be used to ensure that any paper versions in circulation match the current centrally held version.

Paper copies of any information generated during the business continuity event should be kept securely by the Loggist as it may be legally required during or after the event. If the IT infrastructure is available during a business continuity event, it would be a sensible precaution to record information onto a secure, backed-up network drive, which may be physically located away from any area affected by the business continuity event. Additionally, paper records created during the event could be scanned and converted into editable electronic documents for future reference.

LEGAL & REGULATORY REQUIREMENTS

Throughout any business continuity situation, the CCG must continue to operate in line with the following legislation:

- Health and Social Care Act
- Civil Contingencies Act
- Safeguarding Adults National Service Framework
- Safeguarding Children National Service Framework
- Data Protection Act
- Health and Safety at Work Act

Wandsworth CCG is represented by Capsticks Solicitors LLP, who can be contacted for legal advice in a Business Continuity crisis. Only authorised members of staff can contact Capsticks for legal advice.

1 St George's Road
Wimbledon
London
SW19 4DR

Telephone: 020 8780 2211
Fax: 020 8780 1141

WELFARE ARRANGMENTS

An emergency is a stressful time. Staff may be called in unexpectedly from home and asked to work in an unfamiliar environment for extended periods of time. Wandsworth CCG will do everything in its power to support staff during an incident, and indeed afterwards. It is vital that staff consider their own welfare first and also ensure that they are not placed at any health and safety risk.

When called to assist in an emergency there are a number of key actions staff should take before responding:

- Notify their family, partner or significant other, that they are involved in an emergency and give them their contact number. If they are not available, leave a note.
- Call them regularly to keep them updated, and advise them not to speak to the media.

- Staff should ensure that they take their ID, money, cards, car & house keys, mobile phone, pager, etc. with them.
- Ensure that they bring any medications and dietary foods with them.
- Staff may want to bring personal toiletries with them.
- Make arrangements to provide care for children, elderly relatives or pets. The CCG may be able to provide assistance if staff are having difficulty making these arrangements.

In addition:

- Staff should ask a colleague or friend to cancel appointments, as appropriate, on their behalf.
- During an incident staff should not work for longer than 8-12 hours without going off duty and should ensure that they take regular breaks during their duty. The Director On-Call must ensure that the welfare of all staff is catered for.
- Counselling and support to patients and families can be arranged through the Mental Health Trusts and through the support of their local GP.

FINANCE

Managing and recovery from a Business Continuity situation will inevitably incur costs. However, it is important that issues of budgetary constraints and allocation of costs do not impede the process. It is therefore recommended that the Director responsible for managing the situation assigns costs to a budget for which they are responsible. Reimbursement can then be sought from the CCG contingency fund, which may in turn be reimbursed by the CCG's insurers.

RECOVERY STRATEGY

The Director On-Call will decide when to declare that a business continuity situation is over. This may be long after the urgent response is complete.

At the onset of a situation the Director On-Call will assign a senior officer to be the lead for recovery actions. This recovery officer will lead on considering what should be put in place to enable the CCG to quickly return to business as usual. This may involve a wide group of disciplines and departments. This recovery group will be separate from the incident management team, although close links between the two groups will be essential. There may also be the requirement to co-ordinate with other organisations involved in the event. In addition, they should be part of the hot de-brief and full incident de-brief.

COMMUNICATIONS STRATEGY

In the event of a business continuity event, the communications team will work closely with the Business Continuity leads and Director to:

- Agree the communications strategy and key messages with the Business Continuity leads and Director
- Use existing communications channels to inform our stakeholders.
- Liaise with communication colleagues in partner agencies to promote a consistent set of core messages for professionals and the public.
- Plan for the possible failure of various communication methods
- Advise patients or residents on necessary action
- Work with the media to communicate messages to the public

Methods of communication

Media

- press briefings
- email
- websites
- telephone updates
- social media: facebook, twitter
- Post

Staff

- Information cascaded from communications team by line managers
- Email
- Face-to-face meetings
- Intranet - if available
- Posters
- Telephone updates

Partner agencies

- face to face meetings
- telephone updates
- email
- website

GPs / acute trusts / healthcare partners

- via press offices of partner organisations (communication team to alert)
- using GP email list
- using My NHS Alerts
- intranet where possible/available (GPs)
- extranet on website with allocated login (for healthcare partners without access to intranet)
- via existing events or meetings
- direct email/phone contact via relevant teams

Patients and the public

- via frontline staff
- Wandsworth CCG website
- local or London-wide media (eg BBC London news or The Metro paper)
- third party distribution(e.g. to voluntary or religious organisations)
- social media: facebook, twitter

During an incident that is likely to happen over a longer period of time, e.g. pandemic, the following methods of communication could also be adopted to communicate with patients and the public:

- direct mail
- posters

NHS England (London) Region

The EPRR team at NHS England (London) may request regular Situation Reports (SITREPs) during a Business Continuity situation. Requests for these may be made by e-mail to wandsworth.ccg@wandsworthccg.nhs.uk or via the paging system to the Director on-call. SITREPs are to be submitted via an electronic system. Details of access to this are contained in the Director on-call pack.

