

Business Continuity Plan

East Staffordshire Clinical Commissioning Group

Excludes Essential Contact Numbers – to be displayed on Notice Board

During an incident turn to Page 5

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Distribution List

Name	Job Title	Organisation
Tony Bruce	Accountable Officer	CCG
Sarah Laing	Chief Operating Officer	CCG
Wendy Kerr	Chief Finance Officer	CCG
Paul Winter	Head of Performance & Information Governance	CCG
Nicola Harkness	Head of Transformation & Commissioning	CCG
David Harding	Chair - QF&P Committee	CCG
Dr Charles Pidsley	Chair - ESCCG	CCG
CCU Admin	ccu@staffordshirefire.gov.uk	Civil Contingencies Unit
The BCP shall be made available to all staff to view		

Version Control

Version	Amendment	Incorporated by whom?	Date
1.1	Updated to incorporate new template and split into two sections – BCP and Handbook	Dave Whatton	26/10/2015

Storage of Business Continuity Plan (BCP)

A hard copy of this Business Continuity Plan (BCP) can be found in the following places:

- On Staff noticeboard (Excluding personal numbers on contact list)
- At Edwin House, Second Avenue, Burton upon Trent, DE14 2WF

The electronic version of this BCP is located here:

- Network 'G' Drive

Before completing this BCP, ensure you are familiar with the accompanying Business Continuity Handbook which will provide advice and guidance on how to complete this template.

1.0 East Staffordshire Clinical Commissioning Group

1.1 Description

NHS East Staffordshire Clinical Commissioning Group (ESCCG) brings together 19 GP practices across East Staffordshire. Our locality equates to the local government districts of East Staffordshire Borough Council and Lichfield District Council in part in the south. We have a total population of around 137,000 people.

Annex A shows key contact numbers to use during a Business Continuity incident.

Based on the Business Impact Analysis shown at Annex B, the following functions are considered to be critical:

- CCG On Call

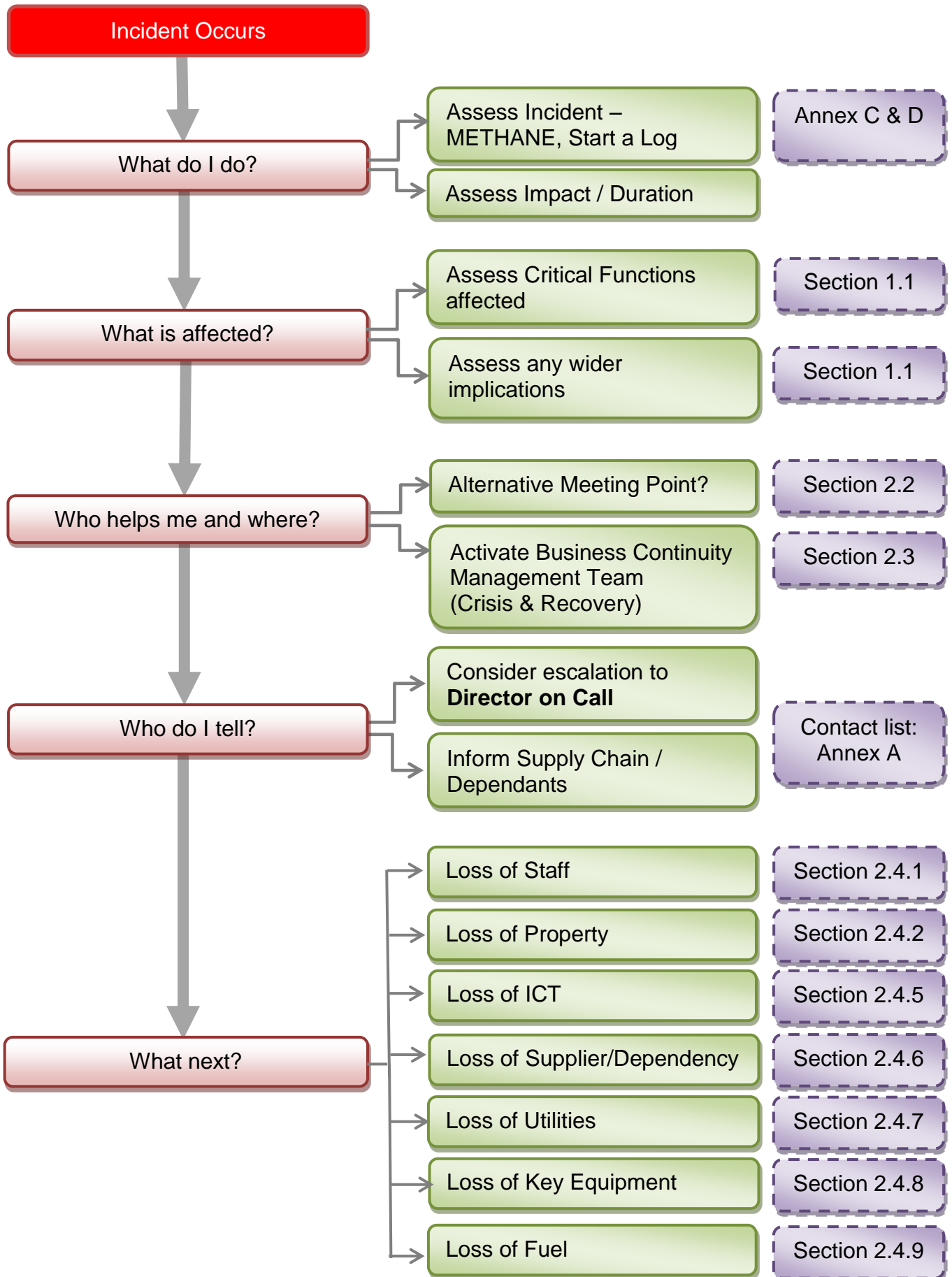
The service has members of staff located at:

