

Business Continuity Plan

NHSGYW CCG

Plan Owner

Director of Operations

Date

March 2013

Review Date

March 2015

(or following an incident or significant organisational change)

An earlier version of this document was submitted as part of the Cluster PCT Business Continuity Plan process. This version is for CCG use from 1st April 2013 and is presented to the March 13 NHSGYW CCG Governing Body for approval.

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***Copy of these sections with contact names is available in Secure Emergency Archive**

Emergency Communications –

Updated information for staff concerning an emergency situation and instructions on when to return to work can be obtained by telephoning:

01502719500

If approached by the media do not provide any information but ask them to contact the Director of Engagement.

1. Document Information

Title	Business Continuity Plan
Version	Version 2
Publication Date	March 2013
Review Date	2 years or following incident or significant change
PCT Document Series	Major Emergency Procedures
Document Sub Series	Business Continuity Plans
Superseded Documents	(Enter name of any superseded document here) Emergency Plan in Response to a Major Incident

References	<p>Emergency Preparedness Guidance – Part 1 of the Civil Contingencies Act 2004, HM Government 2005.</p> <p>Good Practice Guidelines – A framework for Business Continuity Management, Business Continuity Institute 2005.</p> <p>Department of Health – NHS Resilience & Business Continuity Management Guidance, June 2008</p> <p>BS 25999 British Standard for Business Continuity.</p>
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Target Audience	NHS Great Yarmouth and Waveney CCG Senior Managers & staff with responsibilities identified in this document
Method of Publication	Printed copies (See distribution detail Page 4) Shared Drive
Plan Author & contact details	<p>Governance Manager tel 01502 719586</p> <p>CCG Business Continuity Lead tel 01603 595812</p>

Document Status – when finalised this is a controlled document. It may be printed, but the electronic version maintained by the service area / department will remain the control copy.

2. Distribution Record

Internal Distribution:	Governing Body and Audit Committee for assurance purposes Directors for actioning Staff for awareness of procedures
Action Required:	Recipients to sign-off as having read and understood these procedures and their own role, by acknowledging receipt to the author. Note – where recipients have management responsibilities for specific roles in this plan, “signing off” will be understood to indicate that they have been briefed/trained to respond effectively.
Timing	Within one month of the publication of the final version of the plan.

External Distribution	None required
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3. Record of Amendments

Version	Date	Nature of amendment / remarks
1	30.01.13	Submitted to Cluster PCT for adoption as appendix to Cluster PCT plan
2	28.03.13	Revised for CCG Governing Body Approval

4. Approval / Sign-Off

Form	Version	Committee	Position/Detail	Date
Sign off	1	na	Chief Executive	29.01.13
Approval	2	CCG Governing Body	Initial adoption of plan for CCG purposes	28.03.13

5. Authority to Invoke the Plan

This list confirms all individuals authorised to invoke the plan – mobile numbers for these contacts are retained in the ‘Emergency Planning All Contacts List’ retained in the Secure Emergency Archive referenced in section 19 of this plan. The on-call numbers for Norfolk and Suffolk regional Emergency Planning management systems (provided by Medicom and Vodafone,) are also retained in the archive in the same list and referenced in section 17 later in this document. These numbers are used by staff external to the CCG in managing and alerting the system in relation to major incidents. For local management the on-call director rota is in place, reference to this is made in section 17 and contact names and numbers are retained on the archive in the ‘Emergency Planning All Contacts List.’

Position	Contact Details
Managing Director	01502 719500
Director of Operations	
Director of Communications & Engagement	
Director of Clinical Transformation	
Director of Quality and Safety	
Director of Contracting	

6. Introduction and Requirements as Category 2 Responder

6.1 Introduction

Nearly every day there are many publicised & unpublicised disasters, man-made and natural, which devastate both private businesses and public sector services such as ours. Where the disruption affects critical business procedures, the consequences can be severe and include an inability to deliver services to the local population; embarrassment and loss of credibility or goodwill for the organisation concerned; impact on staff welfare, and in some cases result in substantial financial loss.

Business Continuity Management is the means by which an organisation ensures the continuation of the delivery of its services or products as well as mitigating the effects of the disruption of one or more critical activities within the organisation. Properly implemented it has the potential to enhance both the resilience (e.g. in the face of utility failure, major incident etc.) and the reputation of the organisation. It provides a foundation for emergency planning and influenza pandemic planning where the organisation is required to be robust and resilient in the face of events that cause great stress. It also provides documentation that auditors and the Care Quality Commission will accept as evidence of organisational resilience.

Implementation of business continuity management is a statutory duty for all Category One Responders as defined by the Civil Contingencies Act 2004 (CCA.) It is a corporate responsibility and requires each service area and department to be involved in business continuity planning and exercising. NHSGYW CCG is identified as a Category 2 Responder.

To assist CCGs in developing robust business continuity and service recovery the CCG Business Continuity Lead has developed this guidance and associated templates and will offer support for their ongoing use and implementation. It is important that the CCG has ownership of the business continuity plan and the first step in the process has been to identify the core business functions. The action plan template has been used to detail the CCG response to the unavailability of personnel, premises, and the failure of critical suppliers or technology, and this template will be retained for use where other specific incidents are identified as presenting a significant risk.

Once approved the plan will be cascaded to all relevant staff and the appropriate training in their responsibilities for plan implementation provided. The plan will be kept in both hard copy and electronic format with a copy retained by the Head of Emergency Planning in order to demonstrate assurance when working with the regional Emergency Planning leads.

6.2 Requirements as a Category 2 Responder

More specifically the guidance issued by DH requires the following of CCG's:-

- Appoint an Emergency Accountable Officer who must be a member of the governing body and have the authority to make decisions on the CCG's behalf.
- Support the NHS CB in discharging its Emergency Planning & Response functions and duties
- Be represented on the Local Health Resilience Partnership either on their own behalf or through representation by a "lead" CCG. (Attached is an NHS CB presentation which includes a summary of the responsibilities of the LHRP and identifies the Health System EPRR Operating Model when in planning mode and when in response mode)
- Fulfill the responsibilities as a Category 2 responder under the CCA, including maintaining business continuity plans for their own organisation
- Ensure contracts with NHS funded provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements

Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity & capability. In particular GPs as independent contractors are required to hold Business Continuity Plans and the Royal College of General Practitioners recommends these are in place with a template available to use from their website. All of the Practices in Great Yarmouth and Waveney were issued with software in 2009 to assist with the compilation of business continuity plans. The CCG supports GPs through the operation of Practice Manager meetings which has a broad agenda to share best practice and learning in areas such as these.

For immediate sharing of resources between NHS commissioners and providers a Mutual Aid Agreement is developed to support the mutual collaboration in times of emergency and business continuity management to secure commitment to the sharing of resources and the reimbursement for the costs of those resources, subject to bilateral approval.

6.3 Other Policy References

The policy applies to all business continuity arrangements that need to be made following an incident whether major or moderate in its impact. Where risk assessment identifies the incident as major, the 'Emergency Plan in the Event of a Major Incident' should also be invoked. The Integrated Risk Management Framework document provides more information on risk assessment. The Organisational Development Plan refers to transferable skills which should be considered where staff resource is being allocated.

The East of England Strategic Health Authority (EoE SHA) to become the NHS Commissioning Board Local Area Team (NHSCB LAT) from 1st April 2013, produce a 'Mass Casualty Plan' containing regional policy regarding the management of incidents involving mass casualties. A copy of the current plan is contained within the Secure Emergency Archive. This plan is awaiting review following the transition of the SHA to the NHSCB LAT.

All policies are retained in the Key Documents Repository and specific documents relating to Business Continuity and Emergency Planning are stored within the Secure Emergency Archive (see section 19.) Related plans produced by the CSU IT team, and earlier Norfolk Cluster PCT and Suffolk Cluster PCT are also retained within the archive.

