

Business Continuity Plan

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This policy can only be considered valid when viewed via the NHS East Lancashire (EL) or NHS Blackburn with Darwen (BwD) CCGs' websites. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Additional copies of this plan can be found in the Incident Control Centres:

- ***Meeting Room 1 on the first floor of Walshaw House for EL CCG;***
- ***Head of Corporate Business Office in BwD CCG (Fusion House);***
- ***Office of EPRR Manager Office in Park View Offices ELHT;***

And the on-call pack issued to Directors and Managers.

REVIEW AND AMENDMENT LOG

Version Number	Date	Author	Description of Change or reason for update
3.0	07/09/18	Liz Ottley	Combining ELCCG and BwD CCG Business Continuity Plans and including updates in line with the most recent guidance.

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DOCUMENT STATUS

This document details the response to national Emergency Planning, Resilience and Response (EPRR) requirements and covers both NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and NHS East Lancashire CCG. Unless clearly documented the term 'CCG' or 'CCGs' within this plan should be taken to refer to both Blackburn with Darwen and East Lancashire CCGs. Any specific detail relevant to only one of the CCGs will be clearly documented.

1. DEFINITIONS

1.1 Business Continuity Management:

Business Continuity Management is the process that helps manage the risks to the smooth running of the organisation in the delivery of its services, ensuring that essential business can continue in the event of a disruption and can be sustained in the event of an emergency. It is aimed at reducing or eliminating the risks of business interruption and it is necessary to have contingency plans in place to ensure normal business functions can be resumed as soon as possible.

For the NHS, Business Continuity Management is defined as the management process that enables an NHS organisation to:

- Identify those key services which, if disrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation
- Identify and reduce the risks and threats to the continuation of these key services
- Develop plans which enable the organisation to recover and / or maintain core services in the shortest possible time

There are many and varied possible causes of service disruption; these may range from the loss of infrastructure e.g. offices; buildings; IT systems; managing a power cut or extreme weather, to arranging service provision during an emergency or epidemic. These events may not be mutually exclusive, i.e. extreme weather can lead to loss of electricity or staff being unable to get to work.

1.2 A Service Disruption

This can be defined as 'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal functions'.

2. INTRODUCTION

The Civil Contingencies Act 2004 came into force in November 2005 and focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders (such as Clinical Commissioning Groups) as Category 2 Responders. It is a requirement of the Act that the CCGs have Business Continuity Plans in place to support the CCGs' Major Incident Plan.

2.1 Policy statement

Business Continuity Management (BCM) is an important part of the Clinical Commissioning Groups' risk management arrangements. The Civil Contingencies Act (CCA) 2004 identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services. It is the policy of the CCGs to develop, implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of critical activities from any incident or physical disaster affecting the ability to operate and deliver services in support of the NHS economy.

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

It is recognised that plans to recover from any disruption must consider the impacts not only to staff, premises, technology and operations, but that the CCGs must also plan to maintain their brand, status, relationships and reputation.

Business Continuity arrangements should ensure that the CCGs continue to meet legal, statutory and regulatory obligations to its staff and to its dependent stakeholders. All CCG service teams are to continue to develop and implement Business Impact Analyses (BIAs) for their areas of business to support Business Continuity.

To ensure that the BCMS fully meets the changing needs of the business, the Business Continuity Plan will be exercised, reviewed and audited annually.

In accordance with NHS England Guidance, the CCGs' BCMS will be in accordance with and aligned to the ISO 22301.

2.2 Resources

The CCGs recognise the obligations with regards to emergency planning, resilience, responding to major incidents and business continuity. Funds, as identified as being necessary, will be made available in the event of a major incident to ensure that CCGs meet the obligations with respect to these.

2.3 Emergency Planning - Business Continuity

The Cabinet Office's "Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders" describes seven expectations regarding the Civil Contingencies Act (2004), Regulations (2005) and guidance:

1. Duty to assess risk
2. Duty to maintain plans – Emergency Plan
3. Duty to maintain plans – Business Continuity
4. Duty to communicate with the public
5. Business Continuity Promotion
6. Information sharing
7. Cooperation

Clinical Commissioning Groups are Category 2 Responders and as such will be required to co-operate with Category 1 Responders in the event of an emergency. They are also required to have Business Continuity Plans and Major Incident Plans. These requirements will be achieved with the following:

2.4 Business Impact Analysis:

The impacts of the loss of staff, communications, data systems, transport and buildings.

