Milton Keynes Clinical Commissioning Group

Business Continuity Management System (BCMS)

Business Continuity Plan

This document has no protective marking. As such, it is available to staff of Milton Keynes Clinical Commissioning Group, partners in the Thames Valley LHRP and LRF, Hertfordshire LHRP, MK Resilience Group and the General Public.

The Plan will be stored on the CCG M Drive within the Shared Business folder and made available on the Public facing website.

Any Freedom of Information requests should be directed to the Director of Transformation & Delivery.
### Document Management

<table>
<thead>
<tr>
<th><strong>Title of document</strong></th>
<th>Milton Keynes Clinical Commissioning Group Business Continuity Management System (BCMS) Business Continuity Plan</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>This Plan outlines the strategy for the implementation of Business Continuity Planning by which Milton Keynes Clinical Commissioning Group (MKCCG) will ensure suitable and effective arrangements are in place to respond to, and recover from disruptions to business as usual.</td>
</tr>
<tr>
<td><strong>Target audience</strong></td>
<td>All MKCCG Staff</td>
</tr>
<tr>
<td><strong>Author</strong></td>
<td>Daniel Hale</td>
</tr>
<tr>
<td><strong>Approved by</strong></td>
<td></td>
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<td><strong>Date of approval</strong></td>
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<tr>
<td><strong>Version Number</strong></td>
<td>0.1</td>
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<td><strong>Next review date</strong></td>
<td>July 2016</td>
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<tr>
<td><strong>Related documents</strong></td>
<td>Business Continuity Management System Scope &amp; Policy Business Impact Analysis</td>
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<td><strong>Superseded documents</strong></td>
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<td><strong>Availability</strong></td>
<td>This document has no protective marking. As such, it is available to staff of Milton Keynes Clinical Commissioning Group, partners in the Thames Valley LHRP and LRF, Hertfordshire LHRP, MK Resilience Group and the General Public. The latest version is situated on the M Drive within the Shared Business Folder and will be made available on the public facing website.</td>
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<th>Section (s) amended and reason</th>
<th>Amended by</th>
<th>Summary of key changes</th>
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Version Control:

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1.0 Introduction
This plan provides the Milton Keynes Clinical Commissioning Group (MKCCG) response to a business continuity incident as defined in Section 3.0. As such these arrangements will be activated to manage the response to a disruption to the business as usual working arrangements of MKCCG, to ensure Minimum Business Continuity Objectives are delivered.

As a Category 2 Responder under the Civil Contingencies Act (2004) MKCCG has a separate Incident Response Plan which details the arrangements in place to respond to an external incident or declaration of a health major incident. In addition MKCCG has a system wide surge/capacity escalation plan.

1.2 Scope
The scope of this plan is defined by Section 3.1.1 and relates to incidents occurring within or impacting upon the business operations of MKCCG. As such this plan does not provide the response to managing the Milton Keynes health economy during a major incident.

The criticality, prioritisation and minimum business continuity objectives for MKCCG activities and services are provided within Section 6.0.

1.3 Aim
The aim of this plan is to increase resilience for business continuity incidents by ensuring those charged with managing such an incident know and understand their role, are competent to carry out the tasks assigned to them and have access to available resources and facilities. This document provides the over-arching command and control arrangements and strategies to be implemented.

1.4 Objectives
The main objectives of this plan and for MKCCG during a Business Continuity Incident are to:

- Maintain key services to a pre-determined level to ensure the continued safe and effective delivery of healthcare commissioning and management;
- Detail the roles and responsibilities of those staff involved with Incident Management;
- Provide timely, authoritative and up-to-date information to service users, staff and partner agencies;
- Provide a framework for incident management to protect the prioritised activities and establish a return to normal working after a business continuity incident as rapidly and effectively as possible; and
- Ensure the management of the incident is reviewed after the event to identify lessons for improvements and areas of best practice.

2.0 Policy Statement
It is the policy of MKCCG to ensure, so far as reasonably practicable, that the key services and prioritised activities, which contribute to the achievement of effective healthcare commissioning and management are protected against potential threats (such as loss of staff, facilities, IT systems and software and supplier), by the implementation of an effective BCMS.

This plan is included within the MKCCG Equality and Inclusivity Statements as per the Business Continuity Management System Scope & Policy and Emergency Preparedness, Resilience and Response Scope and Policy.
3.0 Information

3.1 Definitions

3.1.1 Business Continuity Incident
MKCCG will define Business Continuity Incidents / Disruptions as Internal Incidents;

“All incident or event which either has, or has the potential to have, a significant impact upon the delivery of any of the key services and prioritised activities of MKCCG”

An internal incident can fall into one of three categories, based on its potential impact, assessed as follows:

<table>
<thead>
<tr>
<th>Level 1 Minor:</th>
<th>Any incident which has the potential to have a minor impact to key services and prioritised activities, resources or service users, with minimal effects to business as usual procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Significant:</td>
<td>Any incident which has the potential to have a significant impact to key services and prioritised activities, resources or service users, affecting business as usual procedures.</td>
</tr>
<tr>
<td>Level 3 Major:</td>
<td>Any incident which has the potential to have a major impact to key services and prioritised activities, resources or service users, resulting in the cancellation and/or closure of services.</td>
</tr>
</tbody>
</table>

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

3.1.2 ISO22301 Descriptors
Key Business Continuity definitions have been taken from ISO22301 as per the MKCCG Business Continuity Management System Scope and Policy Document.

3.2 Risk Identification and Management
Risks will be identified and managed in line with the CCG Risk Management Policy. As such business continuity risks will be identified through a number of routes;

- Business Impact Analysis
- Community Risk Registers
- Local Health Resilience Partnership Risk Register
- National Risk Register
- Incident and Exercise Post Incident debrief reports (lessons identified)

As appropriate Business Continuity Risks will be added to the corporate risk register in line with the Risk Management Policy.
4.0 Planning Assumptions
Planning assumptions are based on worse case credible scenarios, as such the perceived disruptions and risks to MKCCG’s key services and prioritised activities are likely to be caused by, but not limited to the following scenarios:

- **Loss of Staff**
  - Increased staff sickness/absence due to influenza pandemic or infectious disease outbreak (including increased caring requirements through the closure of schools).
  - Increased union activity.
  - Inability of staff to travel to place of work caused by severe weather, major transport failure or disruption to road fuel network.
  - Increased vacancy rate due to high staff turnover.