7. Business Impact Analysis – (In the table below list your service area / department key functions in priority order)

Service Area: NHSGYW CCG Key Functions	Recovery Time Objective (working hours) *	Priority –
1. Contract Management	48 hrs	2
2. Finance and Performance	48 hrs	2
3. Operations	24 hrs	1
4. Clinical Transformation	72 hrs	2
5. Quality and Patient Safety	24 hrs	1
Outsourced arrangements CSU eg IT, Finance transactional support, IG, FOI etc... (see provider Business Continuity Plans referenced in section 12)	48 hrs (IT 12 hrs)	2
Outsourced arrangements outside of CSU eg Estates function via National Property Company etc... (see provider Business Continuity Plan)	72 hrs (Some premises issues immediate response required)	3

*** This is the boundary of time within which the business function must be recovered to avoid the unacceptable consequences associated with a disruption.**

Priority 1 – Disruption to this function might have an impact on our ability to deliver an emergency response on behalf of NHS GYW CCG or may result in serious damage to human welfare

Priority 2 – Disruption to this function might result in the breakdown of local community services, damage to the environment; significant loss of income or organisational reputation

Priority 3 - Functions that do not fall into either of the above

8.1 Core Business Functions, Priority Tasks, Roles & Resources

a) Business Function	Priority	b) Key /Priority Tasks	c) Key Roles / Staff	d) Essential Resources
Contract Management	1	Primary Conduit between CCG and Provider Entities through which service is commissioned - includes emergency contact.	Contract Manager established for each provider/Director steer	National Contracts/strategies and policies stored electronically and deeds store for master signed copies. Ongoing working papers to administer function.
Contract Management	2	Contract Monitoring (including Quality, Information, Finance Monitoring Meetings)	Contract Manager established for each provider/Director steer	as above
Contract Management	3	Analysis to support and administer/authorise payment of contract invoices	Contract Manager established for each provider/Director steer	as above
Contract Management	4	Contract Procurement delivery and Responsibility for Procurement Strategy/Policy/Guidance and CSU support service outsourcing.	Contract Manager established for each provider/Director steer	as above
Contract Management	5	Contract Performance & Timetable Planning for Commissioning areas CCG is responsible for(excluding those picked up in the Engagement and Clinical Transformation Directorates)	Contract Manager established for each provider/Director steer (5 Posts)	as above
Contract Management	6	Setting Annual Contract/CQUIN deliverables with providers	Contract Manager established for each provider/Director steer	as above
Contract Management	7	Procurement planning - AQP approach/Assessing Bids/Identifying Areas for potential AQP application or other contracting route	Contract Manager established for each provider/Director steer	as above
Contract Management	8	Associate and Lead commissioning and ECR (extra contractual referral) requirements/responsibilities (not covered above) where relevant across range of services commissioned through the contracting team.	Contract Manager established for each provider/Director steer	as above
Finance and Performance	1	Financial Management and Ongoing Monitoring	Chief Accountant and Assistant Accountant (2 posts)	as above
Finance and Performance	2	Contract Performance and Finance management.	Contract Performance and Finance Manager (1 post)	as above
Finance and Performance	3	Budget Setting including QIPP, CQIN financial support	Director and Chief Accountant (2 posts)	Finance Ledger system (SBS from 1st April 2013), NHS/DoH submissions, audit working papers stored electronically and hard copy documents retained for audit purposes.
Finance and Performance	4	Data Management - Performance Indicators, planning and monitoring. Receipting of activity to invoices using SUS and SCR.	Head of Data Management and team (5 posts)	Various systems used for data mgmt, audit working papers, NCB and NHS/DoH submission working papers, hard copy documents retained for audit purposes.
Finance and Performance	5	Analytics and Planning	Head of Analytics and Planning and team (2 posts)	as above

a) Business Function	Priority	b) Key /Priority Tasks	c) Key Roles / Staff	d) Essential Resources
Finance and Performance	6	Interface with External Audit - Year End Accounts including Governance Statement	Director, Chief Accountant and Governance Manager (3 posts)	as above
Finance and Performance	7	Financial Board and Year End Accounts Reporting	Director and Chief Accountant and Assistant Accountant (3 posts)	as above
Finance and Performance	8	Interface with Financial Transactional Support	Director and Chief Accountant (2 posts)	as above
Finance and Performance	9	Interface with Internal Audit	Director and various Senior Managers as per yearly work programme. (Various posts)	as above
Operations	1	Director interface to Public Health/CSU/Estates (National Property Company)	Director with senior manager support (various posts)	MoU with Public Health/Service Specifications with CSU and overarching Heads of Agreement/Estates documents (eg leases etc...)
Operations	2	Director of Operations responsibilities in addition to Operations Strategy, Board Governance and Ongoing Director responsible for Risk Management, Emergency Preparedness and Business Continuity	Director (1 post)	Electronic records (strategies/policies and procedures) and audit working papers, hard copy documents and emergency planning and procedural documentation.
Operations	3	Operational Implementation of Statutory Compliance and NHS Best Practice Guidelines - Information Governance, Equality and Diversity, Risk, Freedom of Information and Subject Access Requests, Data Protection, Non HealthCare Contract Database requirements and Estates and Health and Safety standards at work.	Director and relevant senior manager posts (various posts)	Electronic records (strategies/policies and procedures,) audit working papers and hard copy documents.
Operations	4	Governance and Non Financial Internal Audit -including interface on FOI and IG policy and toolkit compliance and other governance activities delivered by CSU, in addition to caretaking the Key Document Tracker, storing all entity key documents including the Constitution. Caretaking statutory compliance for Equality and Diversity.	Governance Manager (1 post)	Working papers stored electronically for range of governance requirements - interface on FOI and IG policy and activities delivered by CSU, in addition to caretaking Key Document Tracker storing all entity key documents including the Constitution.
Operations	5	Organisational Development including board member development, staffing structure and staff performance appraisal, liason with the LETB and support for the implementation of the requirements of the Equality and Diversity agenda.	OD Manager (1 post)	Working papers stored electronically - interface on HR policy and activities delivered by CSU.
Operations	6	Joint Commissioning Norfolk	Head of Locality Commissioning for Norfolk and team (3 posts)	Working papers stored electronically. Teams require mobile working to ensure effective relationship management maintained.
Operations	6	Joint Commissioning Suffolk	Director of Operations	As above

a) Business Function	Priority	b) Key /Priority Tasks	c) Key Roles / Staff	d) Essential Resources
Operations	7	Administration Team and support for Board and Committee activities	Senior Administrator and team (7 posts)	Board and Committee working papers and other business as usual administrative documents to support the operation of the entity and directors activities on a day to day basis.
Clinical Transformation (with CSU IT support)	1	Urgent Primary Care Support – GPs, Pharmacies, Opticians and Dental Surgeries – in particular IT services to GP practices	Primary Care Development Manager and Assistant Primary care Development Manager / CSU IT team (GP IT specialist role)	List and location of surgeries, pharmacies, dental practices, opticians; contracts in place performance managed by NHSCB; NHSCB contacts list; IT records regarding software and networks supporting GP practices
Clinical Transformation	2	Strategic Director Responsibilities	Director	Electronic records (strategy/policy and procedures) and audit working papers, hard copy documents and resources required for emergency CQC inspection attendance.
Clinical Transformation	3	Prescribing Advice	Prescribing Advisor	As above
Clinical Transformation	4	Non Urgent Primary Care Development	Primary Care Development Manager and Assistant Primary Care Development Manager	As above
Clinical Transformation	5	System Development	System Development Manager	Electronic records, audit working papers and hard copy documents.
Clinical Transformation	6	Specialist clinician advice and involvement in decision making and system development work	Retained Clinicians (11 GP posts/2 nurse practitioner posts)	As above
Clinical Transformation	7	Unplanned Programme Board Development	Programme Board Manager Unplanned Care Plus 2 Assistant Programme Board Managers	As above
Clinical Transformation	7	Planned Programme Board Development	Programme Board Manager Planned Care Plus 2 Assistant Programme Board Managers	As above
Quality and Patient Safety	1	Director interface with Cluster PCT Patient Safety and Clinical Quality Team	Director and Cluster Quality team support (1 post inhouse)	Electronic records (strategy/policy and procedures) and audit working papers, hard copy documents and emergency quality procedural documentation.
Quality and Patient Safety	2	CQC Inspection observation support and attendance.	Director in capacity as nurse practitioner (1 post)	as above including hard resources required eg identification documentation in relation to attendance at a CQC inspection
Quality and Patient Safety	3	Director Strategy and Steer for Operational changes	Director	As above
Quality and Patient Safety	4	Continuing Healthcare Development	Ass Director of Quality and Safety	as above
Quality and Patient Safety	5	Involvement in Quality Monitoring Meetings	Director and Cluster Quality team support (1 post inhouse)	as above
Quality and Patient Safety	6	Establishment and Maintenance of systems for Quality and Patient Safety monitoring and reporting (inhouse and with CSU service support)	Director (1 post)	as above including DATIX system for reporting Sis