Edwin House
Second Avenue
Burton upon Trent
DE14 2WF

This plan may be activated as a standalone method of dealing with the incident, or it may be part of a wider incident response across the organisation. Plan owners should give consideration where they fit into a wider response, if one has been activated.

2.0 Response Section

2.1 Initial Actions Flow Chart



2.2 Initial Alternative Meeting Point

Alternative location identified for service to manage incident from, if primary location is lost;

NHS England North Midlands/CSU HQ
Anglesey House
Wheelhouse Road
Towers Plaza
Rugeley
Staffordshire
WS15 1UL

2.3 Business Continuity Management Team (Crisis & Recovery Team)

A Team will be convened to oversee the process of ensuring essential services are maintained and that Recovery Plans are put into place. Membership may include the following:

- Accountable Officer or Chief Operating Officer
- Executive Director for area where incident has occurred
- Communications Manager
- Estates representation
- Any other personnel deemed necessary, i.e. CSU representatives for HR specialist advice etc
- Loggists (specifically trained Admin staff)

The Team will meet initially on a daily basis, and will keep notes of the meeting, actions taken and progress made using the documents in Appendix C & D of this document.

2.4 Specific Actions

2.4.1 Loss of Staff

- Ensure a management structure is maintained.
- For long term staff absence, arrange a temporary handover of key tasks to other members of the team.
- All non-essential meetings involving service staff should be cancelled.
- Ensure partner services / organisations / customers and senior managers are made aware the service is short-staffed and therefore delivery may be reduced.
- Consider using temporary agency staff if required and suitable.
- Consider re-allocating available staff to deliver critical functions, if appropriate/ possible.
- Agree temporary staff structure and shifts if necessary and consider temporarily increasing working hours, in consultation with HR.
- If staff are unable to get to their normal place of work, consider flexible working methods such as working from home or different working hours.

2.4.2 Loss of Property

- Initial coordination of the incident should be managed from the backup location shown at 2.2.
- Consider staff working from home.
- Consider whether staff could work from alternative premises, in discussion with NHS Property Services.
- Identify suitable alternative premises in liaison with NHS Property Services. This could include the hire of temporary structures if the loss is longer-term.
- Liaise with ICT regarding staff working remotely.
- Use resource requirements shown at Annex B to outline resources required by the team.