- **Loss of facilities**
  - Full or partial loss of CCG premises due to severe weather, e.g. flooding.
  - Full or partial loss of CCG premises due to loss of utilities e.g. electricity, gas and water provision failure either internal or external.
  - Full or partial loss of CCG premises due to fire/explosion, flood or structural failure.

- **Loss of Systems and Software**
  - Full or partial loss of CCG networked computer systems (including hardware such as printers & photocopiers) e.g. power failure, corruption of data or systems failure.
  - Full or partial loss of CCG communications systems e.g. systems failure either internal or external (including networked telephones, mobile telephones & pagers).

- **Supply of external products and services**
  - Inability of suppliers to deliver consumables or services, e.g. equipment maintenance, office supplies or Commissioning Support Unit Activities.

5.0 Method
This plan outlines the over-arching methodology for the management of a business continuity incident to enable the continuation of CCG functions.

5.1 Roles and Responsibilities
The following roles and responsibilities have been defined for the response and recovery to Business Continuity Incidents. Wider general roles and responsibilities to Business Continuity are defined within the Business Continuity Management System Scope and Policy.

5.1.1 Chief Officer (Incident Director)
The Chief Officer has ultimate responsibility for the CCG. If unavailable during a business continuity incident they will assume the role of Incident Director with responsibility for:

- Setting the strategic aim for the CCG chairing the Incident Response Group;
- Liaison with NHS England to ensure it remains appraised of the incident as required/necessary;
- Liasing and communicate with other key agencies;
- Ensuring resources are made available to support the response;
5.1.2 MKCCG On-Call Director/Senior Manager
The primary role of the On-Call Director/Senior Manager is to manage the response to surge capacity pressure and/or major incidents within provider trusts. During a business continuity incident they will be responsible for:

- Receipt of the initial call/information pertaining to the internal incident;
- Declaring an internal incident and activating plans;
- Ensuring initial response e.g. health and safety of staff and activation of emergency service; and
- Escalation and handover of the incident to the Chief Officer or their deputy as the Incident Director. Where the Chief Officer or their deputy cannot be contacted, the role of Incident Director must be allocated to another executive director/senior manager.

Where a Major Incident causes a MKCCG Business Continuity Incident, it may be beneficial for the On-Call Director/Senior Manager to manage the response to both incidents.

The On Call Director should continue to liaise with the Incident Director as required, and remains responsible for:

- Supporting the management surge capacity pressure within the health economy;
- Liaison with NHS England to ensure it remains appraised of surge capacity within the system;
- Liaising and communicating with other key agencies; and
- Ensuring an accurate log of actions and decisions is kept contemporaneously, signed and passed to the Business Continuity and Resilience Manager for retention.

5.1.3 Incident Recovery Director
The Incident Recovery Director (may be allocated to another executive director or carried out by the Incident Director) will be responsible for:

- Setting the Strategic Aim for the CCG in recovering from the incident in both the short and long term;
- Liaising and communicating with partner agencies regarding recovery;
- Ensuring the on-going welfare and support of staff affected by the incident;
- Chairing the Incident Recovery Group as necessary/required;
- Ensuring an accurate log of actions and decisions is kept contemporaneously, signed and passed to the Business Continuity and Resilience Manager for retention following stand down;
- Standing down the Incident Recovery Phase in agreement with the Accountable Emergency Officer; and
- Participating within post incident debriefing to ensure improvements and best practice are identified.

### 5.1.4 Business Continuity and Resilience Manager
The Business Continuity and Resilience Manager is the professional lead for EPRR and will assume the role of strategic and tactical advisor;
- Providing Strategic and Tactical advice and guidance to the Incident Director, Incident Response Group and Incident Recovery Director; and
- Ensuring incident debriefing is undertaken with Post Incident Reports highlighting areas for improvement produced within the required timeframes.

### 5.1.5 Incident Loggist
- The Incident Loggist is responsible for ensuring a contemporaneous log of the incident is maintained on behalf of the Incident Director and Incident Recovery Director, accompanying them to Incident Control Rooms and meetings as required.

### 5.1.6 Incident Communications Manager
The Incident Communications Manager will be provided by Arden & GEM Commissioning Support Unit on call manager. It is the responsibility of the Incident Communications Manager to lead on all media and communications with regard to the incident including;
- Producing (in conjunction with the Incident Director) a press, media and communications plan, managing all press and media enquiries, statements and interviews;
- Monitoring and actively responding to all press and media in relation to the incident;
- Supporting the warning and informing of staff, partner agencies, provider trusts and the public;
- Briefing the Incident Director and any representative of the CCG undertaking liaison with the media or press; and
- Liasing with neighbouring NHS, partner and stakeholder communications departments as required.

### 5.1.7 Heads of Service/Department / Directors
All Heads of Service are responsible for the following;
- Escalate any Incidents to the On Call Director as necessary;
- Attend Incident Coordination Centres and/or Meetings as requested/required by the Incident Director or Recovery Director; and
- Participating within post incident debriefing to ensure improvements and best practice are identified.

### 5.1.8 All Members of Staff
A Business Continuity Incident could occur at any time and has the potential to affect the business as usual operations of a service or department and may come to the attention of any employee. As such all employees are responsible for:
- Informing their Direct Line Manager, Head of Service/Department or On Call Director of any actual or potential incident;
Attend Incident Coordination Centres and/or Meetings as requested/required by the Incident Director or Incident Recovery Director to provide specialist knowledge or support; and

Participating with post incident debriefing to ensure improvements and best practice are identified.

5.1.9 Fire Wardens
Those staff appointed and trained as Fire Wardens will be expected to assist in the evacuation of CCG buildings, ensuring that security measures are implemented in line with their training. Fire Wardens must ensure their personal safety and must not tackle blazes or enter buildings unless it is necessary and safe to do so.

5.1.10 First Aiders
Those staff appointed and trained as First Aiders will be expected to provide immediate first aid to those injured during any incident, assisting the Emergency Services on arrival as suitable/necessary. First Aiders must ensure their personal safety and must not enter areas of immediate danger.

5.1.11 Incident Response Group
The aim of the Incident Response Group is to assist the Incident Director in making strategic decisions in response to the incident and will be formed by the Incident Director as necessary/required with attendance from Executive Directors, Heads of Service, CCG Staff and External Agencies such as the Commissioning Support Unit as required. The Incident Director will determine the attendance, frequency and venue (which may be virtual) for convening the group and will be responsible for chairing the meetings, of which there should be minutes recorded.