Should the scale of the incident require the establishment of a call centre for the public, the communications team will work with the Business Continuity Lead and relevant partner organisations to advise on the script for call handlers.

During a business continuity event any staff member could potentially be approached by the media for information. If a staff member receives a call from a journalist or someone they think may be a journalist, the caller should immediately be referred to the CCG Communications Lead. If the call is out-of-hours (or the Business Continuity Management Team have not been established) the journalist should be referred to the Director On-Call. The media will not be surprised if you direct them to the press office as a first point of contact – this is usual practice. As NHS staff, we have a particular duty to protect patient confidentiality and privacy. This requirement is paramount and no information about a patient, including their involvement in an incident or presence at any of the NHS bases, may be disclosed without their informed consent, or the informed consent of their relatives. By referring all media enquiries to the Communications Lead we can ensure that the NHS is delivering consistent messages regarding the incident.

INCIDENT CONTROL ROOM

While the CCG is not mandated to maintain an incident control room, it is recognised that this facility may be required in a Business Continuity situation. If access to the office is available, a meeting room should be designated as an incident control room. If there is no access to the office, a facility is available for CCGs to use as an incident control room at 120 Broadway. Please refer to the on-call Director pack for details of this.

BUSINESS CONTINUITY PLANNING TEMPLATE

Business Continuity Leads are required to complete the template below for the staff and functions within their area of responsibility. BC Leads should ensure that a deputy has been identified who should ideally be the next staff member down in seniority. The individual BC plan should be retained at the department with a copy held by the Director, kept up to date and readily available.

BUSINESS IMPACT ANALYSIS FOR INDIVIDUAL DIRECTORATES

Which services and functions in your department would be considered essential?

In the following tables Identify, which work services/functions/activities must be continued if there are staff shortages or absenteeism of 25%, 50% and 75%. And in each scenario, what services, functions/activities can be cancelled or deferred until next day, 2 to 4 days, up to one week, and over 1 week.

Corporate Affairs, Performance & Quality

ASSUME STAFF SHORTAGES

What services will you continue, cancel or defer?

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
25%	Board support Risk Health and safety Office support Performance management Information analysis QIPP delivery Clinical governance SI management Safeguarding PALS and complaints	Urgent work would continue without major disruption					

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
50%	Risk Health and safety Performance management Information analysis QIPP delivery Clinical governance SI management Safeguarding PALS and complaints	Board support Office support			Safeguarding teams would refer queries to names leads in providers or LA		
75%	Risk Health and safety QIPP delivery Clinical governance SI management Safeguarding PALS and complaints	Board support Office support	Performance management Information analysis			Safeguarding teams would refer queries to names leads in providers or LA	

Delivery & Development

ASSUME STAFF SHORTAGES							
What services will you continue, cancel or defer?							
Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
25%	PPI support (CRM) Kinesis EPP Primary Care enhanced contract support Locality GP management support Commissioning redesign of services Primary Care Development CAHS	Urgent work would continue without major disruption					

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
50%				PPI support (CRM) – unless meetings/events, then participants would need to be informed earlier	Kinesis – GPs seek advice (Emily point of contact) EPP (unless course is running – then participants would need to be informed earlier)	Primary Care enhanced contract support Locality GP management support – unless meetings/events, then participants would need to be informed earlier (or end of year) Commissioning redesign of services – unless meetings/events, then participants would need to be informed earlier Primary Care Development (unless courses running, then participants/facilitators would need to be informed earlier) CAHS – unless meetings/patient interviews/critical friends workshops, then participants would need to be informed earlier	

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
75%					<p>PPI support (CRM) – unless meetings/events, then participants would need to be informed earlier</p>	<p>Kinesis – GPs seek advice (Emily point of contact)</p> <p>EPP (unless course is running – then participants would need to be informed earlier)</p>	<p>Primary Care enhanced contract support</p> <p>Locality GP management support – unless meetings/events, then participants would need to be informed earlier (or end of year)</p> <p>Commissioning redesign of services – unless meetings/events, then participants would need to be informed earlier</p> <p>Primary Care Development (unless courses running, then participants/facilitators would need to be informed earlier)</p> <p>CAHS – unless meetings/patient interviews/critical friends workshops, then participants would need to be informed earlier</p>

Commissioning & Planning

ASSUME STAFF SHORTAGES

What services will you continue, cancel or defer?