Appendix 2 provides details of the Business Impact Analyses undertaken at Service level within the CCGs. Some functions are hosted by or delivered through contracts with other organisations, and where applicable details have been included within the assessments. The Business Impact Assessments include prioritised activities that have been linked to the Business Continuity Corporate Risks. The Business Impacts Analyses were undertaken for the following areas of work:

- Children and Young People, including Maternity Services
- Community
- Corporate Business
- Finance
- Medicines Management
- Performance and Delivery
- Primary Care
- Quality
- Safeguarding
- Scheduled Care
- Urgent / Unscheduled Care
- Continuing Healthcare (CHC)

2.5 A Business Continuity Plan:

The measures to be taken internally in the event of such a loss.

The Business Continuity Plan will comprise the mitigating actions arising from the Business Impact Assessments, taking into consideration the key risks that could potentially cause service disruption resulting in the plans being evoked. Information of the key contacts that will instigate the relevant mitigating actions and the contact details of all staff that might have to undertake those actions are also included - be it communicating with others or changing their way of working.

2.6 A Major Incident Plan:

The measures to be taken in support of Category 1 responders in the event of an 'Emergency'.

This details the organisation's response to:

- An event or situation which threatens serious damage to human welfare
- An event or situation which threatens serious damage to the environment
- War, or terrorism, which threatens serious damage to the security of the UK

CCGs are required to equip nominated staff with the Major Incident Plan, the Business Continuity Plan, an Incident Control Centre, an emergency telephone line and a list of all relevant telephone and email contacts.

The plans have been built on experience and will be subject to a desktop test, as part of best practice, in order that they are further refined. The result of the desktop testing will be reported to the CCG Governing Bodies.

3. SCOPE

The scope of this plan is to provide overarching organisational guidance of business continuity management and the invocation process within CCGs including an outline of responsibilities.

CCGs are Category 2 responders for Emergency Preparedness Resilience and Response, led by NHS England. The following associated plans will be continually reviewed and developed with input from NHS East Lancashire CCG and NHS Blackburn with Darwen CCG Governing Bodies and the Local Health Resilience Partnership. The CCGs will have a role in planning for and responding to the relevant incident:

- On Call handbook and rota which establishes the 24/7 on-call arrangements
- Severe Weather Response
- Major Incident Plan
- Major Incident Operational Handbook
- Business Continuity Plan
- EPRR Policy

These are supported by a number of specific arrangements including those that manage incidents such as Heatwave, Pandemic Flu, Flooding, Mass Vaccinations, etc.

Business Impact Analyses are attached to support each Service in resuming their critical functions, following downtime.

4. PURPOSE

The purpose of the Business Continuity Plan is to outline the responsibility of the CCGs and their staff in the event of a crisis in order to maintain as normal a service as practically

possible. The over-riding aim is to ensure a prompt and efficient recovery of critical activities from any incident or physical disaster that may affect the CCGs' ability to operate and deliver their commissioning service in support of the NHS economy. It must be recognised that any event not only impacts on staff, premises, technology and operations, but also on CCG branding, status, relationships and reputation and that all business continuity arrangements should ensure that the CCGs meet their legal, statutory and regulatory obligations to both their staff and dependent stakeholders.

5. ROLES AND RESPONSIBILITIES

5.1 Executive Directors

The Executive Directors are responsible for maintaining their individual services, and for alerting the need to activate Business Continuity Plans if such an event occurs within their service.

5.2 Lead for Emergency Preparedness, Resilience, Response and Business Continuity

The respective Accountable Emergency Officer (AEO) is responsible for major incident and service / business continuity planning in either CCG.

In the event of a major incident the Accountable Emergency Officer, or, in his / her absence, an Executive Director On Call or other senior manager will be responsible for activating the emergency plans.

5.3 Communications Team

The Communications Team will be responsible for informing the public and other stakeholders of events where necessary, following agreement of the Accountable Emergency Officer or Director On Call, and will also keep staff informed of developments as appropriate.