5.1.12 Incident Recovery Group
The aim of the Incident Recovery Group is to assist the Incident Recovery Director in making strategic decisions for the short and long term recovery (including potential re-design) in response to the incident and will be formed by the Incident Recovery Director as necessary/required with attendance from Executive Directors, Heads of Service, CCG Staff and External Agencies such as the Commissioning Support Unit as required. The Incident Recovery Director will determine the attendance, frequency and venue (which may be virtual) for convening the group and will be responsible for chairing the meetings, of which there should be minutes recorded.

5.2 Activation, Escalation and Warning & Informing

5.2.1 Activation Arrangements
In line with MKCCG’s definition of a business continuity incident (Section 3.1.1) any incident or event may have the potential to affect the business as usual operations of a service or department and as such may come to the attention of any employee. Therefore it is the duty of that employee to immediately notify the senior person on duty in their department.

It is the responsibility of the On Call Director to declare an Internal Incident, setting the initial Incident level and handing over Command and Control to the Chief Officer Accountable Officer, or in their absence/unavailability an alternative Director/Senior Manager.

5.2.2 Escalation Arrangements
It is the responsibility of the Incident Director to ensure that NHS England are informed of any activation of this plan, making the necessary arrangements for any situation reporting to NHS England Region or Locality as required/requested.
Any incident escalation to request additional assistance or mutual aid should be made to the NHS England On-Call Manager/Director as required.

5.2.3 Warning and Informing
It is the responsibility of the Incident Director to ensure that all partner agencies (including neighbouring CCGs) and provider Trusts are informed of the activation of this plan as necessary/required, (this is especially important if they are likely to be impacted by the incident or the activation) as such the Incident Director must ensure they set suitable timeframes and methods for regular updates to be received by partner agencies, including a stand down message.

The Incident Director is also responsible for ensuring that communications to staff and the public is undertaken, setting suitable timeframes and methods for regular update to be received, including a stand down message.

5.3 Situational Reporting
During an incident MKCCG may be required to provide regular updates to NHS England Region/Locality via Situation Reports (SitReps). It is the responsibility of the Incident Director to ensure the timely completion of SitReps, determining any supporting internal information requirements.

5.4 Decision Making
The Incident Director and Incident Recovery Director are responsible for making strategic and tactical decisions regarding the response. It is recommended that they follow the Joint Emergency Services Interoperability Programme Decision Making Tool; which uses a cyclical model where each step logically follows another, allowing continued reassessment of the situation or incident enabling previous steps to be revisited.

OODA Loop:
- Observe: gather information and data from situation
- Orient: assess the situation and process the data about the current situation
- Decide: make a decision and select the course of action
- Act: implement the selected course of action
The NHS preferred method of assessing impacts and risks is using the ‘STEEPLE’ method which enables a range of factors to be considered;

- Social
- Technological
- Economic
- Ethical
- Political
- Legal
- Environmental

All key elements of the decision making process must be recorded within the incident log. A simple way of recording decisions is to use the ‘DEAR’ method;

- Decision - What decision has been reached?
- Explanation - What is the decision? What do you expect the Outcome/impact to be?
- Alternatives - What alternative options were available?
- Rationale - What led you to this decision? Why did you choose this option?

5.5 Incident Coordination Centre
It is unlikely that an Incident Coordination Centre will be required to facilitate the incident; however should the scale or nature require one or the Incident Director wish to establish a one, MKCCG Incident Coordination Centre will be located in the office of the Director of Transformation and Delivery, Floor Two, Sherwood Place, 155 Sherwood Drive, Bletchley, MK3 6RT. Additional support space can be utilised from the delivery team.

<table>
<thead>
<tr>
<th>Sherwood Place Incident Coordination Centre Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Call Director/Senior Manager No. 07786 267 023</td>
</tr>
<tr>
<td>Telephone Number 01908 278 769</td>
</tr>
<tr>
<td>Fax Number 01908 278 663</td>
</tr>
<tr>
<td>Email <a href="mailto:Mkccg.incident@nhs.net">Mkccg.incident@nhs.net</a></td>
</tr>
</tbody>
</table>

Access to the building out of hours is gained via Accuro on 07966 557450.

If access to Sherwood Place is compromised, the Incident Coordination Centre could be set up at any of the follow:

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenge House</td>
</tr>
<tr>
<td>Bletchley Community Hospital</td>
</tr>
<tr>
<td>CNWL HQ</td>
</tr>
<tr>
<td>Milton Keynes Council</td>
</tr>
</tbody>
</table>

5.6 Financial and Budget Arrangements
During the response to or recovery from an incident additional costs may be incurred either through the procurement of additional supplies and services or through the alteration of existing contracts. It is the Incident Director’s responsibility to agree any additional expenditure and ensure that all additional costs are captured.

During an incident all expenditure in relation to the incident will be tracked using Cost Centre ‘332836 Emergency Planning’, subjective codes will vary dependant on the item/reason for expenditure.
To enable effective response during an incident it is accepted that, in the first instance, costs will be the responsibility of the organisation within which they occur; however costs may be reimbursed or cross charged following resolution of the incident.

### 5.7 Legal Advice

During an incident or the recovery phase it may be necessary for the Incident Director to seek legal advice. MKCCG does not hold any formal arrangements for receiving legal advice; however this is in the process of being procured and this section and EPRR Contacts Directory will be updated accordingly.

It is not anticipated that the CCG will require urgent out of hours legal advice; however should it be required during an incident this can be arranged via NHS England.

### 5.8 Workforce Management

During an incident it will be necessary to ensure that sufficient work force plans are in place to continue delivering both an incident response and key services. It is the responsibility of the Incident Director to ensure that sufficient workforce plans are implemented such as:

- Re-deployment of staff and cross working
- Implementation of shift working and rotas
- Alternative working arrangements.

As such work force plans are provided within Section 7.0 Strategies and within Directorate Specific Appendices.

### 5.9 Mutual Aid

Business Impact Analysis and Minimum Business Continuity Objectives have not identified the requirement for risks to be mitigated through the provision of mutual aid agreements. This will continue to be monitored and reviewed.

NHS England holds Mutual Aid Agreements with all Health organisations and as such any activation of these agreements or brokering should be undertaken via NHS England Area Team.