a) Business Function	Priority	b) Key /Priority Tasks	c) Key Roles / Staff	d) Essential Resources
Engagement	1	Director steer and operational direction for Engagement, Communication and Complaints Management and 1 of 2 Executive Leads on Business Continuity. Also Director provides informal Out of Hours Communications (day time resource provided by CSU)	Director (1 post)	Electronic records (strategy/policy and procedures) and audit working papers, hard copy documents and emergency business continuity documentation.
Engagement	3	Childrens Commissioning	Childrens Commissioner (1 post) with support from the Assistant Programme Board Managers (2 posts)	Electronic records (strategy/policy and procedures) and audit working papers, hard copy documents as required.
Engagement	4	Mental Health and Learning Disabilities commissioning	Programme Board Manager MH and LD (1 post) with support from the Assistant Programme Board Managers (2 posts)	as above
Engagement	2	End of Life and Cancer commissioning	Programme Board Manager EoL and Cancer (1 post) with support form the Assistant Programme Board Managers (2 posts) and 3 externally funded posts.	as above
Engagement	5	Engagement Implementation including stakeholder management, PPG meetings, communications and liason with Cluster PCT communications resource, Annual Reporting and support to the Director in implementing the Communications and Engagement Strategy along with adhoc work eg support on implementating and annual reporting in respect of the Equality and Diversity agenda.	Senior Engagement Manager and Engagement Officer (2 posts)	as above
Governing Body and Accountable Officer	1	Accountable Officer Strategic Steer and Ultimate Responsibility for Entity Ongoing Concern Activities	Managing Director	Electronic records, administrative support and key decision making documentation. Requires access to Business Continuity Director Leads - Director of Operations and Director of Engagement.
Governing Body and Accountable Officer Functions	3	Accountable Officer Responsible for Operational Implementation through Directors on the Executive Management Team	Managing Director and Executive Team and Exec team administrator (8 posts)	Electronic records, administrative support and key decision making documentation. MD and Exec Team Require resource to work 100% remotely during an Emergency Incident.
Governing Body and Accountable Officer	4	Accountable Officer Responsibilities in respect of Statutory Compliance - overall risk management, health and safety at work, complaints and data breaches.	Managing Director and Executive Team and CSU support. (various)	Director working papers on key statutory deliverables in addition to support service providing transactional service to underpin statutory compliance in relevant areas commissioned.
Governing Body and Accountable Officer	2	Accountable Officer Governing Body and Stakeholder Management	Managing Director and Board Senior Administrator (2 posts)	Board and committee working papers and key stakeholder documentation including System Leadership Partnership.

a) Business Function	Priority	b) Key /Priority Tasks	c) Key Roles / Staff	d) Essential Resources
Membership	1	Council of Member Practices meets to discuss strategic issues for decision making involvement at this membership wide level. eg significant system wide changes involving GPs for which no alternative forum exists through which to engage opinion. (This will exclude operational management of GP resource in event of emergency which are directly managed by the NHSCB.)	Council of Member Practices via Accountable Officer	Accountable officer and administration support to convene Council of Member Practices.

Key to completion -

Priority Tasks – In column (b) prioritise tasks in order of importance in terms of the core business functions identified in column (a).

Key Roles / Staff – the key roles that must be undertaken, and by whom, in order to undertake the priority tasks and maintain the core business functions should be listed in column (c).

Essential Resources – the essential resources necessary to ensure achievement of priority tasks and continuity of core business provision should be identified in column (d).

8.2 Functions to be Ceased

The core functions have been prioritised in section in 8.1 above. In the event of an emergency the On-call and/or Responsible Director will work with the Incident/Business Continuity Team to prioritise functions which will require some consideration of ceasing the types of service listed below. This list is provided for reference, as decisions to cease specific activities will be made in the context of the incident being managed and in relation to the need to reallocate staff with transferable skills to functions holding higher priority (see section 8.1 for prioritisation ranking.)

Functions to be ceased:

- Pathway, Project and Programme Board Long Term Development
- General Patient Engagement Projects
- General communications and publications work
- Non Urgent Board Reporting
- Non critical elements to provider monitoring, focus being on maintenance of quality and access to service (depending on the nature of the incident)

Care will be exercised when considering to cease functions that are required to comply with statute eg Consultation, Freedom of Information Act and Subject Access Requests and Procurements. Some services will need to be strengthened through the incident eg Complaints and PALs and web and press communications.

9. Internal and External Dependencies

Internal

a) Services provided by this Service to other PCT/Trusts

Service(s) Provided	To
GYW Lead Commissioning Arrangements	Various CCGs – see Contracts Database
Statutory Compliance Area Lead: Business Continuity Specialist (hosted by NHSGYW and West Norfolk CCG) Childrens Safeguarding (NHSGYW CCG Director of Quality and Safety nominated officer for Childrens' Safeguarding) (no further areas at present)	To Norfolk and Waveney CCGs – Norwich, North Norfolk, South Norfolk and West Norfolk

(b) Services provided by other PCT's / Trusts to this Service

Service(s) Provided	By
GYW Associate Commissioning Arrangements:	Various – see Contracts Database
Safeguarding (Adults)	North Norfolk CCG (Adult Safeguarding Officer)
Quality Patient Safety Functions	Cluster PCT/to be NHSCB

External

(c) Services provided by external agencies to this Service

Service(s) Provided	By
Public Health	Norfolk and Suffolk Local Authorities
Estate Ownership Agreements and resultant landlord/sub contractor services on to occupying CCG tenant.	National Property Company (Ltd company)
Estates Ongoing and Backlog Maintenance	National Property Company (Ltd company)
Estates Day to Day Facilities Management Support Services -	National Property Company (Ltd company)
CSU Specifications as follows –	N&W Commissioning Support Unit (CSU) transactional service delivery
<ol style="list-style-type: none"> 1. Knowledge Management 2. IFR 3. Corporate services (FOI & IG) 4. HR 5. IMT – KEY SERVICE DELIVERY for IT involving maintenance of helpdesk, servers, support for remote working, IT infrastructure, GP practice and integration soft and hardware maintenance, Registration Authority, web services and telephony. 6. Medicines Management 	

<ol style="list-style-type: none">7. Performance Management NCB8. Provider contract, performance and relationship management (acute)9. Business Intelligence10. Support for Clinical Transformation11. Collaborative Commissioning of Services for Children12. Collaborative Commissioning of Mental Health, Learning Disabilities and Substance Misuse Services13. Provider contract, performance and relationship management (community)14. Clinical Quality and Patient Safety15. Individual Patient Contracting Continuing Healthcare16. Provider contract, performance and relationship management (mental health)17. Procurement and Market Management18. Finance19. Strategic Planning Support20. Communications- Day Time Service (OOH informal arrangement provided by Director of Engagement)21. Personal Health Budgets	
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10. Unavailability of Personnel

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Contract Management				
Primary Conduit between CCG and Provider Entities through which service is commissioned - includes emergency contact.	Director of Contracting Contract Managers x4 posts	As per column b)	2 FTE	na
Contract Monitoring (including Quality, Information, Finance Monitoring Meetings)				
Analysis to support and administer/authorise payment of contract invoices				
Contract Procurement delivery and Responsibility for Procurement Strategy/Policy/Guidance and CSU support service outsourcing.				
Contract Performance & Timetable Planning for Commissioning areas CCG is responsible for(excluding those picked up in the Engagement and Clinical Transformation Directorates)				
Setting Annual Contract/CQUIN deliverables with providers				
Procurement planning - AQP approach/Assessing Bids/Identifying Areas for potential AQP application or other contracting route				
Associate and Lead commissioning and ECR (extra contractual referral) requirements/responsibilities (not covered above) where relevant across range of services commissioned through the contracting team.				

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Finance and Performance				
Financial Management and Ongoing Monitoring	Chief Accountant Assistant Accountant	As per column b)	6 FTE Director 1 from Chief Accountant/Assistant Accountant 1 for Contract and Performance Finance Management 3 from Data Management Team (one data input) 1 from Analytics Team	na
Contract Performance and Finance management.	Contracting and Performance and Finance Manager			
Budget Setting including QIPP, CQIN financial support	Chief Financial Officer Chief Accountant			
Data Management - Performance Indicators, planning and monitoring. Receipting of activity to invoices using SUS and SCR.	Head of Data Management Data Information Manager Systems Developer GP Business Analysts x2 posts			
Analytics and Planning	Head of Analytics and Planning - Planning Analyst			
Interface with External Audit - Year End Accounts including Governance Statement	Chief Financial Officer Chief Accountant Governance Manager			
Financial Board and Year End Accounts Reporting	Chief Financial Officer Chief Accountant Assistant Accountant			
Interface with Financial Transactional Support	Chief Financial Officer Chief Accountant			
Interface with Internal Audit	Chief Financial Officer Plus various			

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Operations				
Director interface to Public Health/CSU/Estates (National Property Company)	Director of Operations Plus various	As per column b)	x5 FTE Director 1 either Development Manager or Governance Manager 1 from Joint Commissioning Team 2 administrators	na
Director of Operations responsibilities in addition to Operations Strategy, Board Governance and Ongoing Director responsible for Risk Management, Emergency Preparedness and Business Continuity	Director of Operations			
Operational Implementation of Statutory Compliance and NHS Best Practice Guidelines - Information Governance, Equality and Diversity, Risk, Freedom of Information and Subject Access Requests, Data Protection, Non HealthCare Contract Database requirements and Estates and Health and Safety standards at work.	Director of Operations Plus various			
Governance and Non Financial Internal Audit including interface on FOI and IG policy and toolkit compliance and other governance activities delivered by CSU, in addition to caretaking the Key Document Tracker, storing all entity key documents including the Constitution. Caretaking statutory compliance for Equality and Diversity.	Governance Manager			
Organisational Development including board member development, staffing structure and staff performance appraisal, liason with the LETB and support for the implementation of the requirements of the Equality and Diversity agenda.	Development Manager			
Joint Commissioning Norfolk	Head of Locality Commissioning Commissioning Manager Commissioning Support Officer			
Joint Commissioning Suffolk	Director of Operations			
Administration Team and support for Board and Committee activities	Senior Administrator Administrators: x6 roles			