5.4 CCG Staff

All CCG employed staff are responsible for co-operating with the implementation of the Business Continuity Plans as part of their normal duties and responsibilities.

6. PLAN ACTIVATION

6.1 Business Continuity Management Team (Crisis and Recovery Team)

A team will be convened to oversee the process of ensuring essential services are maintained and that recovery plans are put into place, Membership may include the following:

- Director On Call
- Senior Manager On Call
- Loggist
- Senior Communications representative
- Estates representation (as required) from NHS Property Services
- Any other personnel deemed necessary, i.e. representative of HR, specialist advice, etc.

The team will meet initially on a daily basis and will keep notes of the meeting, actions taken, resources committed, and progress made.

Incident Control Centre (ICC) locations and resources are:

ICC1 - Walshaw House, Meeting Room 1 on the first floor

ICC2 - Fusion House, Head of Corporate Business Office

ICC3 – ELHT / Royal Blackburn Hospital particularly in case of Major Incident / Category 2 support requirements for Category 1 responders

All include additional paper copies of this Plan and related plans.

The Major Incident Plan sets out how the command and control arrangements will be managed and by whom.

6.2 Continuing Services in the event of a Disruption

As part of the Business Impact Assessment process, a critical function analysis has been carried out to determine those parts of the service that are a priority to maintain or reinstate. The CCGs are responsible for commissioning a wide range of patient services to the local population and the following will be restored and maintained as soon as is practically possible:

- Maintaining an emergency response and support to Category 1 responders
- Incident investigation
- Mobilisation of the workforce, and support for staff safety and welfare
- Provision of IT through Midland Lancashire Commissioning Support Unit IT Dept.
- Maintaining communications with the general public and CCG staff
- Essential Finance functions; including the making and receiving of payments
- Essential HR processes
- Safeguarding adults and children
- Continuity of contract management responsibilities
- System leadership role

6.3 Maximum Acceptable Downtime:

The scale below shows five target levels for recovery of service following a disruptive event. This scale is an important part of continuity planning as it indicates the order of priority in which services, or functions within a service, will be recovered.

Maximum Acceptable Downtime (MAD) is the timeframe during which the recovery of systems, processes and activities must be achieved to prevent the risk of a significant impact arising if the downtime is exceeded i.e. what is the maximum down time which could be tolerated without incurring one or more of the consequences below?

For the purposes of business continuity, CCGs define a 'significant impact' as any situation that could give rise to one or more of the following situations:

- An unacceptable risk to the safety and/or welfare of patients and staff
- A major breach of a legal or regulatory requirement
- A major breach of a contract, service level agreement or similar formal agreement
- The risk of financial impact, and/or
- A threat to the reputation of the Trust as a competent NHS organisation

For the purposes of business continuity, CCGs define the following scale of Maximum Acceptable Downtimes:

Scale	Timeframe	Rationale
A	Immediate Restart	Typically used only for clinical and in-patient services where <u>any</u> interruption raises an immediate and unacceptable risk to people
B	One Working Day	An unacceptable risk will arise if this activity is not fully restored within 24 hours
C	Three Working Days	The norm for service recovery - recovery within this timeframe will not jeopardise patient safety or welfare
D	One Working Week	The timeframe for most non-clinical activity
E	Seven days plus	Typically training and similar activities that can be suspended without significant impact in the short term

If an incident occurs and this plan is activated, permission will be sought from the AEO, or the Director On Call (or nominated Deputy) to suspend the non-critical mainstream service functions detailed within this plan and release the CCG staff who cover these functions to provide support to critical functions provided in other areas of the CCG, as necessary.

The plan will be activated in accordance with the processes outlined in the Major Incident Plan, including the escalation system in place and who assumes responsibility at each stage (as well as action cards and aide memoirs for use by key team members).

Through the Business Impact Analyses (BIA), each service has identified its own critical functions that are required to maintain its service which are accessible in both paper copy and electronically with this plan. It is the responsibility of Heads of Service to communicate the location of these plans to their staff.