### 5.10 Stores, Supplies and Resources

Business Impact Analysis has not highlighted any critical stores, supplies or resources. As such the Secretarial Team Minimum Business Continuity Objectives include the routine ordering of stationery and supplies. The Corporate Services and Systems Minimum Business Continuity Objectives include the routine management of contracts such as with GEM CSU.

### 5.11 Insurance Policy

MKCCG has an insurance policy through the NHS Litigation Authority (NHSLA); as such it is the responsibility of the Chief Officer to ensure the NHSLA is informed of any incident as required by their cover arrangements and in line with local procedure.

### 5.12 Press, Media and Communications

The Incident Communications Manager on-call via the Commissioning Support Unit will assume the role of Incident Communications Manager and is responsible for managing all external press and media relations, as well all internal communications to ensure staff are kept informed of the incident response and the impact to services.
The Incident Communications Manager will arrange press conferences, press releases and briefings to staff, patients and journalists. No information is to be passed to the media unless it has been sanctioned by the Communications Manager in conjunction with the Incident Director. As such staff should not talk to the press or make statements on behalf of the organisation, any media requests must be referred to the Incident Communications Manager.

In some circumstances it will be necessary to appoint a media spokesperson from the CCG. In such circumstances this is likely to be the Chief Officer or Chair, who will be fully briefed by the Incident Communications Manager.

5.13 Staff Welfare
MKCCG acknowledges that the health, safety and welfare of staff and visitors is at the forefront of any incident response and accepts that it has a duty of care to safeguard the well-being of all staff and visitors by employing all reasonably practicable measures.

Dependent on the nature and scale of any incident varying degrees of staff welfare may be required, with assistance provided from Human Resources.

5.13.1 Staff Counselling and Support
Welfare and trauma support will be made available to staff responding to an incident, irrespective of their role. This support will be available from the very outset or as soon as is practicable during the early stages of the incident. The responsibility for identifying the need for welfare support rests jointly with individuals, their managers and the Incident Director.

During and following an incident, staff welfare is of paramount importance. The following measures will be in place for staff:

- A designated area for staff will be identified. This will be an area where staff can get refreshments, talk to each other, sit quietly etc.
- Details of support available from Occupational Health will be made available to those who wish to speak to a counsellor confidentially in the days and weeks after the incident.

5.13.2 Family Counselling and Support
Dependent on the nature and scale of the incident it may be necessary for MKCCG to consider providing support and advice to families of staff who have been bereaved or are adapting to life changing injuries. Where suitable and practicable MKCCG will establish family liaison to assist them in seeking the professional support they require.

6.0 Prioritised Activities / Services
Through the Business Impact Analysis Process MKCCG has determined the following criticality, prioritisation and minimum business continuity objectives for CCG activities / services using the following descriptors:

<table>
<thead>
<tr>
<th>Score</th>
<th>Time Frame</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 to 24 Hours</td>
<td>Immediate &amp; Urgent</td>
</tr>
<tr>
<td>2</td>
<td>24 hours to 3 days</td>
<td>Critical</td>
</tr>
<tr>
<td>3</td>
<td>3 Days to 1 week</td>
<td>Important</td>
</tr>
<tr>
<td>4</td>
<td>1 to 3 weeks</td>
<td>Delayed</td>
</tr>
<tr>
<td>5</td>
<td>3 weeks and over</td>
<td>Non-Critical</td>
</tr>
</tbody>
</table>
### 6.1 In Scope Services

The services deemed ‘in Scope’ of the Business Continuity Management System Scope & Policy have been allocated the following criticality score, minimum business continuity objective and critical time frames:

<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Minimum Business Continuity Objective</th>
<th>RTO¹</th>
<th>BAU²</th>
<th>MTPOD³</th>
</tr>
</thead>
</table>
| Business Continuity & Resilience    | 1 Immediate & Urgent | • Full incident response maintained through On-call Rota (Statutory Duty).  
• Strategic and tactical advice/support to on call director/senior manager.  
• Maintained compliance to statutory duties, frameworks and guidance.  
• Continued stakeholder engagement and joint contingency/resilience planning for known risks/events.  
• Continued operational management of healthcare system including:  
  - Daily/Ad-hoc system management and DTOC teleconferencing.  
  - Management of 111, SCAS and urgent care Services. | 4 Hours | 1 Week | 2 Weeks |
| Financial Services                  | 2 Critical        | • Payment of suppliers and staff within agreed contractual arrangements  
• Urgent payments (including Individual Funding Requests) | 1 Day | 1 Week | 2 Weeks |
| Corporate Systems & Services        | 3 Important       | • Policies, procedures, internal processes, mandatory training reviews.  
• Access to corporate systems and drives  
• Management of contracts (e.g. Gem) | 3 Days | 1 Week | 2 Weeks |
| Chief Officer                       | 3 Important       | • Continue to act as the statutory lead for the organisation, representing the CCG to stakeholders and acting as the spokesperson.  
• Ensuring commissioned organisations have appropriate systems and process, setting the health economy strategy.  
• Continue to manage budgetary responsibilities.  
• Ensure the CCG delivers its responsibilities to major incident response and business continuity. | 3 Days | 2 Weeks | 1 Month |
<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Minimum Business Continuity Objective</th>
<th>RTO</th>
<th>BAU</th>
<th>MTPOD</th>
</tr>
</thead>
</table>
| Organisational & Workforce Development                 | 3 Important       | • Ensure all staff payments are made, welfare is maintained and that any urgent or serious employee relations are resolved.  
• Immediate urgent training needs are resolved.  
• Support the Incident Director to ensure the continuation of communications to support incident response and protect the reputation of the CCG.  
• Daily strategic/operational management of secretarial team.  
• Continued workforce and policy development.                                                                                     | 3 Days | 2 Weeks | 1 Month |
| Secretarial Team                                       | 3 Important       | • Admin support to prioritised activities and incident response  
• Servicing of governing body and committee meetings  
• PA/Admin support to the organisational executive teams  
• Ordering of essential stationery and office supplies.                                                                                     | 3 Days | 2 Weeks | 1 Month |
| Care Pathways and Primary Care - Medicines Management and Patient facing work | 3 Important       | • Maintain compliance with statutory duties, frameworks and guidance including NHS constitution rights and CCG responsibilities under Controlled Drugs legislation.  
• Provision of advice on medicines to patients and practitioners.  
• Advice re individual funding requests.  
• Maintain Choose and Book.  
• Maintain RMS.                                                                                                                                                                         | 3 Days | 3 Weeks | 1 Month |
| Safeguarding                                           | 3 Important       | • Advice and supervision to Independent Contractors and Provider services safeguarding leads.  
• Compliance of statutory requirements.  
• Collaborate with statutory agencies in the investigation of serious/complex cases.  
• Serious case review reporting and overseeing compliance recommendations.  
• Monitor adult safeguarding concerns, promoting robust investigation, seeking assurance that learning is embedded.  
• Monitoring of health assessments for LAC children Out of Area.                                                                                                                         | 3 Days | 3 Weeks | 1 Month |
<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Minimum Business Continuity Objective</th>
<th>RTO(^1)</th>
<th>BAU(^2)</th>
<th>MTPOD(^3)</th>
</tr>
</thead>
</table>
| Urgent Care Commissioning - Provider performance, data analysis and review | 3 Important | • Commission on-going provision of 111 Service, Ambulance Service and Urgent Care Services.  
• Full contract management and performance of contracted services.  
• On-going performance monitoring of current QIPP schemes. | 3 Days | 3 Weeks | 1 Month |
| Women, Children’s and Young People - Provider performance, data analysis and review | 3 Important | • Commission on-going provision of the Women, Children’s and Young People’s services.  
• Full contract management and performance of contracted services.  
• On-going performance monitoring of current QIPP schemes. | 3 Days | 3 Weeks | 1 Month |
| Performance Monitoring & Reporting | 4 Delayed | • Maintenance of performance monitoring and reporting processes.  
• Completion, authorisation and sign off of performance and planning returns. | 1 Week | 2 Weeks | 3 Weeks |
| Chair of the board (Clinical & non Clinical) | 4 Delayed | • Maintain clinical representation and challenge particularly through Health & Wellbeing Board.  
• Maintain clinical leadership of CCG and input for addressing problems.  
• Ensure governance and quality remains and is appropriate.  
• Ensure CCG is able to discharge its functions.  
• Engage with stakeholders, membership practices and act as spokesperson.  
• Continue to lead the board ensuring they remain appraised. | 1 Week | 2 Weeks | 1 Month |
| Care Pathways and Primary Care - Primary Care Development and pathway redesign | 4 Delayed | • Management of locally commissioned services in GP practices and community pharmacists.  
• Development and implementation of future and on-going strategy for care pathways and primary care service design.  
• Supporting quality improvement in primary care. | 1 Week | 3 Weeks | 1 Month |
<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Minimum Business Continuity Objective</th>
<th>RTO</th>
<th>BAU</th>
<th>MTPOD</th>
</tr>
</thead>
</table>
| Quality & Nursing                         | 4 Delayed         | • Monitoring and risk assessment of the quality of commissioned services in line with contracting standards, CQC Quality Standards and Government guidelines and standards  
  • Provide assurance and reporting regarding commissioned services.  
  • Provide support to services not meeting the required standards.  
  • Monitoring of patient safety issues including Serious Incident (SI) reporting (review, final reports & actions) and infection control standards.                                                                                                       | 1 Week | 3 Weeks | 1 Month |
| Programme and project Management Support  | 4 Delayed         | • QIPP programme management and reporting.  
  • Management of programme board risk registers.  
  • Support for programmes, projects. KPI/Service specification and business case development for essential or imminent projects/programmes.  
  • Act as centre of excellence for corporate documents.                                                                                                                                                                                                                                                                | 2 Weeks | 3 Weeks | 1 Month |
| Strategic Planning                        | 4 Delayed         | • Partnership working with Milton Keynes Council, delivering health & Wellbeing and Joint Commissioning Strategies.  
  • Monitoring and reporting on performance targets and current strategy.  
  • Strategy & Planning support to long term service recovery/redesign.  
  **October to March:**  
  • Development of commissioning cycle and intentions and strategic 1-2 year plan.  
  • Review of directorate strategies and development of CCG Annual Report.                                                                                                                                                                                                                                             | 2 Weeks | 3 Weeks | 1 Month |
| Urgent Care Commissioning - Strategy and Development | 4 Delayed | • Exception reporting, escalation and assurance to NHS England.  
  • Support for all statutory data submissions or requests.  
  **October to March**  
  • Development of commissioning intentions and future QIPP  
  • Development of future Urgent Care System Design                                                                                                                                                                                                                                                                     | 2 Weeks | 3 Weeks | 1 Month+|
<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Minimum Business Continuity Objective</th>
<th>RTO</th>
<th>BAU</th>
<th>MTPOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women, Children’s and Young People - Strategic Planning and QIPP delivery</td>
<td>4 Delayed</td>
<td>● Exception reporting, escalation and assurance to NHS England.</td>
<td>2 Weeks</td>
<td>3 Weeks</td>
<td>1 Month+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Support for all statutory data submissions or requests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>● October to March</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Development of commissioning intentions and future QIPP schemes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Development of future Women, Children’s and Young People’s Service design.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 - Recovery Time Objective, 2 - Business as Usual, 3 - Maximum Tolerable Period of Disruption
6.2 Out Of Scope Services

The services deemed ‘Out of Scope’ of the Business Continuity Management System Scope & Policy have been allocated the following criticality score, minimum business continuity objective and critical time frames:

<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Criticality Score</th>
<th>Recovery Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Technology Services and Business Intelligence*</td>
<td>Immediate &amp; Urgent</td>
<td>0-24 hours</td>
</tr>
<tr>
<td>Acute Provider Contract Commissioning and Management**</td>
<td>Critical</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Clinical Services (Continuing Healthcare)*</td>
<td>Critical</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Communications*</td>
<td>Critical</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Community Contract Commissioning and Management**</td>
<td>Critical</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Mental Health and learning Disability Contract Commissioning and Management **</td>
<td>Critical</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Clinical Services (Individual Funding Requests)*</td>
<td>Important</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Commissioning*</td>
<td>Important</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Finance Services*</td>
<td>Important</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Procurement and Market Management*</td>
<td>Important</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Corporate Services (inc Corporate Governance)*</td>
<td>Important</td>
<td>5-7 Days</td>
</tr>
<tr>
<td>Human Resources*</td>
<td>Important</td>
<td>5-7 Days</td>
</tr>
</tbody>
</table>

*Provided by Greater East Midlands CSU
** Provided by United Healthcare

Joint Commissioning is covered within the Milton Keynes Council Business Continuity Plans.
### 7.0 Service Requirements

In line with the Business Impact Analysis the following are required to deliver minimum business continuity objectives for each service/activity.