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
25%	Urgent invoice approval Transport requests Procurement deadlines Urgent NCA requests Input for national data submission Contract query meetings	Urgent work would continue without major disruption					

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
50%	Urgent invoice approval Transport requests Procurement deadlines Urgent NCA requests Input for national data submission Contract query meetings			FOIs Non urgent invoice Complaints Diary management	Non urgent information requests	Routine contract monitoring Long term service redesign projects Routine collaboration	
Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
75%	Urgent invoice approval Transport requests Procurement deadlines Urgent NCA requests Input for national data submission Contract query meetings				FOIs Non urgent invoice Complaints Diary management	Non urgent information requests	Routine contract monitoring Long term service redesign projects Routine collaboration

Finance

ASSUME STAFF SHORTAGES

What services will you continue, cancel or defer?

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
25%	<p>Entering monthly accruals into the ledger</p> <p>Submission of monthly finance returns to NHSE</p> <p>Submission of monthly finance report to FRC and Board</p> <p>Ensuring that LES payments are made to GP practices each month</p> <p>Ensuring that Mental Health SLA and Community SLA invoices are approved on Oracle by approx 13th of each month</p> <p>Input to year end accounts</p> <p>Setting annual budgets</p> <p>Responding to FOI requests</p>						

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
50%	<p>Entering monthly accruals into the ledger</p> <p>Submission of monthly finance returns to NHSE</p> <p>Submission of monthly finance report to FRC and Board</p> <p>Ensuring that LES payments are made to GP practices each month</p> <p>Ensuring that Mental Health SLA and Community SLA invoices are approved on Oracle by approx 13th of each month</p> <p>Input to year end accounts (depending on time of year)</p>				Responding to FOI requests	Setting annual budgets (depending on time of year)	

Staff shortage	Services continued	Services cancelled	Deferred up to 12 hours	Deferred until next day	Deferred 2 to 4 days	Deferred up to one week	Deferred over one week
75%	<p>Entering monthly accruals into the ledger <i>(we would have to do an abbreviated version of the accruals)</i></p> <p>Submission of monthly finance returns to NHSE</p> <p>Ensuring that LES payments are made to GP practices each month <i>(we would have to ask PCSS just to make the regular payments – any variations would have to wait until the following month)</i></p> <p>Ensuring that Mental Health SLA and Community SLA invoices are approved on Oracle by approx 13th of each month</p> <p>Input to year end accounts (depending on time of year)</p>					<p>Submission of monthly finance report to FRC and Board</p> <p>Responding to FOI requests</p>	<p>Setting annual budgets (depending on time of year)</p>

BUSINESS CONTINUITY PLAN

Business Continuity Issues	Requirements	Enter your business continuity provisions below
SERVICE ISSUES		
<p>If you are a defined essential service, how many members of your staff would be required to continue essential services?</p>	<p><i>State the number of staff required to maintain essential services.</i></p>	<p>The Accountable Officer or one of the Directors would be needed, plus a minimum of 4 other staff (at least one from each of the three Teams plus admin. support).</p>
<p>At what staff shortage level can you no longer cope?</p>	<p><i>Based on the table above on staff shortages, state at what percentage staff absenteeism you could no longer support essential services?</i></p>	<p>Based on the above, essential services could be maintained down to 93% absenteeism. (5 of 67 staff present).</p>
<p>If you had to provide the minimum level of service what would that be?</p>	<p><i>Describe the minimum level of service that would be acceptable that you could safely sustain for staff and clients.</i></p>	<p>Fulfilling role in emergency planning arrangements as a category 2 responder, responding to urgent requests from providers, ensuring work around care package provision (e.g. continuing care), safeguarding and recovery from the BC situation.</p>
<p>If you are not an essential service how many staff could you</p>	<p><i>List the number of staff that can be released</i></p> <ul style="list-style-type: none"> a) <i>Non-clinical</i> b) <i>Clinical</i> 	<p>Non clinical staff could be released up to the 5 staff referred to above as core to maintain the functions of the department.</p>