In the event of an emergency, or business interruption, the CCG will endeavour to maintain services as usual or as close to the usual standard as possible. However, where it is clear that this is not achievable, the Head of Service in conjunction with the On Call Director (if out of hours) will decide which priority functions of the department must continue, depending on the nature of the business interruption.

There are some generic areas that could potentially affect all departments and these are described below:

6.3.1 Failure of IT Systems

The CCG, like many organisations, rely upon IT systems for their day-to-day business. A disaster that prevents the organisation from accessing these systems whether caused by the failure of the systems themselves, or being due to an incident such as fire or flooding will potentially have a serious impact on the continuation of CCG functions. IT system failures may include:

- Loss of email
- Loss of internet/web access
- Loss of Microsoft Office Applications
- Loss of access to stored documents (shared server)
- Loss of individual IT systems / applications
- Major IT network outage

While it is impossible to consider and document a recovery plan for every disaster that may occur the impact of the loss of IT systems to each department is covered in each individual Business Impact Analysis and it is expected that they can be adapted to cater for any specific incident. If there is a failure in the IT system or any stand-alone computer for important data for a prolonged period of time, staff will need to change to a paper back-up system where possible to capture the data so that this can be recorded on the system retrospectively.

The development of telecommunications that are reliant upon the IT network makes it likely that telephone failure will also result from any IT network failure. The priority in which restoration is required will depend on the service area and is detailed in individual BIAs. If there is a loss of hardware or software through theft or damage then advice should be sought from the IT provider and the incident reported.

The maintenance of the CCGs' IT systems is provided by Midlands and Lancashire Clinical Support Unit (ML CSU). The CSU will invoke their Emergency Disaster and Recovery Plan (DR) to cope with any event causing prolonged interruption of service, with the objective that DR would be given a 'Priority 1' status, with a Recovery Time Objective (RTO) time of 6 working hours. CCG contact in the first instance: Service Desk on 01254 226900

Where the standard RTO cannot be achieved, this will be brokered with the appropriate CCG Executive during the respective phases of the Major Incident process.

6.3.2 Failure of Telecommunications

The telephone lines are provided under contract with ML CSU, and the system is under a maintenance contract with the ML CSU.

Each departmental plan identifies in more detail the actions required should the telephone systems (including mobile telephony) be inactive. The priority in which restoration of phone

lines are required will depend on the service area and if crucial will be detailed in individual departmental plans.

CCG contact in the first instance: Service Desk on 01254 226900

If electricity has failed then prior consideration needs to be given to the ability to recharge mobile phone batteries.

6.3.3 Failure of Utilities – Electricity / Gas / Water Supplies

Resolution is via NHS Property Services, the CCG contact in the first instance is NHS Property Services on 0844 225 2774.

The fault should be reported and a request made as to whether they are able to give an indication of the length of time the supply will be unavailable.

If heating is lost, an assessment should be made to the effect of the loss of the heating related to the time of year and the forecast temperature as to whether services can continue from the affected location. If temperature varies from room-to-room within any building, consideration should be given to encouraging staff to work within those rooms that have adequate temperature.

For plumbing emergencies: contact NHS Property Services

In the event that the water supply fails, impact of the following must be assessed:

- Toilets
- Hand hygiene
- Drinking water

6.3.4 Loss of Building

If premises are unable to be used then services may need to be suspended or relocated.

Local plans should detail who to contact and measures to be taken where there is a denial of premises (including actions taken in the event of a fire or flood).

The Incident Control Centres act as alternative locations where the service / activity could be delivered from in case of denial of building access and staff cannot carry out work effectively from home.

6.3.5 Fuel Shortages

In the event of a fuel shortage the ability to maintain services may be affected. If it has been necessary for the invocation of the National Fuel Plan then the Business Continuity Management Team will be convened to oversee the management of the situation within the CCG.

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

6.3.6 Staff Shortages

The absence of staff will have a varying effect depending on their role. In some cases roles can be covered by other staff but others may be highly specialised and necessary arrangements will be detailed in departmental plans as to whether a service can continue particularly if the service depends on that person alone. Potential threats related to staff shortages include:

- Loss of staff (>25%);

- Serious injury to, or death of, staff whilst in the office;
- Significant absence due to severe weather or transport issues;
- Pandemic influenza;
- Simultaneous resignation or loss of key staff.