<table>
<thead>
<tr>
<th>Service/Department</th>
<th>Staffing</th>
<th>Resources</th>
<th>External Suppliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td>1 x Shared Photocopi &amp; Printer</td>
<td>• NHS England &amp; Home Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Shared Fax</td>
<td>• NHS England South Central</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shared Drive M</td>
<td>• NHS England Midlands &amp; East</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Microsoft Office &amp; Outlook (2008)</td>
<td>• PHE South Midlands &amp; Hertfordshire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internet Explorer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VPN Client</td>
<td>• Page One</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Door Entry Fobs</td>
<td>• Cabinet Office</td>
</tr>
<tr>
<td>Business Continuity &amp; Resilience</td>
<td>Band 8a</td>
<td>1 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Mobile Telephone</td>
<td>• “The Practice PLC”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capacity Management System</td>
<td>• NHS England Midlands &amp; East</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gemima</td>
<td></td>
</tr>
<tr>
<td>Business Continuity &amp; Resilience</td>
<td>Band 8a</td>
<td>1 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Mobile Telephone</td>
<td>• “The Practice PLC”</td>
</tr>
<tr>
<td>Care Pathways and Primary Care - Medicines Management and Patient facing work</td>
<td>1 x Band 8d, 1 x Band 8b, 1 x Band 8a, 4 x Band 7 and 0.6 Band 4.</td>
<td>3 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 x Desktop Computer</td>
<td>• “The Practice PLC”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 x Mobile Telephone</td>
<td>• NHS England Midlands &amp; East</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 x Landline Telephone</td>
<td></td>
</tr>
<tr>
<td>Chief Officer &amp; Chair of the Board</td>
<td>Chief Officer or Deputy Chair of board (6 sessions) 3 x GPs 1.5 days a week</td>
<td>2 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Desktop Computer</td>
<td>• Patient &amp; public Groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IFSE</td>
<td>• Health &amp; Wellbeing Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Landline Telephone</td>
<td>• Milton Keynes Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Mobile Telephone</td>
<td>• National Commissioning groups</td>
</tr>
<tr>
<td>Corporate Systems &amp; Services</td>
<td>1xBand 8c</td>
<td>1 x Laptop Computer</td>
<td>• NHS England</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IFSE</td>
<td>• Provider Organisations</td>
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<tr>
<td></td>
<td></td>
<td>Sharepoint</td>
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<td></td>
<td></td>
<td>Gemima</td>
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<td></td>
<td></td>
<td>1 x Mobile Telephone</td>
<td>• CNWL</td>
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<td></td>
<td></td>
<td>• Arden/GEM</td>
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<td></td>
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<td></td>
<td>• HSCIC</td>
</tr>
<tr>
<td>Service/Department</td>
<td>Staffing</td>
<td>Resources</td>
<td>External Suppliers</td>
</tr>
<tr>
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<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Financial Services</td>
<td>1x BAND VSM &amp; 1xBand 8d</td>
<td>2 x Laptop computer</td>
<td>• Baker Tilley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IFSE</td>
<td>• Broadcare</td>
</tr>
<tr>
<td></td>
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<td>Sharepoint</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gemima</td>
<td>• NHS England</td>
</tr>
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<td></td>
<td></td>
<td>2 x Mobile Telephone</td>
<td>• Provider Trusts</td>
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<td></td>
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<td>• SBS</td>
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<td></td>
<td>• TVPCA</td>
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<td></td>
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<td></td>
<td>• United Healthcare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• VAT Liaison</td>
</tr>
<tr>
<td>Nursing &amp; Quality</td>
<td>1xBand 9 or 1xBand 8c and 1x Band 8a</td>
<td>2 x Laptop Computer</td>
<td>• Providers Organisations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 x Mobile Telephone</td>
<td>• NHS England Area Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Regulators e.g. CQC</td>
</tr>
<tr>
<td>Organisational &amp; Workforce</td>
<td>1 x Band 8a</td>
<td>1 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td>Development</td>
<td></td>
<td>1 x Mobile Telephone</td>
<td>• Shared Business Services (managed by GEM)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Northampton General Hospital</td>
</tr>
<tr>
<td>Performance Monitoring &amp;</td>
<td>1xBand 8a</td>
<td>1 x Laptop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td>Reporting</td>
<td></td>
<td>IFSE</td>
<td>• Provider Organisations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sharepoint</td>
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<tr>
<td></td>
<td></td>
<td>Gemima</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x landline Telephone</td>
<td></td>
</tr>
<tr>
<td>Programme and project</td>
<td>1xBand 7 and 1xBand6</td>
<td>1 x Laptop Computer</td>
<td>• Milton Keynes Council, Providers and GPs</td>
</tr>
<tr>
<td>Management Support</td>
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<td>1 x Desktop Computer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gemima</td>
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<tr>
<td></td>
<td></td>
<td>PMO Inbox</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2 x Landline Telephone</td>
<td></td>
</tr>
<tr>
<td>Safeguarding</td>
<td>2xBand 8b</td>
<td>2 x Laptop Computer</td>
<td>• Milton Keynes Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 x Mobile Telephone</td>
<td>• Safeguarding Boards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IFSE</td>
<td>• Provider Organisations</td>
</tr>
<tr>
<td>Secretarial Team</td>
<td>1 x Band 6 &amp; 2x Band 5</td>
<td>3 x Desktop Computer</td>
<td>• Arden/GEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x Laptop (non-networked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 x Landline Telephone</td>
<td></td>
</tr>
<tr>
<td>Service/Department</td>
<td>Staffing</td>
<td>Resources</td>
<td>External Suppliers</td>
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<td>------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>1xBand 9 and 1xBand 8c</td>
<td>1 x Laptop Computer&lt;br&gt;1 x Desktop PC&lt;br&gt;IFSE&lt;br&gt;Gemima&lt;br&gt;1 x Landline Telephone&lt;br&gt;1 x Mobile Telephone</td>
<td>• Health and Wellbeing Board&lt;br&gt;• Milton Keynes Council</td>
</tr>
<tr>
<td>Urgent Care Commissioning</td>
<td>1xBand 8c and 1xBand 8a</td>
<td>2 x Laptop Computer&lt;br&gt;2 x Mobile Telephone&lt;br&gt;Capacity Management System&lt;br&gt;Gemima&lt;br&gt;IFSE</td>
<td>• Arden/GEM&lt;br&gt;• Milton Keynes Council&lt;br&gt;• Provider Organisations&lt;br&gt;• TVEA</td>
</tr>
<tr>
<td>Women, Children's and Young People</td>
<td>1xBand 8c</td>
<td>1 x Laptop Computer&lt;br&gt;1 x Mobile Telephone&lt;br&gt;IFSE</td>
<td>• Provider Organisations&lt;br&gt;• Arden/GEM&lt;br&gt;• Clinical Networks&lt;br&gt;• Milton Keynes Council</td>
</tr>
</tbody>
</table>
8.0 Strategies