Business Continuity Issues	Requirements	Enter your business continuity provisions below
release to support other services?		Very few clinical staff employed by CCG – all could be released, provided core staffing described above is maintained
Are you dependent on outside contractors or services?	<i>List any outside contractors or services that you are responsible for.</i>	<p>Commission services from a number of health service providers, however they all have their own Business Continuity plans.</p> <p>NHS England will have responsibility for primary care providers.</p> <p>South London Commissioning Support Unit have Business Continuity plans in place for IT services and are developing them for all other service areas.</p>
	<i>Confirm that these outside contractors and services have their own business continuity plans and that you have lines of communications set up between your section and them.</i>	<p>The Service Level Agreements with the NHS Trusts include a requirement for the Trusts to have Business Continuity Plans.</p> <p>The CCG out of hours provider, Harmoni, has a business continuity plan.</p> <p>The primary care contractors do not have a requirement to have a business continuity plan. This is managed by NHS England.</p> <p>Nursing Homes commissioned by the CCG have their own Business Continuity Plans</p>
Do you have copies of all CCG policy documents with respect to likely risks to which you can refer when needed?	<i>Identify CCG policy documents, such as fire, bomb threat, white powder etc, and ensure they are readily available for use if needed.</i>	Documents are available on the CCG intranet. Hard copies are appended to this document, a copy of which is held by each Directorate.

Business Continuity Issues	Requirements	Enter your business continuity provisions below
<p>If some of your staff are not available are there others ready to deputise on their behalf?</p>	<p><i>List the staff that can deputise for others.</i></p>	<p>Directors can deputise for the Accountable officer. Any staff graded 8a or above can deputise for Directors as required.</p> <p>Safeguarding teams can refer queries to named leads in provider or LAs.</p> <p>CSU may be able to provide support in emergencies for commissioning functions.</p>
	<p><i>Identify any unique skills that you feel may be difficult to locate outside of your department.</i></p>	<p>No unique skills identified – these can all be accessed from other sources if required e.g. CSU, provider or LA leads etc</p>
<p>Are you able to contact your staff in a crisis?</p> <p>Needed if decisions have to be made on who should report for work and where.</p>	<p><i>Compile a list of staff in your section, work locations, office numbers, office email, home numbers, mobile numbers, home postcode, and home emails. Confirm in writing with each staff member that they agree that their confidential details can be kept in a password protected location.</i></p>	<p>A database has been developed which is password protected. This is held by the CCG Business Manager in a secure location, not on the CCG network, accessible by Directors, Business Continuity Leads and senior admin staff.</p>

Business Continuity Issues	Requirements	Enter your business continuity provisions below
<p>If you needed support from those staff who have cars or who can drive, do you know who they are?</p>	<p><i>Keep a list of staff who own/use cars and who have driving licenses</i></p>	<p>A database has been developed which is password protected. This is held by the CCG Business Manager in a secure location, not on the CCG network, accessible by Directors, Business Continuity Leads and senior admin staff.</p>
<p>If a member of your staff was injured at work or during a crisis would you know how to contact their next of kin?</p>	<p><i>Understand that details of next-of-kin for your staff are kept confidentially with HR and what is the correct procedure to contact the next of kin.</i></p>	<p>Details held by Human Resources</p>
<p>If you do have a crisis would your staff know what to do and what was expected of them?</p>	<p><i>Communicate the need for staff in your department to be aware of BC issues and that their details are held at an appropriate confidential level, that in times of crisis they may need to deputise for others and that they may be asked to volunteer their services.</i></p>	<p>Business Continuity information sheet produced for staff. Business Continuity session held as part of CCG away day in May 2014.</p>
<p>If you do have a crisis do you know the particular needs of your staff?</p>	<p><i>Develop an awareness of staff needs such as; special needs, diet, mobility, medication, children at home/school, home carers, etc. which would have to be taken into consideration in a crisis.</i></p>	<p>This information is included in the staff database.</p>