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Clinical Transformation				
Strategic Director Responsibilities	Director of Clinical Transformation	As per column b)	8 FTE 1 Director 1 Prescribing 1 Primary Care 1 from Unplanned and Planned Care 3 retained GPs 1 nurse practitioner	na
Prescribing Advice	Prescribing Advisor			
Primary Care Development	Primary Care Development Manager Assistant Primary Care Development Manager			
System Development	System Development Manager			
Specialist clinician advice and involvement in decision making and system development work	Retained GPs: x12 posts Nurse practitioners: x2 FTE			
Unplanned Programme Board Development	Unplanned Care Programme Board Manager Plus Assistant Programme Board Managers			
Planned Programme Board Development	Planned Care Programme Board Manager Plus Assistant Programme Board Managers			

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Quality and Patient Safety				
Director interface with Cluster PCT Patient Safety and Clinical Quality Team	Director of Quality and Safety Cluster Team	As per column b)	1 FTE Director Plus at least 2 FTE from Cluster Quality Team	Assistant Director of Quality and Safety
CQC Inspection observation support and attendance.	Director of Quality and Safety			
Director Strategy and Steer for Operational changes	Director of Quality and Safety			
Continuing Healthcare Development	Assistant Director of Quality and Safety			
Involvement in Quality Monitoring Meetings	Director of Quality and Safety Cluster Team			
Establishment and Maintenance of systems for Quality and Patient Safety monitoring and reporting (inhouse and with CSU service support)	Director of Quality and Safety			
Engagement				
Director steer and operational direction for Engagement, Communication and Complaints Management and 1 of 2 Executive Leads on Business Continuity	Director of Engagement	As per column b)	x4 FTE Director Including support from either Engagement Admin or Programme Board Administrators Plus 1 of external funded posts or EoL internal postholder.	na
Childrens Commissioning	Childrens Commissioner Assitant Programme Board Managers x2 posts			Na
Mental Health and Learning Disabilities commissioning	Programme Board Manager MH and LD Assistant Programme Board Managers x2 posts			na

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
End of Life and Cancer commissioning	Programme Board Manager EoL and Cancer Assistant Programme Board Managers x2 posts External posts - End of Life Care Education Facilitator Senior Project Manager End of Life Care Cancer and End of Life Care Programme Administrator	As per column b)	x4 FTE Director Including support from either Engagement Admin or Programme Board Administrators Plus 1 of external funded posts or EoL internal postholder.	na
Engagement Implementation including stakeholder management, PPG meetings, communications and liason with Cluster PCT communications resource, Annual Reporting and support to the Director in implementing the Communications and Engagement Strategy along with adhoc work eg support on implementing and annual reporting in respect of the Equality and Diversity agenda.	Senior Engagement Manager Engagement Officer			
Governing Body and Accountable Officer				
Accountable Officer Strategic Steer and Ultimate Responsibility for Entity Ongoing Concern Activities	Managing Director	As per column b)	Managing Director Plus 3 Directors Plus one of at least Exec Team Administrator or Senior Board Administrator	Director of Operations
Accountable Officer Responsible for Operational Implementation through Directors on the Executive Management Team	Managing Director Directors: Quality and Safety (interim) Clinical Transformation Engagement Operations Director Chief Financial Officer Contracting Executive Team Admin			
Accountable Officer Responsibilities in respect of Statutory Compliance - overall risk management, health and safety at work, complaints and data breaches.	As above with CSU support various			
Accountable Officer Governing Body and Stakeholder Management	Managing Director Senior Administrator			

a) Key /Priority Tasks	b) Appropriate Staff	c) Normal staffing Levels	d) Min no of Staff Required	e) Name of Deputy
Membership				
Council of Member Practices meets to discuss strategic issues for decision making involvement at this membership wide level. eg significant system wide changes involving GPs for which no alternative forum exists through which to engage opinion. (This will exclude operational management of GP resource in event of emergency which are directly managed by the NHSCB.)	Various	As per column b)	na	Director of Operations

Key to completion
Col (a) – List the key tasks required to maintain the Service core business activities. (Can be copied from page 8)
Col (b) – Enter the names of staff of staff trained to undertake (a).
Col (c) – Enter the normal staffing complement for each task.
Col (d) – Enter the minimum number of staff required to maintain the Service core activities.
Col (e) – Identify here any postholder able to deputise in performing a key task.

11. Unavailability of Premises

See more detail on IT Disaster Recovery Plan

See more detail on NHS Property Company Regional Disaster Recovery Plan

(a) Accommodation required	(b) Location	(c) Staff	(d) Work Stations	(e) IT & Telephone Systems	(f) Other Equipment
Emergency Command HQ	The Ship Resource Centre, 4 Greyfriars Way, Great Yarmouth Norfolk NR30 2QE	Up to 10 – 12 persons at any one time	10	4 Direct Dial Telephones 10 PCs 8 Switchboard telephone extensions 1 Star Board Fax Machine Colour Laser Jet Printer CP3525 B/ W Printer HP Laser Jet P2055	Free view Television Video conferencing (Board Room) Tele- conferencing (EOR & Board Room)
Commissioning HQ	Beccles House, 1 Common Lane North, Beccles, Norfolk, NR9HBN	Key Business Continuity Contacts with each occupier: CCG ECCH CSU IT Suffolk CC EoL/Long Term Care	No. with confirmation of any areas set up as hot desks in each of the occupied areas: CCG - hotdesks 4 ECCH – hotdesks 6 CSU IT – hotdesks 2 Suffolk CC – Zero hotdesks non as not supported by CSU IT EoL/Long Term Care – hotdesks	Supplier and Subcontractors listed in Appendix 1 IT Disaster Recovery Plan and contact for emergency service interruption IT out of Hours contact number: IT on-call director (see on-call list retained in the Secure Emergency Archive Servers reroute to GYW site (The Ship)	MFD maintenance managed by CCG with subcontractors Safe Haven Fax available no: Mobiles managed by CCG
Community Services HQ East Coast Community Healthcare (ECCH) – joint occupier of Beccles House					As above Safe Haven Fax available no: Mobiles managed by ECCH
Suffolk County Council – joint occupier of Beccles House					All IT not compatible with NHS service Fax available
EoL/Long Term Care – joint occupier of Beccles House					None identified Fax available Mobiles managed by CSU
CSU IT – joint occupier of Beccles House					Fax available Mobiles managed by CSU

Accommodation required	Location	Staff	Work Stations	IT & Telephone Systems	Other Equipment
Network Server relocation	The Ship GYW Cardiff Site	na	na	na	na
Satellite GP Cluster Management	GP Practices previously clustered with lead hub practice identified as part of earlier flu pandemic testing. The hub approach was to ensure there would be adequate facilities/location/staffing/workstations/IT and telephony and other equipment that could be used in a centralised location to which patients could be rerouted. See documentation attached that indicates approach to be taken.				

Key to completion

Col (a) – Enter details of the type of premises required to maintain the service (e.g. large building, small office, portacabin, etc.), noting any specialist needs and consider if it is practical for these to be met.

Col (b) – Detail where this accommodation might be located

Col (c) – Insert the number of staff who could be accommodated.

Col (d) – List the number of workstations required at the alternative venue.

Col (e) – Detail the IT systems required at the alternative venue to support your critical functions.

Col (f) – Detail any specialist equipment required to maintain core business activities.