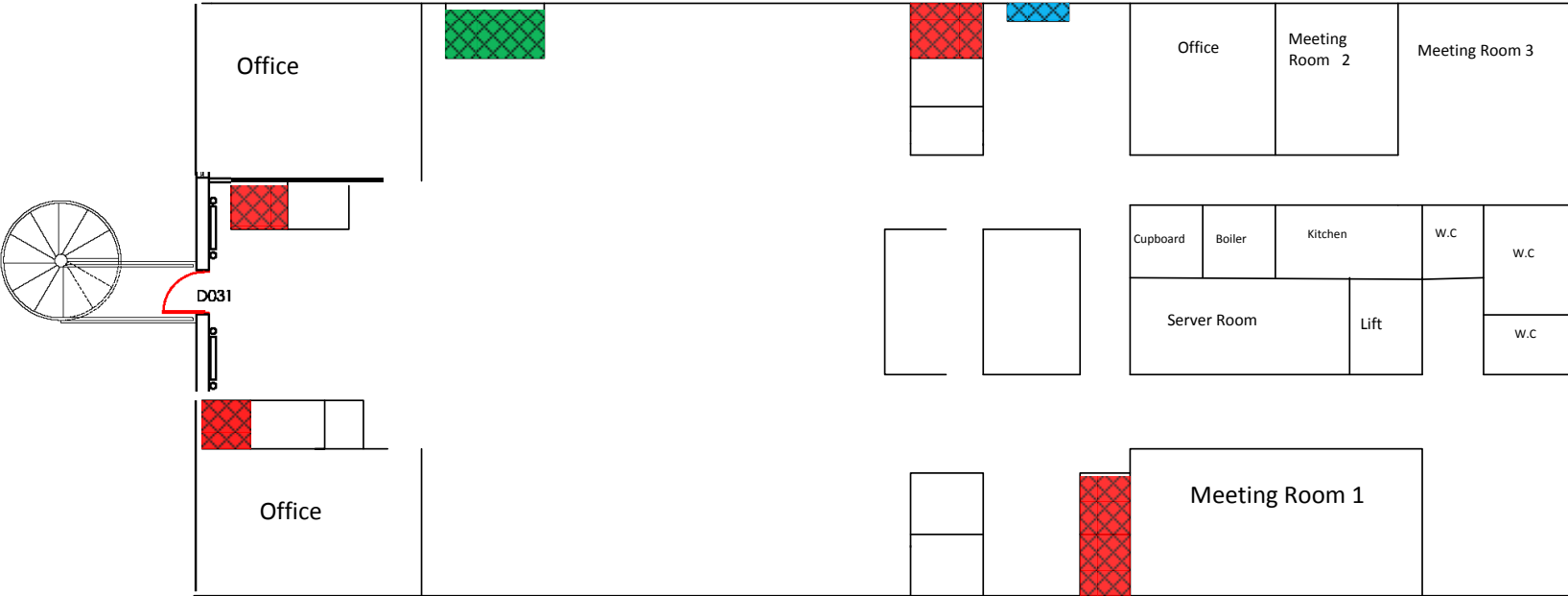
Current Property	Alternative Property
Edwin House Second Avenue Burton upon Trent DE14 2WF	NHS England North Midlands/CSU HQ Anglesey House Wheelhouse Road Towers Plaza Rugeley Staffordshire WS15 1UL




In the event that the building / office becomes unusable, try and access the items detailed in the Recoverable Items List at 2.4.3. Ensure this is done safely.

2.4.3 Recoverable Items List

Recoverable Items List		
Map No.	Essential	Location
01	Personnel Files	Filing cabinet located adjacent to the first floor fire escape (left hand side)
02	Confidential Files (CSU)	Locked cabinet located adjacent to the first floor fire escape (right hand side)
03	Confidential Files (CSU)	Locked cabinet adjacent to BCP location
04	Confidential Files (CSU)	Locked cabinet adjacent to Meeting Room 1
05	Please see Floor Plan at 2.4.4 for locations	
	Desirable	Location
06		
07		
08		
09		
10		
11		

2.4.4 Floor Plan
Edwin House



-  Confidential Information Storage Locations
-  Grab Box Location
-  BCP Location (copy in Grab Box)

2.4.5 Loss of ICT

- Assess the situation from the **ICT Helpdesk** and identify the likely length of network outage or system downtime.
- Identify a suitable manual work around.
- Identify alternative means of communication to inform partner services / organisations / customers and senior managers of the problem and identified temporary solutions.
- Use resource requirements shown at Annex B to outline resources required by the team.

2.4.6 Loss of Dependency / Suppliers

- Identify whether the loss of supply is temporary or permanent. If temporary, ascertain likely length of time and assess whether alternative supplier is needed.
- Use resource requirements shown at Annex B to outline resources required by the team. Ensure an alternative supplier is identified for each resource.
- Contact alternative suppliers, as shown in the below table:

Supplier Name	Our Customer / Reference Number	Equipment / resources they supply	Alternative Supplier
Western Power Distribution		Gas & Electricity	
South Staffs Water PLC		Water	
NHS Property Services -SSSFT		Facilities & Estates	
Chubb Electronic Security Ltd		Security	
Otis via NHS Property Services -SSSFT		Lift	
NHS Property Services -SSSFT		Maintenance	
BTS (Cripwells) via NHS Property Services -SSSFT		Fire Alarm	
NHS Property Services -SSSFT		Hygiene bins	
PHS Water Logic		Water dispensers	
NiC Services Group Ltd		Cleaners	
Dairy Crest		Milk	

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Canon UK Serial No. JMN22544		Printer	
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* Contact numbers for the above suppliers are shown in the Contact List at Annex A.

2.4.7 Loss of Utilities

Western Power Distribution is the gas supplier to the building.
Western Power Distribution is the electricity supplier to the building.
South Staffs Water PLC is the water supplier to the building.

The isolation taps for water are located in the Ground and First Floor Female Toilets
The isolation switches for Gas and Electricity are located in the under stairs cupboard, Ground Floor Reception.

- Speak to NHS Property Services to ascertain for how long the utility is likely to be unavailable.
- Consider alternative methods of gaining utilities.
- Consider staff working from alternative locations.
- Inform staff and visitors coming into the building that you are without the specific utility.
- Consider health and safety implications for staff and visitors.
- Use resource requirements shown at Annex B to outline resources required by the team.