LOCATION OF SERVICE DELIVERY

<p>Do you know the locations where your staff are working, or where you have responsibilities?</p>	<p><i>List locations, addresses and contact details for all the different locations where your staff are working.</i></p>	<p>A database has been developed which is password protected. This is held by the CCG Business Manager in a secure location, not on the CCG network, accessible by Directors, Business Continuity Leads and senior admin staff.</p>
<p>If you cannot get into your normal place of work where would you ask your staff to go?</p>	<p><i>Have an understanding of where staff can report in the event that their normal working location is closed (Alternative locations).</i></p>	<p>Staff will work from home or use other NHS or Council bases (subject to capacity). All staff that are able to work from home have access to remote access systems. Office accommodation for 5 core members of staff identified above is available on the 4th floor of the NHS offices at 120 The Broadway, Wimbledon.</p>
<p>If you use alternate locations can you continue business communications?</p>	<p><i>Produce a list of possible telephone and fax numbers at potential alternate locations.</i></p> <p><i>List contact details of all business network contacts.</i></p> <p><i>Arrange alternate email addresses for staff.</i></p> <p><i>Staff to understand the need to advise their network of new contact details in the event that their office is relocated.</i></p>	<p>Telephone numbers would not be known until a suitable alternate location was chosen.</p> <p>Faxes are generally not used, but may need to be established to replace e-mail to exchange documents.</p> <p>A paper contact list of business contacts is held by the Business Support Team to assist in dealing with telephone enquiries.</p> <p>All staff have access to NHS.net e-mail addresses, which will be available if CCG / CSU network is unavailable.</p>

EQUIPMENT ISSUES		
If you have suffered a business continuity failure what equipment, staff or facilities would you need to recover to an acceptable level of service?	<i>List the equipment, staff, volunteers and facilities you would need to recover to an acceptable level of operations.</i>	Each member of staff available to work would need a suitable work station, a computer, laptop or tablet, access to Citrix for remote network access, a network connection (wired, wi-fi or mobile) and a telephone (fixed or mobile).
Do you know the location of First Aid kits?	<i>Identify location of basic first aid supplies.</i>	First aid kits are currently situated in each kitchen area on each floor. An Automatic External Defibrillator (AED) is located in the small kitchen.
Are you dependent on any Specialist equipment?	<i>Identify any specialist equipment at your location(s) without which you cannot function. If so identify equivalent equipment available at alternative location(s).</i>	Computers and IT equipment associated with our business functions.
DOCUMENTATION AND RECORD ISSUES		
If your IT systems were unavailable or data corrupted do you know who to contact or where to go to recover your	<i>Understand where back up electronic records are held, and how to contact the IT help desk team, both in and out of hours.</i>	All important documents are saved on the shared drive as this is backed up centrally by I.T.

<p>electronic records; and what to do if you cannot recover your electronic records?</p>		<p>I.T. helpdesk details (in and out of hours) are available to all staff on their desktop and staff have been encouraged to keep a note of the IT Helpdesk number should they not be able to access their desktop.</p>
	<p><i>Make local electronic back up of critical documents which are updated on a regular basis.</i></p>	<p>Essential documents are stored in secure locations outside of the CSU / CCG network</p>
	<p><i>Recording data: if there is a failure in the IT system or any stand alone computer, for important data, the staff will change to a paper back-up system to capture that data so this can be recorded on system retrospectively.</i></p>	<p>Each Directorate to consider their own requirements and devise and document a downtime process if alternative options for accessing the network are not available.</p>
	<p><i>Templates for recording information when the system is unavailable can be found (Think of all the data that you input, where there is a need to capture this information while the system is unavailable, produce a template and have these available in a designated place).</i></p>	<p>This will be communicated to staff at Team Brief – no clinical records kept by CCG</p>
	<p><i>Protection of servers: during periods of extreme heat ensure that the server is</i></p>	<p>This is referred to in the action plan for the risk associated with hot weather and</p>

	<i>maintained at a temperature that will not cause overheating and subsequent failure.</i>	failure of air conditioning systems.
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CHAIN OF COMMAND

Briefly describe the chain of command for your department and where you sit in this chain.

CCG accountable officer: Graham Mackenzie

Directors (report to Accountable Officer): Sandra Iskander, Andrew McMylor, Lucie Waters, Hardev Virdee

Deputy Business Continuity lead: Iain Rickard (reports to Director of Corporate Affairs)

BUSINESS CONTINUITY PLAN CONTACT DETAILS AND SIGN OFF

When you have completed the business continuity plan for your service arrange for the approval of your line Director and complete the following section on contact details and sign off.