8.1 People Strategies

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

<table>
<thead>
<tr>
<th>Impact</th>
<th>Actions to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal reduced staffing, no or limited operational impact</td>
<td>Depending on the level of reduction consider the following:</td>
</tr>
<tr>
<td></td>
<td>• Director from each department review staff levels across their area and move staff from other areas if required to fulfil immediate functions</td>
</tr>
<tr>
<td></td>
<td>• Regular on-going assessment of the situation</td>
</tr>
<tr>
<td>Severe staff problem with associated operational impact</td>
<td>Depending on the level of reduction consider the following:</td>
</tr>
<tr>
<td></td>
<td>• Postpone all routine functions to prioritise immediate and urgent functions</td>
</tr>
<tr>
<td></td>
<td>• Cancel all meetings and workshops</td>
</tr>
<tr>
<td></td>
<td>• Consider cancelling any forthcoming annual leave (short term) to ensure adequate staffing levels for future days</td>
</tr>
<tr>
<td></td>
<td>• Off duty (annual leave or non-working day) staff that live locally to be contacted to see if they can come into work - TOIL provided for additional days worked</td>
</tr>
<tr>
<td></td>
<td>• Seek resources from other departments, temporary / agency staff to back fill permanent staff members to be able to concentrate on immediate actions.</td>
</tr>
<tr>
<td></td>
<td>• Consider requesting additional support for Commissioning Support Unit.</td>
</tr>
<tr>
<td>Reduction in available transportation and/or local or regional breakdown of road network infrastructure</td>
<td>Depending on the cause of reduction and anticipated length of reduction consider the following:</td>
</tr>
<tr>
<td></td>
<td>• If fuel shortage, implement the Fuel Plan and temporary logo scheme process for fuel prioritisation for front line staff</td>
</tr>
<tr>
<td></td>
<td>• Cancel off site meetings</td>
</tr>
<tr>
<td></td>
<td>• Look at staff members who can work from home and agree work priorities / review of office time</td>
</tr>
<tr>
<td></td>
<td>• Ask staff who cannot work from home to consider taking any TOIL or annual leave ensuring that immediate and urgent functions are covered</td>
</tr>
<tr>
<td></td>
<td>• If transport system disruption is likely to be protracted or likely to increase in scale, consider any supplies which may need to be ordered in bulk</td>
</tr>
<tr>
<td></td>
<td>• Review any staff who live locally to see if any could offer a spare bed to colleagues</td>
</tr>
<tr>
<td></td>
<td>• Local hotels / guest houses for staff who cannot get home or who might have trouble getting back into work</td>
</tr>
</tbody>
</table>
Disruption caused by unexpected severe weather with initial unknown duration

<table>
<thead>
<tr>
<th>Impact</th>
<th>Actions to be considered</th>
</tr>
</thead>
</table>
| Denial of access to key or multiple buildings leading to operational effectiveness problems | Depending on type and size of the weather conditions consider the following as well as specific disruptions as above:  
  - Assess potential for further disruption in the next 24-48 hours, utilise met office website and email alerts  
  - Base short/medium term response on risk of increased extreme weather conditions  
  - Review all staffing for anticipated disruption period and ensure with directors that there is adequate staffing in place for each function  
  - Consider sending home staff if it looks like the weather is getting worse and staff may have an issue getting home  
  - Look at staff members who can work from home and agree work priorities / review of office time  
  - Review any staff who live locally to see if any could offer a spare bed to colleagues  
  - Local hotels / guest houses for staff who cannot get home or who might have trouble getting back into work |
| Single or multiple failure of utilities which have an significant effect on operational activity | Depending on the type, number and extent of loss consider the following:  
  - Look at staff members who can work from home and agree work priorities / review of office time  
  - Ask staff who cannot work from home to consider taking any TOIL or annual leave ensuring that immediate and urgent functions are covered  
  - Moving of essential functions to another local NHS temporary location where staff have access to IT and telecommunications |
### 8.3 IT and Telephony Strategies

In the event of a disruptive incident caused by/causing loss IT and/or telephony the following actions will be taken.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Actions to be considered (see also people and supplies strategies)</th>
</tr>
</thead>
</table>
| Single sustained or multiple IT system failure which has significant operational impacts | Depending on specific shortage consider:  
- Obtain detailed information from IM&T on extent and time frame for loss and monitor against service level agreement  
- Seek assurance that all areas are using back up paper systems where possible  
- If remote access / work mobiles are still working consider sending some staff members home to work |
| Single sustained or multiple telephony system failure which has significant operational impacts | Depending on specific shortage consider:  
- Obtain detailed information from IM&T on extent and timeframe for loss and monitor against service level agreement  
- Seek assurance that the telecommunications failure plan has been implemented  
- Monitor and review  
- Consider setting up externally manned telephone line or diverting prioritised calls (such as PALS) to an alternative |

### 8.4 External Product & Services Strategies

In the event of a disruptive incident caused by/causing the failure of external suppliers and services the following actions will be taken.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Actions to be considered</th>
</tr>
</thead>
</table>
| Loss of a key supplier / provider of services | Depending on the supplier / provider lost and duration of loss consider the following:  
- Work with the supplier / provider on their business continuity arrangements to review timescale and level of disruption and monitor against the Service Level Agreement  
- The use of an alternative provider for a short time frame to provide additional cover  
- Mutual aid between providers to ensure that any immediate or urgent functions are maintained  
- Communicate to local primary care providers as to any disruption to services  
- Communicate with NHS England on local issues |
### 8.5 Loss of Specific Functions

In the event of a disruptive incident causing the loss of specific functions the following remedial actions will be taken.