2.4.8 Loss of Key Equipment

- Identify whether loss is temporary or permanent. If temporary, ascertain likely length of time.
- Consider bringing in equipment from alternative suppliers (see Suppliers section). Consider how long this will take and initiate early enough to meet Recovery Time Objectives for critical functions.
- Consider other methods of delivering functions / workarounds.
- Use resource requirements shown at Annex B to outline resources required by the team.

2.4.9 Loss of Fuel

National Emergency Plan for Fuel, if activated, has primacy.

- Staff travel should be kept to a minimum. Only attend vital meetings.
- Consider using teleconferencing and video-teleconferencing facilities.
- Consider staff sharing lifts to work.
- Consider staff working from home.
- Consider whether staff could work from alternative premises nearer to their homes.
- Staff should be encouraged to drive economically.
- Consider whether staff can use public transport or stay at nearby hotels or other peoples' houses.

- It is unlikely there will be provision of fuel for staff to get to their work base and the responsibility for alternative travel arrangements is with the individual members of staff.

3.0 Recovery

The Recovery phase should address the following:

- Returning to normality.
- Returning to normal building.
- Getting displaced staff back to the building.
- Organising a debrief session.
- Writing a debrief report.
- Identifying lessons.
- Incorporating lessons identified into the BCP.
- Media management.
- Communication with partners, suppliers, customers and senior management.

Annex A: Contact List

Name & Organisation	Job Title	Email Address	During Office Hours	Mobile / Pager	Out of Hours Contact
Internal					
Director on Call – EITHER Sarah Laing	Chief Operating Officer		Available in Internal Document		
OR Wendy Kerr	Chief Finance Officer		Available in Internal Document		
OR Nicky Harkness	Head of Transformation & Commissioning		Available in Internal Document		
OR Heather Johnstone	Chief Nurse & Director of Quality		Available in Internal Document		
HR – Caroline Lawrence	Senior HR Business Partner		Available in Internal Document		
HR - Jo DeMaine	HR Officer		Available in Internal Document		
ICT Helpdesk			Available in Internal Document		
External					
Civil Contingencies Unit	Duty Officer	08451 213322 (Fire Control – Ask them to page the Staffordshire CCU Duty Officer – Leave your name and contact number)			
NHS Property Services - SSSFT	Facilities & Estates		Available in Internal Document		
Suppliers					
Gas & Electricity Western Power Distribution	Loss of supply		Available in Internal Document		
Gas & Electricity Western Power Distribution	Emergency Hotline		Available in Internal Document		
GAS LEAK - Transco			0800 111 999		

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Name & Organisation	Job Title	Email Address	During Office Hours	Mobile / Pager	Out of Hours Contact
Water South Staffordshire Water PLC PO Box 63 Walsall WS2 7PJ			Available in Internal Document		
Suppliers					
Landlord NHS Property Services Ltd c/o Shelton Primary Care Centre Norfolk Street, Shelton, Stoke-on-Trent, ST1 4PB			Available in Internal Document		
Facilities & Estates NHS Property Services -SSSFT			Available in Internal Document		
Security Chubb Electronic Security Ltd Unit 10, Echo Way, Spring Road Industrial Estate, Wolverhampton, WV4 6LF			Available in Internal Document		
Security - G4S (Keyholder)			Available in Internal Document		
Security - CCTV Chubb Fire & Security (direct) PO 306309934 Account No 50607726 Contract No. 1033821 (DE14WF5) From 01/10/14 to 30/09/15			Available in Internal Document		
Lift Otis via Facilities & Estates			Available in Internal Document		
Maintenance via Facilities & Estates			Available in Internal Document		
Fire Alarm - BTS (Cripwells) via Facilities & Estates			Available in Internal Document		
Hygiene bins			Available in Internal		

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Name & Organisation	Job Title	Email Address	During Office Hours	Mobile / Pager	Out of Hours Contact
via Facilities & Estates			Document		
Water dispensers PHS Water Logic			Available in Internal Document		
Cleaners NiC Services Group Ltd			Available in Internal Document		
Milk Dairy Crest			Available in Internal Document		
Printer Canon UK Serial No. JMN22544			Available in Internal Document		

Annex B: Business Impact Analysis (BIA)

Section 1 – Critical Functions of the AO and Governing Body Members

- To provide leadership (including clinical leadership) in their individual / specialist areas
- To undertake statutory role + duties (e.g. SIRO, Caldicott Guardian, Safeguarding, Data Protection Act etc)
- To attend meetings of the CCG Governing Body and the Committees of which they are members
- To ensure that the Governing Body meets its duties

Key Contacts:

Dr. Charles Pidsley – CCG Clinical Chair
Wendy Kerr – Chief Financial Officer
Sarah Laing – Chief Operating Officer