12. Failure of Key Suppliers / Partners

(a)	(b)	(c)
Supplier / Partner	Impact of Loss (e.g. on patients / staff)	Alternative Arrangements
National Property Company	Impact will be on the delivery of the commissioning of health services currently operating out of Beccles House. There is also an impact on the providers and other entities the CCG works with, that are supported by the National Property Company themselves. Overall this will directly impact staff of the CCG and have an indirect service user impact where the commissioning of services through providers is affected.	The property company operate out of an HQ with satellite offices so there is some flexibility. The company also will be developing a Business Continuity Plan that will support the continuation of service in the event of failure.
Facilities Companies contracting directly with NHSProp Co to deliver service for main HQ site		
CSU: Various services provided including IT, IG, FOI, Day time Comms Service etc...	IT - Separate detailed IT Disaster Recovery Plan in development impact of loss re IT service is significant, resulting in impacting on continuity of commissioning service delivered by staff and potential resultant indirect impact on a reduction in quality of service and disruption in service for service users.	A CSU Business Continuity Plan will be developed and this will be referenced as relevant across the range of SLA specs. The CSU will need to gain assurance around Business Continuity arrangements their subcontractors are working to.
Subcontractors CSU use, in particular including IT, occupational health and training providers	Other CSU services – impacting on staffing ability to continue quality of commissioning service, could impact on service users where failure is significant resulting in disruption of service. Any subcontractors used by CSU are likely to impact on the service the CSU will deliver. Not a significant impact apart from IT.	
Public health	Impact will be on service users in the mid to long term.	Public Health Business Continuity Plans in development at Norfolk and Suffolk County Councils.
Joint Commissioning resource within Local Authorities	Impact will be on availability of staff to respond to commissioning requests. Unlikely to have significant impact on service users in short term.	Local Authority Partners operate their own Business Continuity Plans which will be initiated in the event of an emergency/major incident.
Other CCGs when acting as lead commissioners	Significant impact on service delivery. Timing more acute when considering monitoring of quality issues.	Lead commissioner retains a regular communication link with associate commissioners and provides updates and considers transferring responsibility as required with reference to any Mutual Aid agreement in place.
Other CCGs where acting as statutory compliance lead eg Adult Safeguarding	Impact on staff and service users possible in the short term in relation to continuity of service.	Agreements will need to have reference to business continuity arrangements.
NHSCB - Direct Commissioning services for which CCG provides support to administer (eg performance management of GPs) and performance monitoring of CCGs	Impacts directly on staff commissioning services and indirectly on service users, where support is not available for GPs or where performance of the CCG is not progressed to secure effective commissioning of services from providers.	The NHSCB HQ is in Leeds however there will be LATs, the East of England LAT operating from Cambridge. The LAT and NHSCB will be developing a Business Continuity Plan and the CCG will rely on the activation of this plan in event of service failure.
Internal Audit and External Audit, Legal and HR Advisors, Research Providers	Impact on staff's ability to commission services in the long term. No direct patient impact, but failure to gain assurance via the internal and external audit processes would result in a reduction in quality of services in the long term for patient users.	Response to a service failure would be agreed with the provider, specific to the incident.

Key to completion:

Col (a) – Enter details of those critical suppliers / partners on which your core business is dependent

Col (b) – against those providers identified in Col (a), indicate how reliant you are upon them

Col (c) - Identify what you would do if they are unavailable and indicate if other suppliers / providers are available in the market place

13. Technology Failure

(a)		(b)	(c)
<p>Critical IT or Telephony Systems</p>	<p>Suppliers/Subcontractors delivering IT and Telephony system/support/maintenance</p>	<p>External Hosting arrangements if any</p>	<p>What IT backup or workaround arrangements do you have in place? Have these been tested?</p>
<p>Telephony operated out of the CSU IT service with direct contact made with provider entity APR Ltd when required.</p> <p>A new telephone switch was installed in Common Lane, Beccles in 2012. This is based on two switches, one being a backup for the master switch. The system has a formal support contract with APR Limited. The telephone switch proved to be resilient when the main IT service had issues on December 5 2012. Further resilience is being added in Spring 2013; an identical system is being installed in Lakeside Norwich and once stable we will develop a failover facility between the two sites.</p> <p>Critical IT support from CSU IT service. Recent outage 5 Dec 12 evidenced need to refresh Disaster Recovery Plan. This is being carried out in Jan 2013 for implementation following document approval.</p> <p>Out of Hours On-call IT Director is available by accessing the above Out of Hours number.</p>	<p>See Appendix 1 to IT Disaster Recovery Plan retained in the Disaster Recovery Plan retained in the Secure Emergency Archive.</p>	<p>See Disaster Recovery Plan retained in the Secure Emergency Archive.</p> <p>Maps of network infrastructure and location of the ship site and process flowcharts are retained in the IT Disaster Recovery Plan.</p>	<p>See Disaster Recovery Plan retained in the Secure Emergency Archive.</p>

14. Action Plan Template

Key to completion:-

- (a) Enter here the disruption category the plan addresses – i.e. which of the four categories identified on pages 10 – 13
- (b) This column should identify the key function/s being covered by the plan and identified in the business impact analysis.
- (c) Risk rating – with reference to the risk impact matrix used by NHS GYW CCG(refer to page 20 of this document)
- (d) You should insert here a brief description of the nature of the event and its impact.

Columns (e) to (h) describe the precise actions to be taken at different times. The following factors should be taken into account:-

- The various tasks that will be required to maintain service delivery (or whatever “workarounds” are deemed feasible).
- The level of service that must (can) be maintained
- The resources required to maintain this level of service
- How long the level of service can be maintained
- What alternative arrangements can be brought into use

Considerations:

- Any alternative arrangements / procedures that need to be instigated, and how to ensure that these meet the core business requirements.
- For IT processes in particular, establish arrangements for backing-up and restoring key data at any planned alternative locations, having consideration for how long it is likely to take for this to be achieved, what expertise is likely to be required (e.g. specialist IT skills), etc.
- Whether alternative contingency arrangements require an alteration to the way business is normally undertaken (e.g. what interim records need to be maintained when faced with an IT systems failure, and how this will be achieved).
- Whether alternative delivery arrangements are able to meet core business arrangements, including appropriate contact details for activating alternative provision of supply/service.
- Do existing Trust-wide, or “corporate”, contingency arrangements (e.g. IT disaster recovery arrangements, standing contract terms) meet the specific needs of the service’s BC planning requirements in the face of the specific disruptive event?

For Premises consider:

- How the service would manage a disruption resulting in the short term loss / unavailability of their normal accommodation (not least to assist facilities planning for the loss of accommodation).
- The availability of alternative accommodation (e.g. could the in-patients be transferred to another site) and how alternative accommodation could be made suitable for use (consider the minimum requirement in terms of space and equipment for core business activities).
- How soon following an incident could the Service’s core business activities be operational from an alternative site.
- What scope exists for limiting the number of patient appointments/admissions/contacts?
- What equipment and supplies are required and how these needs can be met at an alternative site.
- How IT will be provided in an alternative accommodation.

15. Considerations that could potentially increase your service/department resilience

People	Premises	Processes	Providers	Profile
<p>Key Staff : Can staff be contacted out of hours? Could extra capacity be built into your staffing to assist you in coping during an incident?</p>	<p>Buildings : Could you operate from more than one premise? Could you relocate operations in the event of a premise being lost or if access to the premise was denied?</p>	<p>IT : Is data backed-up and are back-ups kept off site? Do you have any disaster recovery arrangements in place?</p>	<p>Reciprocal Arrangements : Do you have agreements with other organisations regarding staffing, use of facilities in the event of an incident?</p>	<p>Reputational Damage : How could reputational damage to your organisation be reduced? How could you provide information to staff and stakeholders in an emergency (e.g. press release)?</p>
<p>Skills / Expertise / Training : Could staff be trained in other roles? Could other members of staff undertake other non-specialist roles, in the event of an incident?</p>	<p>Facilities : Are any of your facilities multi-purpose? Are alternative facilities available in the event of an incident?</p>	<p>Documentation : Is essential documentation stored securely (e.g. fire proof safe, backed-up)? Do you keep copies of essential documentation elsewhere?</p>	<p>Contractors / External Providers : Do you know of alternative contractors or are you reliant on a single contractor? Do your contractors have contingency plans in place? Could contractors be contacted in the event of an incident?</p>	<p>Legal Considerations : Do you have systems to log decisions ; actions ; and costs, in the event of an incident</p>
<p>Minimum Staffing Levels : What is the minimal staffing level to continue to deliver your key functions at an acceptable level? What measures could be taken to minimize impacts of staff shortfalls?</p>	<p>Equipment / Resources : Could alternative equipment / resources be acquired in the event of an incident / disruption? Could key equipment be replicated or do manual processes exist?</p>	<p>Systems & Communications Are your systems flexible? Do you have alternative systems in place (manual processes)? What alternative means of communication exist?</p>	<p>Suppliers : Do you know of suitable alternative suppliers? Could key suppliers be contacted in an emergency?</p>	<p>Vulnerable Groups : How could vulnerable groups be contacted / accommodated in the event of an incident?</p>

16.1 Business Continuity Action Plan for NHSGYW CCG - PERSONNEL/PROCESSES

(a)	Disruptive Category (See pages 16-26)	Personnel
(b)	Disruptive Event	a) Large Scale Sickness Absence eg pandemic flu b) Inability to access place of work
(c)	Risk Rating (see scoring matrix in section 20.)	Likelihood (1-5) Severity (1-5) Overall Risk Rating: (LxS) a) 3x4=12 b) 3x3=9
(d)	Description of nature / Extent of impact of this event on service	Loss of personnel with key commissioning skills