There may be a scenario when a number of staff are all incapacitated at the same time (such as pandemic influenza). The departmental manager will be responsible for assessing the impact on the ability to continue to provide a service and what contingencies can be put in place, and whether some non-critical services can be cancelled as detailed in the individual Business Impact Analyses.

6.3.7 Other

Other areas that could potentially affect departments may include the following (this list is not exhaustive):

- Terrorist attack or threat affecting the transport network or office locations;
- Theft or criminal damage;
- Chemical Contamination;
- Infectious disease outbreak;
- Industrial action;
- Fraud, sabotage or other malicious acts.

The Severe Weather Plan includes details regarding the impact of severe weather (including snow, heat wave, prolonged periods of cold weather and flooding), and should be referred to in such circumstances.

6.4 Insurance / Incident Costs

The insurance arrangements in place which may apply to incidents are:

- Corporate Liability Insurance
- NHS Resolution

The incident costs, such as supplies and replacement equipment, will be managed / maintained throughout the disruptive incident via a specific EP cost centre provided by NHS England.

6.5 Communications and Alerts

The CCGs will respond to a significant incident in line with the formal organisation Communications Strategy and processes defined within the Major Incident Plan.

The Major Incident Plan sets out the alerting mechanism for external and self-declared incidents, including trigger points and escalation procedures.

If an event occurs that is so severe that alternative arrangements for the provision of care commissioned by the CCGs need to be communicated to internal and external stakeholders, as well as the local population, this will be carried out via a suitable representative of the Communications Team after discussion with the Director On Call.

The internal and external stakeholders that could be affected by the disruptive incident, especially around service delivery, could include the following and Business Continuity Plan specific details have been included within the Business Impact Analyses:

- Providers, including Primary Care;
- Neighbouring CCGs.

Mechanisms for informing the relevant partners including, but not limited to, other CCG's, NHS care providers, and NHSE are detailed in the Major Incident Plan.

6.5.1 CCG On-Call Arrangements

The 24-hour arrangements for alerting managers and other key staff are in place as per the CCG on-call system arrangements in / out of hours: All calls centrally received to the relevant CCG on-call phone to be answered by the allocated Senior Manager / Director On Call as per the centrally agreed rota.

The contact details (including relevant key stakeholders) are updated on a regular basis and tested annually in the review of the On Call pack, as part of commitment to EPRR and Business Continuity. HR hold a list of all staff contacts through ESR (Electronic Staff Record) and reminders are sent annually for staff to update their details.

6.5.2 Staff Safety

Staff safety remains a high priority. If it is not safe for staff to be on CCG premises or travelling to and from CCG premises or on CCG business then staff should remain at home. This decision will be taken by the Director On Call or another Director.

In the unlikely event that some staff are not able to travel home due to disruption then alternative arrangements should be sought. Overnight accommodation may, in exceptional circumstances, be required. Such arrangements will be discussed and agreed with the relevant Director.

6.5.3 Local Cooperation

The Major Incident Plan documents how the independent healthcare sector may be used in a disruptive incident to assist in service delivery. It also outlines how mutual aid from other NHS providers can be requested if a disruptive incident occurs.

6.6 Record Keeping

The processes for the listed actions below will be managed in accordance with the guidance as outlined in the Major Incident Plan, including details on how the:

- Organisations will maintain their incident logs, and minutes of meetings during and after the meeting, with facilitation of the Loggist role;
- Post incident reports will be produced including how a debrief will be held to identify lessons;
- Lessons identified from the incident will affect future plans.

6.7 Recovery

6.7.1 Recovery and the return to normal working is an important part of the management of all incidents. In many circumstances, the aftermath of the incident becomes another phase, taking stock of the overall impact and facilitating the restoration of normal health services.

6.7.2 The CCGs' role in recovery might include:

- Renegotiating priorities with commissioned services;
- Assessing and arranging for the continuing need of primary and community health services such as psychological support and counselling;
- Provision of care and support to staff that may have been personally affected;
- Consideration of legal and financial risks that might ensue.

6.8 Standing Down

When there is no further risk to business continuity from the incident, the Director On Call together with the Accountable Emergency Officer will declare the event over ('stand down').