Tony Bruce – Accountable Officer
Heather Johnstone – Chief Nurse

Minimum Levels of Service to be maintained:

- (a) Performance of Statutory Duties within set timescales: 3 days
- (b) Availability of Clinical Leadership: within 24 hours
- (c) On-going governance of the organisation: within 5 working days
- (d) Scheduled Meetings (Governing Body & Committees) & adherence to work plans: to prescribed frequency within Terms of Ref / Business Cycle

Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

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Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	3	(a) / (b) – deputies for each statutory & clinical lead role; secure external support where necessary (initially local, cross-CCG support)	Formal appointment of successors if loss persists	Impact on stability of clinical / statutory leadership
	4	(c) / (d) – defer meeting dates; endeavour to meet quoracy rules; Chair's Action (subject to ratification)		Impact on ability to conduct business / progress work plans & maintain governance / assurance
Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of telephone communication	3	(a) to (d) – use of email instead (using corporate contact list for all GB Members + corporate staff)	Contact Service Provider	Impact on ability to maintain stability of clinical / statutory leadership
Loss of email	3	(a) to (d) – use of phone / postal / despatch systems instead (using corporate contact list for all GB Members + corporate staff)	Contact IT Service Provider	Impact on ability to maintain stability of clinical / statutory leadership; Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail
Loss of Internet	4	(a) to (d) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) to (d) – copies of key documents stored in PDF format	Contact IT Service Provider	

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Loss of access to stored documents (shared Network drives)	4	(a) to (d) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	
Loss of individual IT systems		n/a		
Fuel Shortage	5	(d) – use of video & phone-conferencing	n/a	Impact on conduct of business (work plans & maintenance of governance)
Loss of Building (Edwin House)	6	(c) / (d) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 2(a) – Critical Functions of the Chief Operating Officer / Chief Finance Officer

- To undertake statutory role + duties of the post

Key Contacts:

Sarah Laing – Chief Operating Officer

Minimum Levels of Service to be maintained:

- (a) Statutory Roles (Health & Safety, employment rights, occupiers liability)
- (b) Strategic Leadership
- (c) Governance regarding decision-making
- (d) Outward-facing roles (“front of house”)
- (e) Delivery of and progress against CCG objectives

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Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	2	(a) to (e) – succession planning of deputies for each role; secure external support where necessary	Formal appointment of successors if loss persists	Impact on workloads of other GB members & risk of objectives not being achieved
Loss of telephone communication	3	(a) to (e) – use of email instead (using corporate contact list for all GB Members + corporate staff)	Contact Service Provider	Impact on ability to manage CCG & risk of objectives not being achieved
Loss of email	3	(a) to (e) – use of phone / postal / despatch systems instead (using corporate contact list for all GB Members + corporate staff)	Contact IT Service Provider	Impact on ability to manage CCG & risk of objectives not achieved; Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail
Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Internet	4	(a) to (e) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) to (e) – copies of key documents stored in PDF format	Contact IT Service Provider	

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Loss of access to stored documents (shared drives)	4	(a) to (e) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	
Loss of individual IT systems		n/a		
Fuel Shortage	5	(a) to (e) – use of VPN for staff with laptops; use of video & phone-conferencing	n/a	Impact on ability to manage CCG & risk of objectives not being achieved
Loss of Building (Edwin House)	6	(a) to (e) –alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 2(b) – Critical Functions of the Chief Finance Officer

- To provide the financial strategy for the organisation
- To ensure / provide sound financial management & financial governance across the organisation
- To undertake statutory role + duties of the post (inc. Bribery Act, Public Contracts & Public Procurement)
- To undertake Provider & Performance Management / Reporting
- Maintain Corporate Governance services, including support to Governing Body & Committee meetings as necessary
- Maintain Corporate Risk Registers & Assurance Framework
- Provide reports to Committees & Managers as required

Key Contacts:

Wendy Kerr – Chief Financial Officer

Paul Winter – Head of Performance & Governance

Minimum Levels of Service to be maintained:

- (a) Access to the Shared Business Services Invoicing & Payments system: < 1 day (inc. contract payments + pay of CCG staff)
- (b) Monitoring financial position: < 3 days
- (c) Monitoring bank accounts: < 3 days
- (d) Statutory Reporting to Dept of Health: on schedule
- (e) Continued functioning of & reporting to Governing Body & Committees: < 3 days / on schedule

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(f) Administration of Risk System (including reporting, review & scrutiny): < 10 working days

Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	3	(a) to (e) –deputies for statutory & lead role; secure external support where necessary	Formal appointment of successors if loss persists	Impact on workloads of CFO / finance teams & risk of financial objectives not being achieved
Loss of telephone communication	3	(a) to (e) – use of email instead	Contact Service Provider	Impact on ability to monitor financial position
Loss of email	3	(a) to (e) – use of phone / postal / despatch systems instead (using internal + external contact lists)	Contact IT Service Provider	Impact on ability to manage CCG with risk of statutory requirements not being met & other financial objectives not being achieved;
Loss of Internet	4	(a) to (e) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) to (e) – copies of key documents stored in PDF format	Contact IT Service Provider	
Loss of access to stored documents (shared drives)	4	(a) to (e) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	

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Loss of individual IT systems	3	(a) – contingent process for invoice payment (cheque system); use of alternate systems within locality	Contact relevant Service Provider	Impact on... - ability to pay other organisations; risk of service disruption; - ability to manage finances; risk of not meeting statutory financial balance & other objectives; - cash flow
	4	(b) to (c) – contingent process for financial & account monitoring		
	4	(d) to (e) – use manual invoicing process		
Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Fuel Shortage	5	(b) to (d) – use of VPN for staff with laptops; use of video & phone-conferencing	n/a	Impact on ability to manage finances with risk of not meeting statutory financial balance & other financial objectives
Loss of Building (Edwin House)	6	(a) to (e) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 3(a) – Critical Functions of the CCG’s Teams: Heads of Commissioning / Practice Integration/ Administration

- Business Delivery reporting (Service Redesign + Projects)
- Primary Care Development & reporting from Member Practices
- Support Team

Key Contacts:

Nicky Harkness – Head of Transformation & Commissioning
 Julie Hughes – Primary Care Manager
 Jeanette Cole – PA to AO & COO (Loggist)

Sharon Finney – Senior Commissioning Manager
 Dave Whatton – Commissioning Manager
 Emma Keeling PA to CFO & CN (Loggist)

Minimum Levels of Service to be maintained:

(a) Reporting to Governing Body & Committees on schedule

Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	5	(a) – secure external support where necessary	Formal appointment of successors if loss persists	Impact on workloads of other staff & risks relating to clinical gaps
Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of telephone communication	3	(a) – use of email instead (using corporate contact list for all staff)	Contact Service Provider	Impact on timeliness of clinical advice & on governance / assurance systems
Loss of email	3	(a) – use of phone / postal / despatch systems instead (using corporate contact list for all staff)	Contact IT Service Provider	Impact on timeliness of clinical advice & on governance / assurance systems; Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail

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Loss of Internet	4	(a) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) – copies of key documents stored in PDF format	Contact IT Service Provider	
Loss of access to stored documents (shared drives)	3	(a) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	
Loss of individual IT systems		n/a		
Fuel Shortage	5	(a) – use of VPN for staff with laptops; use of video & phone-conferencing	n/a	Impact on timeliness of clinical advice & on governance / assurance systems
Loss of Building (Edwin House)	6	(a) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 3(b) – Critical Functions of the CCG’s Teams: Medicines Management Team

- Medicines Management Delivery reporting

Key Contacts: Sue Bamford – Head of Medicines Management

Minimum Levels of Service to be maintained:

- (a) Onward notification of Medical Devices Alerts: < 24 hours
- (b) Statutory Reporting to Governing Body & Committees: on schedule / < 3 days

Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to ‘Critical’ if not addressed within this time-band

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- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	5	(a) – secure immediate cover (b) – secure external support where necessary	Formal appointment of successors if loss persists	Impact on workloads of other staff & risks relating to clinical gaps
Loss of telephone communication	4	(a) & (b) – use of email instead (using corporate contact list for Medicines / Nursing)	Contact Service Provider	Impact on timeliness of medicines alerts & clinical advice
Loss of email	4	(a) & (b) – use of phone / postal / despatch systems instead (using corporate contact list for Medicines / Nursing)	Contact IT Service Provider	Impact on timeliness of medicines alerts & clinical advice & on governance / assurance systems; Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail
Loss of Internet	4	(a) & (b) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) & (b) – copies of key documents stored in PDF format	Contact IT Service Provider	
Loss of access to stored documents (shared drives)	3	(a) & (b) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	

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Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of individual IT systems		n/a		
Fuel Shortage	5	(a) & (b) – use of VPN for staff with laptops; use of video & phone-conferencing	n/a	Impact on timeliness of medicines alerts & clinical advice
Loss of Building (Edwin House)	6	(a) & (b) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 4 – Critical Functions of Joint Working (i.e. CCG liaison with Public Health, Commissioning Congress, CSU & other CCGs on collaborative commissioning)

- “Whole Systems” working
- To achieve and report the delivery of joint strategic objectives
- To support CCG strategic decision-making during Business Continuity situations
- To liaise with Local Authorities, other non-NHS stakeholders during Business Continuity situations

Key Contacts:

Wendy Kerr – Chief Financial Officer
 Nicky Harkness – Head of Transformation & Commissioning
 Sarah Laing – Chief Operating Officer
 Other CCG, PH, CSU & CG Prime Contacts (t.b.c.)