(e) Immediate Actions (0-2 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	First risk assessment of the incident – <ul style="list-style-type: none"> Check staff attendance list and determine who is missing. invoke the Cluster Business Continuity Plan as appropriate liaise with EPPR regional leads as required Establish Responsible Director and transfer/retain responsibility Establish incident management team (see section 17 re BC team contacts) 	On-call Director Managing incident	Incident Team comprises of – relevant staff from BC team (see section 17) and senior managers depending on specific incident and availability of resource	CSU support teams as required eg HR and IT team
2.	Inform Director Lead/On-call Director – Responsible Director identified	Responsible Director following initial assessment	See section 5 Directors with responsibility to invoke plan	Na
3.	Communicate issues to those in receipt of immediate priority service giving likely duration, contact point for further assistance (see sections 8. on core functions and 10. on unavailability of personnel)	Responsible Director	Incident Team	CSU communications resources
4.	Mobilise those staff available remotely – provide support to ensure rest breaks taken and work is prioritised with relief organised where relevant.		See list of staff currently able to work remotely.	CSU IT – helpdesk to process remote access issues

(f) Subsequent Actions (2-6hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Second risk assessment and response as appropriate confirming Responsible Director	Responsible Director	Senior Manager support.	CSU support teams as required
2.	Assign roles to available staff in respect of core critical functions (see section 8.1 on core functions and 8.2 functions to be ceased,) using flexible deployment and maintaining compliance.		Senior Manager support; See Organisational Plan for reference to transferable skills.	CSU and other CCG providers as relevant.
3.	Maintain support in accordance with the Cluster Business Continuity Plan and update EPPR regional lead as required.		Cluster Business Continuity Lead	Cluster and Regional Continuity resources

(g) Sustained Actions (6-24 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Third risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Senior Manager support.	CSU support teams as required
2.	Maintain support in accordance with the Cluster Business Continuity Plan and update EPPR regional lead as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources
3.	Regular Briefings to managers and agree further support required	Engagement Director	Incident Team and Senior Manager support	CSU communications resource support.
4.	Review need for additional/refreshed resource (review section 10 on unavailability of personnel and section 8.1 and 8.2 on core functions and functions that can be ceased to identify gaps with and agree with those available)	Responsible Director		CSU support teams as required.
5.	Communicate impact of incident with service users and general public where required and provide contact points	Engagement Director (Informal OOH Comms resource)	Incident Team; ensure websites are updated	CSU support communications resource support for day time service.
6.	Consider need for Occupational Health Support	Responsible Director	Incident Team and Senior Manager support	CSU support team as required.
7.	Meeting and course cancellations			NCB/Other CCGs/Cluster

(h) Long Term Actions (1-7 days +)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Fourth risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Team	CSU support teams as required; Complaints & PALs re comms to service users
2.	Maintain support in accordance with Cluster Business Continuity Plan and update EPPR regional lead as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources
3.	Maintain regular briefings to managers		Senior Manager Support	na
4.	Consider and respond to impact on payroll		CCG lead on CSU HR/Payroll SLA	CSU HR team payroll contact
5.	Review directorate needs		Directors/Senior Manager Support	CSU support team contacts

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
6.	Union Communications	Responsible Director	Union contacts	na
No.	Description of necessary action		Using (staff, resources, etc.)	Inter-dependencies
7.	Post incident review (including plans to re-establish normal operations and review Cluster Business Continuity Plan and closure of communications)		na	na

Compiled by: _____ Date: _____

16.2 Business Continuity Action Plan for

NHSGYW CCG - PREMISES

(a)	Disruptive Category (See pages 16-26)	Premises
(b)	Disruptive Event	a) Flood b) Fire c) Loss of Utilities d) Large Scale Sickness Absence eg pandemic flu
(c)	Risk Rating (see scoring matrix in section 20.)	Likelihood (1-5) Severity (1-5) Overall Risk Rating- (LxS) a) 4x3=12 / b) 2x5=10 c) 4x2=8 d) 3x4=12
(d)	Description of nature / Extent of impact of this event on service	Disruption to work area/records/software/paperwork and communication systems. Loss of main operational premises has a severe impact on the service but is not critical provided access to the internet and remote working capability is enabled. Use of alternative location (see section 11) or home working will apply.

(e) Immediate Actions (0-2 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	First risk assessment of the incident - <ul style="list-style-type: none"> invoke the Cluster Business Continuity Plan as appropriate liaise with EPPR regional leads as required Establish Responsible Director and transfer/retain responsibility Establish incident management team (see section 17 re BC team contacts) 	On-call Director Managing Incident	Incident Team comprises of – relevant staff from BC team (see section 17) and senior managers depending on specific incident and availability of resource	NHS Prop Co/Leads from Joint Occupiers of Estate (see section 11)
2.	Establish communication systems and notify incident management team of status	Responsible Director following initial assessment	Communications resource	CSU communications team support
3.	Identify limitations		See section 11 on unavailability of premises and list of staff currently able to work remotely.	CSU IT – helpdesk in place to process remote access issues.
4.	Liaise with directorate to confirm short term needs		Directors available	NHS Prop Co/CSU support team access
5.	Identify key policies and immediate actions for interim approach, locate policies for remote working and flexible working and IT disaster recovery/business continuity plan. Contact NHS Prop Co for immediate interim premises solution required, decision to transfer core corporate function to the Ship made by CCG, communicated to relevant stakeholders which includes NHS Prop Co; Providers; CSU and Key Suppliers dependent on nature of incident.		See section 19 reSecure Emergency Archive and section 13 for the CSU Disaster Recover/Business Continuity Plan	NHS Prop Co/CSU support team access

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
6.	Maintain incident log		Incident Team including admin support	Na

(f) Subsequent Actions (2-6hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Second risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Team	NHS Prop Co/CSU support teams as required
2.	Assign roles to available staff in respect of core critical functions using flexible deployment and maintaining compliance		Incident Team and Senior Manager support – see core functions listed in section 8.1 and functions to be ceased in 8.2	na
3.	Maintain support in accordance with Cluster Business Continuity Plan and update EPPR regional leads as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources

(g) Sustained Actions (6-24 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Third risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Team	NHS Prop Co/CSU support teams as required
2.	Maintain support in accordance with the Cluster Business Continuity Plan and update EPPR regional leads as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources
3.	Regular briefings to managers and agree further support required	Engagement Director	Incident Team and Senior Manager Support	NHS Prop Co/CSU communications resource support/IT CSU support team re remote working

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
4.	Review need for additional/refreshed resource	Responsible Director	Incident Team and Senior Manager Support	NHS Prop Co/CSU support teams as required.
5.	Communicate impact of incident with service users and general public where required and provide contact point (s)	Engagement Director (Informal OOH Comms resource)	Incident Team and Senior Manager Support; ensure websites are updated	NHS Prop/CSU support communications resource support for day time service.
6.	Consider need for OH support where impact of premises relocation and remote working is impacting on health and wellbeing long term of staff	Responsible Director	Senior Manager support	CSU HR support team as required
7.	Meeting and course cancellations			NCB/Other CCGs/Cluster

(h) Long Term Actions (1-7 days +)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Fourth risk assessment and respond as appropriate confirming Responsible Director <ul style="list-style-type: none"> HR CSU support team to establish list of current locations of staff (CCG to confirm whether payslips to be sent to home or new premises addresses) 	Responsible Director	Incident Team and Senior Manager support.	NHS Prop Co/CSU support teams as required IT and HR/Complaints & PALs re comms to service users
2.	Maintain support in accordance with the Cluster Business Continuity Plan and update regional EPPR leads as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources
3.	Maintain regular briefings to managers		Incident Team and Senior Manager Support	na
4.	Consider and respond to impact on payroll		CCG lead on CSU HR/Payroll SLA	NHS Prop Co/CSU HR team payroll contact
5.	Review directorate needs and establish measures to secure long term premises solution		Directors/Incident Team/Senior Manager Support	NHS Prop Co/CSU support team contacts
6.	Union communications		Union contacts	na

No.	Description of necessary action	By whom	Using (staff, resources, etc,)	Inter-dependencies
7.	Post incident review (including plans to re-establish normal operations and review Cluster Business Continuity Plan and closure of communications)		na	na

Compiled by: _____ Date: _____

16.3 Business Continuity Action Plan for

FAILURE OF KEY SUPPLIERS & PARTNERS

(a)	Disruptive Category (See pages 16 – 26)	Failure of Key Suppliers and Partners
(b)	Disruptive Event	a) Major Health Incident/Large Scale Sickness Absence eg pandemic flu b) Inability to access place of work c) liquidation of private companies providing support services
(c)	Risk Rating (see scoring matrix in section 20.)	Likelihood (1-5) Severity (1-5) Overall Risk Rating – (LxS) a) 3x4=12 b) 3x3=9 c) 4x2=8
(d)	Description of nature / Extent of impact of this event on service	Loss of key suppliers and partners with key skills, supporting and delivering core functions and processes and statutory compliance activities for the CCG.