6.9 Debrief

In order to identify lessons learned, a series of debriefs post incident are good practice:

- Hot debrief: immediately after incident with incident responders at each location;
- Organisational debrief: 48-72 hours post incident;
- Multi-agency debrief: within one month of incident;
- Post incident debrief: within six weeks of incident.

7. TRAINING

Staff will be made aware of the emergency and business continuity response arrangements within the plan at their training, and will also be made aware of where the overarching and service BIAs can be located.

The skills and knowledge of Incident Commanders and staff at an operational level will be achieved and maintained through regular training and exercising which covers:

- Awareness training, including roles/responsibilities;
- Incident coordination centre training;
- Communications testing and exercising.

If there are any significant changes to the plan, then this will be communicated to service leads to cascade to all staff. Business Continuity arrangements will be exercised at least once a year in order to validate the effectiveness and highlight any gaps which can then be corrected.

8. EQUALITY IMPACT ASSESSMENT

Because there have now been a significant number of judicial review (process under which unlawful action is subject to review by the courts) cases concerning equality duties, it is possible to identify some general principles which the courts will apply when they are considering a case of this nature. However, the courts have the authority to develop or modify these principles as new cases come before them.

From the cases to date, it is clear that the equality duties are taken very seriously by the Courts. They stress the following:

- The need to consider equality issues thoroughly in the context of the duties before any significant individual decisions are made or any policy is introduced or subject to significant change.

- Equality impact assessments may provide important evidence as to whether the public authority has complied with its duties.
- That a public authority should refer to Equality Act guidance and codes of practice explicitly and keep records of its decision making. If it departs from the code or guidance, there must be clear reasons to do so.
- If another organisation or person is carrying out a function under guidance by the public authority, the responsibility for ensuring that the general duties are met remains with the public authority.
- The duties apply not just to decision-makers but also to those who implement them.

The Equality Analysis Checklist initial screening was used to determine the potential impact this policy might have with respect to the individual protected characteristics. The results from this initial screening indicate that this policy will not require a full Equality Analysis Assessment as there is no significant or disproportionate impact against any protected characteristic or at risk group.

9. MONITORING AND REVIEW

This document will be reviewed on an annual basis or when there are changes in the working systems of the organisation or major changes to the contact arrangements of staff or suppliers that affect the content.

It is the responsibility of the service leads to update the local BIAs on an ongoing basis and to contact the Head of Performance and Delivery with updates to ensure the generic section of this document is kept up to date.

The plan will be used / deployed when the ability of the CCG to carry out its statutory duties are compromised.

The plan will be exercised and tested every year, in accordance with the processes defined within the Major Incident Plan (including testing with dependent stakeholders).

Associated CCG Documents:

- On-call handbook and rota which establishes the 24/7 on-call arrangements;
- Severe Weather Response (ELCCG Policy EP06);
- Major Incident Plan (ELCCG Policy EP04);
- Major Incident Operational Response Manual (ELCCG Policy EP03);
- CCG Strategic Risk Register / Risk Management Policy (ELCCG Policy Corp03);
- EPRR Policy (ELCCG Policy EP01);
- Pandemic Influenza Plan (ELCCG Policy EP05).

For East Lancs CCG these can be found on the website:

<https://eastlancscg.nhs.uk/about-us/policies/emergency-planning>

For BwD CCG they can be found on the website through the following:

<http://www.blackburnwithdarwenccg.nhs.uk/about-us/policies-procedures/>

References:

<http://www.legislation.gov.uk/ukpga/2004/36/contents>

<http://www.legislation.gov.uk/ukpga/2012/7/enacted>

<http://www.england.nhs.uk/nhs-standard-contract/>
<http://www.england.nhs.uk/ourwork/gov/epr/>
<http://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf>
http://www.iso.org/iso/catalogue_detail?csnumber=50038
<http://thebci.org/>
<http://www.legislation.gov.uk/ukpga/2000/36/contents>
<http://www.cabinetoffice.gov.uk/content/national-recovery-guidance>

Appendix 1:

EPRR Resources:

Roles and Responsibilities

*not for reporting structure purposes; to illustrate EPRR resource only - from 2019