Paul Winter – Head of Performance & Governance
 Julie Hughes – Primary Care Manager
 Sharon Finney – Senior Commissioning Manager

Minimum Levels of Service to be maintained:

- (a) Business Continuity (2-way communications with Joint Commissioners: NHS & non-NHS)
- (b) Business Continuity (issues identification, including “knock-on” impacts in the community)
- (c) Business Continuity (strategic decision-making & *in extremis* urgent commissioning)
- (d) Meeting CCG & joint strategic objectives, reporting to relevant CCG / Stakeholder Committees

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Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
- (5) Necessary (< 7 days): minor disruption to services
- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	1	(a) to (c) –secure immediate cover	Formal appointment of successors if loss persists	
	4	(d) – secure external support where necessary		
Loss of telephone communication	1	(a) to (d) – use of email instead	Contact Service Provider	
Loss of email	2	(a) to (d) – use of phone / postal / despatch systems instead	Contact IT Service Provider	Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail
Loss of Internet	4	(a) to (d) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) to (d) – copies of key documents stored in PDF format	Contact IT Service Provider	

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Loss of access to stored documents (shared Network drives)	3	(a) to (d) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	Loss of partner / stakeholder servers require separate contingencies to be developed
Loss of individual IT systems		n/a		
Fuel Shortage	5	Use of video & phone-conferencing	n/a	
Loss of Building (Edwin House)	6	(c) / (d) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 5 – Critical Functions: provided by or hosted by other organisations (quality & assurance, comms & engagement)

Engagement

- Client management of externally-provided services under CCG SLA (communications + complaints)
- Monitor provision of reports to CCG Committees & Managers as required (communications + complaints)
- Provision of engagement activities to meet planned CCG schedules & reports to CCG Committees

Quality & Safety / Safeguarding / Information Governance

- Client management of externally-provided services, under CSU SLA (infection control)
- Monitor provision of reports to CCG Committees & Managers as required (infection control)
- Provision of Safeguarding expertise, under CCG collaborative commissioning, hosted by SES CCG
- Assist in undertaking preparatory work for external inspections (CQC)
- Upload of serious incident data c/o CCG & monitoring of Provider SUI reports to the STEIS database
- Provide assistance to Root Cause Analysis investigations & lessons learned / disseminated
- Quality monitoring of contracted Providers, including CQUIN
- Assess trends to promote organisational learning

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- Submit requirements to the Dept of Health (e.g. responses to CAS / medical devices alerts as necessary)
- Provide reports to CCG Committees & Managers as required
- Client management of externally-provided services under CSU SLA (IG support + FOI co-ordination support)

Key Contacts:

Heather Johnstone – Chief Nurse

Sue Wilson – Clinical Quality Improvement Manager

Debbie Vucetic - Clinical Quality Improvement Manager

Minimum Levels of Service to be maintained – Engagement = (a) to (h) / Quality = (i) to (l):

- (a) Respond to queries from the media, Dept of Health & NHS England: < 24 hours
- (b) Maintain internal communications with internal staff: < 3 days
- (c) Maintain external communications with other Providers of critical services: < 24 hours
- (d) Maintain up-to-date information on the CCG website: < 3 days
- (e) Providing information to patients & public: < 3 days
- (f) Maintain consultation processes: < 3 days
- (g) Respond to Healthwatch: < legislative timescales
- (h) Acknowledge complaints: < 3 days
- (i) Systems lead for nursing & quality
- (j) Compliance & Assurance for Regulatory bodies: < 3 days
- (k) Monitoring & reporting of incidents & SUIs: < 24 hours
- (l) Monitoring of Quality: < 3 days

Contingency (priority for the restoration of services):

- (1) Critical / Immediate Response: danger to staff / patients; prevents provision of an essential service / function
- (2) Urgent (< 8 hours): will degrade to 'Critical' if not addressed within this time-band
- (3) Essential (< 24 hours): major disruption, no danger to staff / patients; doesn't prevent provision of essential service / function
- (4) Important (< 3 days): will affect services without causing danger to patients
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- (6) Routine (< 14 days): will not directly disrupt services but will cause inconvenience
- (7) Non-Urgent (< 28 days): will involve non-urgent repairs