(e) Immediate Actions (0-2 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	First risk assessment of the incident <ul style="list-style-type: none"> Identify suppliers/partners affected Identify core functions/processes and skills affected (see section 12 to support this assessment) Establish Responsible Director and transfer/retain responsibility Establish specific incident management team (see section 17 re BC team contacts) Invoke Cluster Business Continuity Plan where required Where supplier/partner gap is region wide issue, liaise with EPPR regional lead 	On-call Director Managing Incident	Incident Team comprises of – relevant staff from BC team (see section 17) and senior managers depending on specific incident and availability of resource	As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9
2.	Establish communication system and notify incident management team of status	Responsible Director identified following initial assessment	Communications resource and specific incident team identified	
3.	Identify limitations		Incident team; use list of critical functions in section 8.1 and functions that can be ceased in 8.2	

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
4.	Gap Analysis <ul style="list-style-type: none"> • Liase with directorates to confirm short term needs • Identifying alternative providers and or internal solutions to fill core function requirements. • Refer to supplier/partner business continuity plans where these are available 	Responsible Director identified following initial assessment	Incident team; list of suppliers and partners in section 12 listing services provided and reference to supplier/partner business continuity plans	As above
5.	Identify key policies for interim approach		Incident Team, including HR and admin support	na
6.	Maintain incident log		Incident Team with admin support	na

(f) Subsequent Actions (2-6hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Second risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Support Team	As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
2.	Cover core critical functions <ul style="list-style-type: none"> • assign roles to available staff in respect of core critical functions missing due to gaps in services from suppliers/partners • use flexible deployment • ensure compliance maintained • identify any responsibilities/statutory obligations in respect of delivering services to partners (where CCG is identified as lead commissioner or CCG host for a service on behalf of other CCGs) • establish risk recording system to progress risk mitigation and track costs which may need to be charged on to the supplier/partner in line with contract/service specification 		Incident Support Team– see core functions listed in section 8.1 and functions to be ceased in section 8.2	Work with suppliers/partners where possible to source solutions within contract capacity where possible, focus on quality and effectiveness in resuming service delivery
3.	Maintain support in accordance with Cluster Business Continuity Plan and update EPPR regional leads as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources

(g) Sustained Actions (6-24 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Third risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Support Team	As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9
No.	Description of necessary action		Using (staff, resources, etc.)	Inter-dependencies
2.	Maintain support in accordance with the Cluster business Continuity Plan and update EPPR regional leads as required		Cluster Business Continuity Lead	Cluster and Regional Continuity resources

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
3.	Regular briefings to managers and agree further support required	Engagement Director	Incident Support Team and Senior Manager Support	na
4.	Review need for additional/refreshed resource	Responsible Director		As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9
5.	Communicate impact of incident with service users and general public where required and provide contact point (s)	Engagement Director (Informal OOH Comms Resource)	Interim Support Team and Senior Manager Support; ensure websites are updated	CSU communications resource support day time service.
6.	Consider need for OH support where impact of premises relocation and remote working is impacting on health and wellbeing long term of staff	Responsible Director	Incident Support Team and Senior Manager Support	CSU HR support team as required
7.	Meeting and course cancellations			NCB/Other CCGs/Cluster

(h) Long Term Actions (1-7 days +)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	<p>Fourth risk assessment and respond as appropriate confirming Responsible Director</p> <p>Failure of key suppliers and partners will involve a local solution but where issues are longer term eg liquidation there will be a requirement to contact the EoE SHA to be NHSCB LAT regional contact for support in sourcing alternative provider.</p>	Responsible Director	Incident Support Team	As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
2.	Maintain support in accordance with the Cluster Business Continuity Plan and update regional EPPR leads as required	Responsible Director	Cluster Business Continuity Lead	Cluster and Regional Continuity resources
No.	Description of necessary action		Using (staff, resources, etc.)	Inter-dependencies
3.	Maintain regular briefings to managers		Incident Support Team and Senior Manager Support	na
4.	Consider and respond to impact on contract payment and income generation mechanisms in relation to specific supplier/partner arrangement affected		Finance lead	CSU transactional finance support team
5.	Review directorate needs and establish measures to secure long term service solution <ul style="list-style-type: none"> • source interim provider or agency staffing to cover partner responsibilities • procurement requirements in line with Constitution and EU procurement regulations • source support for procurement and resultant mobilisation of new provider • provide assurance regarding partner responsibilities or agree with stakeholders to terminate service provision providing region wide solution to support maintenance of CCG service delivery 		Directors/Senior Manager Support	As relevant – see list of suppliers and partners in section 12. And Internal and External Dependencies in section 9
6.	Union communications		Union contacts	na
7.	Post incident review (including plans to re-establish normal operations and review Cluster Business Continuity Plan and closure of communications, include procurement requirements outlined in section 5. above)		na	na

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16.4 Business Continuity Action Plan for

NHSGYW CCG TECHNOLOGICAL FAILURE

(a)	Disruptive Category (See pages 16 – 26)	Technological Failure
(b)	Disruptive Event	<ul style="list-style-type: none"> a) Network/server outage short to mid term b) Backup facility failure c) Flood/Fire impacting on mid to long term technological services d) Loss of Utilities d) Major Health incident/Large Scale Sickness eg pandemic flu e) Contractor/Supplier failure impacting on technical service delivery and/or support of service ongoing
(c)	Risk Rating (see scoring matrix in section 20.)	Likelihood (1-5) Severity (1-5) Overall Risk Rating - (LxS) a) B) c) d) 3x4=12 e)
(d)	Description of nature / Extent of impact of this event on service	Loss of access to IT and telephony services resulting in critical functions being interrupted/delayed. Impact dependent on length of time to bring services back on line

(e) Immediate Actions (0-2 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	<p>First risk assessment of the incident</p> <ul style="list-style-type: none"> • Contact CSU IT lead contact and identify issue and ensure CSU IT Disaster Recovery Plan is invoked • Identify core functions/processes and skills affected (see section 8.1 listing core functions and section 8.2 of functions to be ceased, to support this assessment) • Establish Responsible Director and transfer/retain responsibility • Establish specific incident management team (see section 17 re BC team contacts) to include CSU IT support resource in addition to CCG staff where local workaround solutions are required to maintain service delivery • Invoke Cluster Business Continuity Plan where required • Where incident impacts regionally, liaise with EPPR regional lead <p>Note – the CSU IT service is a bespoke service for the CCG and there are no lines of accountability that operate between the CSU and NHSCB LAT regional EPPR function. The CCG works with the CSU to adapt resilience measures locally including retaining a prioritised plan to support the CCG in minimising service interruptions.</p>	On-call Director Managing Incident	Incident Team comprises of – relevant staff from BC team (see section 17,) senior managers depending on specific incident and availability of resource and CSU IT lead and support resource.	CSU IT /Technical Service Suppliers and Subcontractors (see section 13)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
2.	Establish communication system and notify incident management team of status	Responsible Director following initial assessment	Communications resource	CSU comms team support
3.	Identify Limitations		See section 13 on technological failure	CSU IT/Technical Suppliers and Subcontractors (see section 13)
4.	<p>Gap Analysis</p> <ul style="list-style-type: none"> • Liase with directorates to confirm short term needs • Check in with CSU lead on their progress in invoking IT Disaster Recovery/Business Continuity Plans (see section 13) – update required on progress in getting systems back on line in line with prioritisation schedule • Work with CSU IT lead to identify alternative providers where relevant, and or internal solutions to fill core function requirements. (Note CSU prioritisation will be region wide where incident is impacting on other entities supported by the service. CCG needs to proactively progress coverage of core critical functions internally promoting priorities where these are not readily identified through CSU prioritisation scheduling where this is available.) 	Responsible Director following initial assessment	Directors available and CSU IT lead	CSU IT team resource/Technical Service Suppliers and Subcontractors
5.	Identify key policies for interim approach, locate policies for remote working and flexible working and IT disaster recovery/business continuity plan. (Some documents are maintained by the CSU IT and IG teams for CCG use.)		See section 19 for documents retained in the Secure Emergency Archive area and section 13 for the CSU Disaster Recover/Business Continuity Plan	
6.	Maintain incident log		BC Team (see section 17) including admin support	Na

(f) Subsequent Actions (2-6hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Second risk assessment and respond as appropriate confirming Responsible Director	Responsible Director	Incident Support Team	CSU IT /Technical Service Suppliers and Subcontractors (see section 13)
2.	Assign roles to available staff in respect of core critical functions using flexible deployment and maintaining compliance		Incident Support Team and Senior Manager support – see core functions listed in section 8.1 and functions to be ceased in section 8.2	
3.	Maintain support in accordance with Cluster business Continuity Plan and update EPPR regional leads as required, request update on progress in implementing CSU IT Disaster Recovery Plan from CSU IT lead		Cluster Business Continuity Lead; CSU IT lead	Cluster and Regional Continuity resources; CSU IT resource