<table>
<thead>
<tr>
<th>Function</th>
<th>Actions/Mitigations</th>
</tr>
</thead>
</table>
| Chief Officer                           | **Depending on loss and duration of loss consider the following:**  
  - Deputy Chief Officer to act as the Chief Officer, delegating responsibility to the On Call Director as necessary/required  
  - On Call Director to act as the Chief Officer making all necessary decisions for incident response. |
| Emergency Planning and Business Continuity Planning | **Depending on loss and duration of loss consider the following:**  
  - Support to be requested from NHS England Emergency Preparedness, Resilience and Response Team  |
| Quality Team (Safeguarding)             | **Depending on loss and duration of loss consider the following:**  
  - Provider Director of Nursing to oversee the management of all Quality and Safety concerns/reports escalating to partner agencies as necessary/required  
  - On Call Director to act as the conduit for Quality and Safety Concerns/Reports escalating to partner agencies as necessary/required  
  - Divert all concerns/reports to neighbouring CCG Quality Team  
  - Divert all concerns/reports to NHS England Area Team |
9.0 Recovery and Stand Down

9.1 Response Phase Stand Down
The initial incident response is the immediate mitigating actions put in place to manage the incident such as alerting emergency services, building evacuation and re-deployment of staff, which may last a number of hours or days. It is the responsibility of the Incident Director to stand down the initial incident response phase, handing control to the Recovery Manager.

9.2 Recovery Phase
The recovery phase will manage the long term return to business as usual processes or restoration of services to the ‘new normal’ over a period of hours, days, weeks or months. The Incident Recovery Director will be appointed by the Incident Director and will set the strategy for recovery.

Dependant on the nature and scale of the incident the strategy, prioritisation and timescale for recovery will vary, however the Incident Recovery Director should seek to establish the Minimum Business Continuity Objectives in the first instance.

In producing strategic intentions for recovery the following themes should be considered;

- Humanitarian - physical and psychosocial impacts.
- Economic - economic and business continuity.
- Environmental - effects on the communities; and
- Infrastructure - loss of facilities, resources etc.

With strategies delivered to ensure the restoration of;

- Staff;
- Facilities;
- Systems, software and IT; and
- External supplies and services.

When considering the recovery of services it may also be suitable to consider service/operational re-design.

9.3 Recovery Phase Stand Down
It is the responsibility of the Incident Recovery Director to stand down the Recovery Phase once a return to business as usual processes or establishment of ‘new normal’ has been achieved.

10.0 Administration

10.1 Incident Documentation
Those individuals with responsibility for managing the response to an incident should ensure that suitable records and documentation are maintained, including Incident Logs, Decision Logs and minutes of any incident management meetings. On stand down all documentation and records must be submitted to the Business continuity Manager for review and retention.

Following incident stand down or at the point of hand over formal logs must be closed, agreed and signed, before being re-opened.
10.2 Post Incident Debrief and Reporting
MKCCG will adopt the following debrief and reporting protocol:

<table>
<thead>
<tr>
<th>I = Incident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I asap</td>
<td>Hot debrief (within 24 hours)</td>
</tr>
<tr>
<td>I + 1-2 weeks</td>
<td>Formal Debrief</td>
</tr>
<tr>
<td>I + 4 weeks</td>
<td>1st draft report completed and agreed by MKCCG Director of Transformation &amp; Delivery for submission to next CCG Board.</td>
</tr>
<tr>
<td>I + 12 weeks</td>
<td>Action Plan Update report submitted to next CCG Board.</td>
</tr>
</tbody>
</table>

10.2.1 Hot Debrief
All operational areas/individuals involved with the incident response should undertake a hot debrief brief immediately (within 24hrs) following stand down. The aim of undertaking a hot debrief is to ensure that immediate lessons are identified and good practice is captured for feedback at the post incident debrief. Hot debriefing also allows any concerns, impacts and risks requiring immediate mitigating actions to be put in place to be highlighted. Any actions requiring immediate mitigating actions should be discussed with the Business Continuity and Resilience Manager following the hot debrief.

10.2.2 Investigation and Root Cause Analysis
A full investigation including root cause analysis must be undertaken for any incident involving the partial or complete loss (whether temporary, short term or long term) of utilities or information technology systems, or involving flooding or fire within a MKCCG building.

10.2.3 Post Incident Debrief
A formal structured post incident debrief, chaired by the Business Continuity and Resilience Manager, with all key personnel will be held within 2 weeks of any activation of this plan to identify areas for improvement and good practice; to increase MKCCG’s emergency preparedness and resilience.

It should be noted that at the time of debriefing the recovery phase may still be ongoing, and as such a secondary debrief may be required to capture any further learning from the recovery phase once stood down. Typically the Post Incident debrief will include:
- Nature of incident and response including a timeline
- Involvement of MKCCGs
- Involvement of other responding agencies
- Implications for incident management within the NHS

10.2.4 Multi-Agency Debrief
After some incidents it may be necessary for a multi-agency debrief to be held. It will be the responsibility of the Business Continuity and Resilience Manager to represent MKCCG; capturing areas where learning may be applied.

10.2.5 Post Incident Report
A post incident report will be written by the Business Continuity and Resilience Manager within 1 month of the incident. The report must contain a Corrective Action and Preventative Action log/plan capturing all of the mitigating actions against any areas for improvement. All actions identified will be entered onto the EPRR Lesson & Issue Log.
Approval of the report will follow MKCCG governance arrangements as outlined in the Business Continuity Management System Scope and Policy. Once approved at MKCCG Board Level the report will be submitted to the Hertfordshire Local Health Resilience Partnership (LHRP), and Area Team and shared with any external agencies as required. Incident Reports may be subject to FOI requests and may require some information to be redacted; as such a public report may also be produced and published at this time.

10.3 Storage and Retention of Documentation
An essential element of any response is to ensure that all records and data are captured and stored in a readily retrievable manner as these records will form the definitive record of the response and may be required at a future date as part of an inquiry process (judicial, technical, inquest or others). Such records are also invaluable in identifying lessons that would improve future response.

All documentation relating to the incident including logs must be submitted to the Business Continuity and Resilience Manager within 72 hours of incident stand down for review and retention in line with Corporate Information Governance Arrangements. It is expected that incident documentation will be retained for a minimum of 7 years.

11.0 Associated Documents
This document and its contents have been prepared against the International Standard Specification for Business Continuity Management, ISO22301.

Its associated documents include:
- Business Continuity Management System Scope & Policy
- Business Impact Analysis