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Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met
Loss of Staff	3	(a) / (c) / (g) / (h) / (j) / (k) – after 24 hours prioritisation of essential tasks with statutory deadlines	Formal appointment of successors if loss persists	Impact of uncontrolled Comms & statutory SUI reporting times not met
	4	(b) / (d) / (e) / (f) / (i) / (l) – after 2 days prioritisation of urgent tasks		Impact of Provider quality being un-reviewed and/or regulatory compliance not delivered
	5	1 week would impact on meetings		Impact of organisation governance / assurance being disrupted
Loss of telephone communication		(a) to (l) – use of email instead (using email contact list)	Contact Service Provider	Impact of instant 2-way flow of communication interrupted
	3	(a) / (c) / (g) / (h) / (j) / (k) – after 24 hours prioritisation of essential tasks with statutory deadlines		Impact of uncontrolled Comms, quality being un-reviewed & some statutory deadlines not being achieved
	4	(b) / (d) / (e) / (f) / (i) / (l) – after 2 days prioritisation of urgent tasks		
Loss of email		(a) to (l) – use of phone / postal / despatch systems instead (using corporate contact list for all staff)	Contact IT Service Provider	Impact of some statutory deadlines not being achieved, uncontrolled Comms (inc. media) & un-reviewed quality; Inherent Information Governance risk re. confidential data in the postal system; Safe Haven fax arrangements required + use of registered mail
	3	(a) / (c) / (g) / (h) / (j) / (k) – after 24 hours prioritisation of essential tasks with statutory deadlines		
	4	(b) / (d) / (e) / (f) / (i) / (l) – after 2 days prioritisation of urgent tasks		
Threat	Priority (restoring service)	Contingency Measures Required	Actions Required to Restore Service	Risk if Priority Unable to be Met

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Loss of Internet	4	(a) to (l) – other research methods; copies of key documents stored in Microsoft Office format	Contact IT Service Provider	
Loss of Microsoft Office	3	(a) to (l) – copies of key documents stored in PDF format	Contact IT Service Provider	
Loss of access to stored documents (shared drives)	3	(a) to (l) – copies of key documents stored on alternate servers & intranet	Contact IT Service Provider	
Loss of individual IT systems		(a) to (l) – use of phone & paper systems (inc. paper versions of records)	Contact Service Providers	
STEIS	3	(a) to (k) – after 24 hours prioritisation of essential tasks with statutory deadlines		Impact of statutory deadlines re. SUI reporting / monitoring not met; statutory reporting not achievable
Websites	4	(d) to (e) – after 2 days prioritisation of urgent tasks		Impact of uncontrolled Comms
Fuel Shortage		(a) to (l) – use of VPN for staff with laptops; use of video & phone-conferencing	n/a	Impact on conduct of business (work plans & maintenance of governance)
Loss of Building (Edwin House)	6	(a) to (l) – use of alternate accommodation & VPN for home-working	As appropriate to the threat	Possible overload on alternate NHS accommodation (i.e. more than 1 building lost)

Section 6(a) – Critical Functions: hosted by Staffordshire County Council providing joint functions

- “Whole Systems” working through Commissioning Congress (CG)

Key Contacts:

Number 1 Staffordshire Place, Stafford, Staffordshire, ST16 2LP
Tel: 0300 111 8000

Assurances Required:

- ✓ To be confirmed by Service Level Agreement / Memorandum of Understanding

Section 6(b) – Critical Functions: hosted by Staffordshire CCGs providing joint functions

- Urgent Care: hosted by Stafford & Surrounds CCG
- Continuing Healthcare: hosted by Stafford & Surrounds CCG
- Children's Commissioning: hosted by SE Staffordshire & Seisdon Peninsula CCG

Key Contacts:

Stafford & Surrounds CCG, Number 2 Staffordshire Place, Stafford ST16 2LP
Tel: 01785 221050 or 01785 221041

SE Staffordshire & Seisdon Peninsula CCG, Merlin House, Etchell Road, Tamworth, Staffordshire, B78 3HF
Tel: 01827 306132

Assurances Required:

- ✓ To be confirmed by Service Level Agreement / Collaborative Commissioning Agreement
- ✓ 24 / 7 coverage when required

Section 6(c) – Critical Functions: hosted by Midlands & Lancashire Commissioning Support Unit

- Finance
- Business Intelligence
- HR
- Complaints
- Information Governance
- Note: a raft of other functions are delivered by the CSU, however these are not considered critical to this Plan

Key Contacts:

Midlands & Lancashire CSU, Anglesey House, Towers Business Park, Rugeley, Staffordshire, WS15 1UL
Tel: 0300 7900 233

Assurances Required:

- ✓ To maintain advice on requirements within discrimination law
- ✓ To maintain compliance with statutory requirements within discrimination law
- ✓ Others to be confirmed from SLA

Annex C: METHANE (Incident Notification) Sheet

Name of Caller:	
Originating Organisation:	
Emergency Service Incident Number:	
Date and Time of Call:	
Contact Number: (Mobile and Landline)	
Major Incident:	DECLARED / STANDBY <i>(Circle)</i>
Exact location: (Grid Reference, directions etc)	
Type of incident: (Rail, chemical etc)	
Hazards: (Present and potential)	
Access: (Direction of approach/egress)	
Number of casualties: (Number, severity and type)	
Emergency Services activated and responding: (Present and required) <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance	