(g) Sustained Actions (6-24 hours)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Third risk assessment and respond as appropriate confirming Responsible Director CSU lead to direct helpdesk to process remote access issues or workaround solutions where possible	Responsible Director	Incident Support Team	CSU IT /Technical Service Suppliers and Subcontractors (see section 13)
2.	Maintain support in accordance with the Cluster Business Continuity Plan Update EPPR regional leads as required Request update on progress in implementing CSU IT Disaster Recovery Plan from CSU IT lead.		Cluster Business Continuity Lead; CSU IT lead	Cluster and Regional Continuity resources; CSU IT resource

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
3.	Regular briefings to managers and agree further support required	Engagement Director	Incident Support Team and Senior Manager Support	CSU IT /Technical Service Suppliers and Subcontractors (see section 13)
4.	Review need for additional/refreshed resource	Responsible Director		
5.	Communicate impact of incident with service users and general public where required and provide contact point (s)	Engagement Director (Informal OOH comms resource)	Incident Support Team and Senior Manager Support; ensure websites are updated	CSU Comms support day time service
6.	Consider need for OH support where impact of technological failure in long term is impacting on health and wellbeing of workforce eg stress and isolation resulting from lack of 'tools to do the job' and remote working	Responsible Director	Senior Manager support	CSU HR support team as required
7.	Meeting and course cancellations			NCB/Other CCGs/Cluster

(h) Long Term Actions (1-7 days +)

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
1.	Fourth risk assessment and respond as appropriate confirming Responsible Director Technological failure is likely to be locally resolved however there will be a requirement to contact the EoE SHA to be NHSCB LAT regional contact for support in sourcing alternative providers where no local solutions exist	Responsible Director	Incident Team and Senior Manager Support	CSU IT /Technical Service Suppliers and Subcontractors (see section 13)
2.	Maintain support in accordance with the Cluster Business Continuity Plan and update regional EPPR leads as required Request update on progress in implementing CSU IT Disaster Recovery Plan from CSU IT lead		Cluster Business Continuity Lead; CSU IT Lead	Cluster and Regional Continuity resources; CSU IT resource

No.	Description of necessary action	By whom	Using (staff, resources, etc.)	Inter-dependencies
3.	Maintain regular briefings to managers	Responsible Director	Incident Team and Senior Manager Support	na
4.	Consider and respond to impact on contract payment mechanism		Finance lead	CSU transactional finance support team;
5.	Review directorate needs and establish measures to secure long term solution <ul style="list-style-type: none"> • source interim provider of subcontracted services where required Beyond 7 days long term service viability review: <ul style="list-style-type: none"> • need to invoke contract termination clauses where relevant • procurement requirements in line with Constitution and EU procurement regulations where full IT solution required • source support for procurement and resultant mobilisation of new provider • provide assurance to EoE SHA to be NHSCB LAT on resuming services to ensure negligible impact on commissioning performance 		Senior Manager Support; CSU Procurement resource support	CSU Procurement Team; Cluster and Regional Continuity resources
6.	Union communications		Union contacts	na
7.	Post incident review (including plans to re-establish normal operations and review Cluster Business Continuity Plan and CSU IT Disaster Recovery Plan and closure of communications, include reference to procurement issues set out in section 5. above)		na	na

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17. Business Continuity Team contact Details			
On Call			
GYW CCG On Call Directors – see on-call director list for contact names and numbers. This list is retained on the Secure Emergency Archive			
Norfolk On Call Emergency Number System (also used by Suffolk Public Health) – the number is retained in the Secure Emergency Archive	Provider - Medicom		
Suffolk NHS System On Call Emergency Number System – the number is retained in the Secure Emergency Archive	Provider - Vodafone		
Post Title	Telephone	Location	Fax
CCG Core Contacts			
Accountable Officer /Managing Director	01502 719500	Beccles House	01502 719874
Director of Operations		Beccles House	
Director of Engagement		Beccles House	
Region Wide Norfolk and Suffolk NHS EPPR Specialist Resource			
CCG Emergency Planning and Business Continuity Lead NORFOLK	01603/257000	Lakeside 400	01603 257296
Business Continuity Manager (East Coast Community Healthcare) NORFOLK	01502 718600	Beccles	01502 719874
Suffolk NHS – Emergency and Resilience Officer	01473 770041	Rushbrooke House Ipswich	01473 770201
EoE SHA (to be NHSCB) EPPR Regional Lead	01223 597 500	Fulbourn	01223 597 555
Governance Leads Support			
Governance Manager	01502/719500	Beccles House	01502719874
North Norfolk CCG Head of Corporate Affairs	Contact via Lakeside switch board 01603 257000	Hoveton and Wroxham Medical Centre/Aylsham from 1 st April	No fax
Norwich CCG Head of Corporate Affairs and Performance CSS and Corporate Governance Manager	01603 613325	City Hall Norwich	01603 751658
South Norfolk CCG Head of Governance and Strategy	01603/257000	Lakeside 400	No fax
West Norfolk CCG Head of Corporate Affairs	01553 668666	St James' Kings Lynn	No fax

18. Key Contact List – Providers, Partner Organisations & Suppliers

Entity	Office Tel	Location	Post Title	Fax
Providers				
See contracts database with contacts retained by the Director of Contract Management				
James Paget University Hospital NHS Foundation Trust	01493 452452	Gorleston	Dir of Fin & Perform	tbc
East Coast Community Health Care	01502 718600	Beccles House	Ass Dir of Corp Serv	01502 719874
All Hallows Healthcare Trust	01986 892728	Ditchingham	Chief Exec	01986 895063
South East Health	08447369530GYW 01233 505450 HQ	HQ Ashford Kent	Head of Ops GYW	01233 502189
Local Authority – Public Health Partners and Integrated Commissioning Teams				
Norfolk County Council – Public Health	0344 800 8020 (call centre)	County Hall Norwich	na	0344 800 8012 (call centre)
Norfolk County Council – Integrated Commissioning	As above	County Hall Norwich	na	As above
Suffolk County Council – Public Health	08456 066 067 (call centre)	Endeavour House Ipswich	na	na
Suffolk County Council – Emergency Planning	As above	Endeavour House Ipswich	na	na
Suffolk County Council - Integrated Commissioning / Public Health	As above	Endeavour House Ipswich	na	na
Suppliers				
CSU – OOH IT	07983179575	Beccles House	na	na
CSU – IT DIRECTOR	For IT Director contact use Out of Hours mobile number above			
Occupiers of Beccles House				
East Coast Community HealthCare	01502 718600	Beccles House	Director of Corp Serv	01502 719874
Suffolk County Council	01502 718317	Beccles House	Cluster Support Manager	01502 718330

19. Secure Emergency Archive

The table below lists the key files, resources lists, policies, procedures and templates that are maintained in the secure emergency archive areas to support the On-call Director in facilitating management of an incident.

Secure Emergency Archive Area	What is kept?	Access restricted to	Owner of document	Maintenance Frequency
1. Generic email 2. Hard copy 3. Restricted Are on Network	On Call List	On Call Directors and Business Continuity Team	Director of Operations	Annual or earlier following change in resourcing/arrangements required.
	Emergency Planning All Contacts List (including inbox address) contains: <ul style="list-style-type: none"> • Business Continuity Contact Team List (Section 17. from this document is retained with names identified – access restricted to the users of the Secure Emergency Archive.) • Provider/Partner/Supplier Contact List (Section 18. From this document is retained with names identified – access restricted to the users of the Secure Emergency Archive.) • The list contains other key contacts including utility providers and communications and media contact details, web links for useful resources (eg flood advice leaflets) and reference to key contact and resources regarding estate occupied by providers. 	As Above	Governance Manager Support from Communications and Engagement Lead, NHS Property Co. contact, key provider contacts eg ECCH	As Above
	GP contact details list and CCG staff list		As Above	
	Copy of the following CCG policies: Business Continuity Plan Emergency Plan in the Event of a Major Incident Flexible Working Policy Integrated Risk Management Framework (and accompanying resources) Organisational Development Plan		As Above	As per document – majority required to be reviewed following year
	Related Disaster Recovery/Business Continuity Plans: EoE SHA to be NHSCB LAT Mass Casualty Plan CSU IT Disaster Recovery Plan Suffolk and Norfolk separate NHS Business Continuity Plans Suffolk and Norfolk separate NHS Major Incident Plans		CSU	When refreshed by the relevant entities.

20. Risk Impact Matrix

	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost Certain
Consequence (impact)					
Negligible 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

Low Risk	normal risks which can be managed by routine procedures
Moderate Risk	responsibility for assessment & action planning allocated to a named individual
Significant Risk	urgent senior management attention with action plan
High Risk	immediate action required by a Director

See the Integrated Risk Management and Assessment Framework for more information on identification and management of risk.