Business Continuity Lead

Name	Job Title	Contact Numbers	
Sandra Iskander	Director of Corporate Affairs, Performance and Quality	Work	020 8812 6623
		Mobile	07950 234555
		e-mail	Sandra.iskander@wandsworthccg.nhs.uk

Deputy Business Continuity Lead

Name	Job Title	Contact Numbers	
Iain Rickard	Performance Manager	Work	020 8812 6627
		Mobile	07958 350809
		Email	iain.rickard@wandsworthccg.nhs.uk

Alternate Deputy Business Continuity Lead

Name/post	Job Title	Contact Numbers	
Chris Rowland	Locality Manager		020 8812 6722
David Marshman	Finance Manager		020 8812 6641
Sandra Allingham	Business Manager		020 8812 6620

SIGN OFF

Business Continuity Lead

Name	Position	Signature	Date
Sandra Iskander	Director of Corporate Affairs, Performance & Quality		

Chief Officer

Name	Position	Signature	Date
Graham Mackenzie	Wandsworth CCG CO		

Please send a copy to Sandra Allingham.

BUSINESS CONTINUITY CONTACT LIST

A list of business continuity leads, and their deputies should be retained confidentially by directors and BC leads/deputies, and with the CCG Chief Officer PA

As this list contains confidential information and is frequently amended the list does not form an attachment to this plan.

APPENDICES

Bomb Threat Form

Action Cards

Community Risk Register

Community Flood Plan

South West London Director On-call Handbook

Business Continuity Plans

St. George's Healthcare NHS Trust

South East Commissioning Support Unit ICT Service

Harmoni NHS 111 & Out of Hours Service

APPENDIX - Bomb Threat Form

If the caller makes a bomb threat please use this **Bomb Threat Form**

Contact the Police on 999 immediately. Then notify the on-call manager.

Take advice from the police as to whether evacuation is necessary. If so, start evacuation of the affected area.

SWITCH ON TAPE RECORDER (IF CONNECTED)

TELL THE CALLER WHICH ORGANISATION YOU ARE ANSWERING FROM

RECORD THE EXACT WORDING OF THE THREAT

ASK THESE QUESTIONS;

1. Where is the bomb right now?	
2. When is it going to explode?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will cause it to explode?	
6. Did you place the bomb?	
7. Why?	
8. What is your name?	
9. What is your address?	
10. What is your telephone number?	

RECORD TIME CALL COMPLETED

This form must be kept and when the incident is over, it should be sent to the Emergency Planning Liaison Officer

WHERE AUTOMATIC NUMBER REVEAL EQUIPMENT IS AVAILABLE
RECORD NUMBER SHOWN

INFORM PERSON/PERSONS TO BE INFORMED (Record name and
telephone number of person(s) informed)

CONTACT THE POLICE BY USING THE EMERGENCY TELEPHONE
NUMBER 999 (Record Time Informed)

*THIS SECTION SHOULD BE COMPLETED ONCE THE CALLER HAS HUNG
UP AND POLICE & OTHER PERSON (S) HAVE BEEN INFORMED*

Time and date of call											
Length of call											
Number at which call is received (including the extension number)											
ABOUT THE CALLER											
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality	<input type="text"/>	Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
THREAT LANGUAGE											
Well spoken	<input type="checkbox"/>	Irrational	<input type="checkbox"/>	Taped	<input type="checkbox"/>	Foul	<input type="checkbox"/>	Incoherent	<input type="checkbox"/>	<input type="checkbox"/>	
CALLER'S VOICE											
Calm	<input type="checkbox"/>	Crying	<input type="checkbox"/>	Clearing throat	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Nasal	<input type="checkbox"/>	Slurred	<input type="checkbox"/>
Slow	<input type="checkbox"/>	Excited	<input type="checkbox"/>	Disguised	<input type="checkbox"/>	Lisp	<input type="checkbox"/>	Accent*	<input type="checkbox"/>	Stutter	<input type="checkbox"/>
* What accent? <input type="text"/>											
Rapid	<input type="checkbox"/>	Deep	<input type="checkbox"/>	Laughter	<input type="checkbox"/>	Familiar	<input type="checkbox"/>	Hoarse	<input type="checkbox"/>	<input type="checkbox"/>	
If the voice sounded familiar, whose did it sound like? <input type="text"/>											
BACKGROUND SOUNDS											
Street noises	<input type="checkbox"/>	House noises	<input type="checkbox"/>	Animal noises	<input type="checkbox"/>	Crockery	<input type="checkbox"/>	Motor	<input type="checkbox"/>	<input type="checkbox"/>	
Clear Voice	<input type="checkbox"/>	Static	<input type="checkbox"/>	PA system	<input type="checkbox"/>	Booth	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	
Factory machinery	<input type="checkbox"/>	Office machinery	<input type="checkbox"/>								
Other (specify) <input type="text"/>											