BUSINESS CONTINUITY PLAN

Version	2.1
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Target audience	All BHR CCGs Staff

To be read in conjunction with:

- NHS England Emergency Preparedness Resilience and Response Framework (November 2015)
- Memorandum of Understanding with NHS England for Emergency Preparedness, Resilience and Response
- BHR CCGs On Call Manual / Incident Response Plan

Version number & date	Summary of changes	Ratified By/Date
1.0 January 2013	Review of interim plan	BHR CCGs Joint Management Team January 2013
1.1 October 2013	Full and updated Plan	BHR CCGs Joint Management Team October 2013
1.2 November 2013	Following review at the Audit committee section 5.3 has been updated to show that additional resource would be allocated if necessary.	BHR CCGs Executive Committees November & December 2013
1.3 September 2014	Section 3.0 Directors contact details updated to reflect changes in personnel and debrief template added (Appendix F)	
1.4 July 2016	A number of amendments following formal review of the plan to strengthen response arrangements including addition of action cards	BHR CCGs Governing Bodies, September 2016
1.5 July 2018	A number of amendments following formal review of the plan, incorporating recent structure changes	BHR CCGs Governing Bodies at Joint Committee 27 September 2018
2.0 September 2019	A number of amendments following structure changes and office move.	BHR CCGs Governing Bodies at Joint Committee on 26 September 2019.
2.1 October 2019	EU Exit addendum incorporated into plan.	Delegated group of the Joint Committee of BHR CCGs on 4 October 2019

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Introduction

As Category 2 responders under the Civil Contingencies Act (2004), Clinical Commissioning Groups (CCGs) are required to have a business continuity plan in place to manage the effects of any incident that might disrupt its normal business.

The Health and Social Care (2012) Act requires the CCG to take the appropriate steps for ensuring that it is properly prepared for dealing with a relevant emergency.

This plan outlines the process to be followed in the event of an incident which impacts upon the delivery of CCG functions by adopting a generic approach to such incidents.

1. 0 Incident identification

For the NHS incidents are classed as either;

- Business Continuity Incident
- Critical Incident
- Major Incident

A Business Continuity Incident is an event or occurrence that disrupts, or might disrupt, an organisations normal service delivery, below acceptable pre defined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

An incident or set of circumstances which might present a risk to the continuity of a service could be identified by any member of staff and it is important that the person identifying the incident knows what the process to be followed. In the initial stages, this will involve making sure that the right people have been informed. In the event of a minor incident, i.e one that can be dealt with using normal services and resources, local managers and staff will deal with it.

2.0 Incident declaration and plan invocation

During normal working hours, in the event of a significant incident, or set of circumstances which might present a risk to the continuity of a Category A or B service (See Appendix A), a business continuity incident can be declared and the plan invoked by the on call Director or by a Director or deputy with responsibility for the service affected.

Where more than one service is affected, any one of the responsible directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend. The main Incident Coordination Centre (ICC) is located on 6th Floor, Room 6C, North House, Romford. See Appendix G for ICC activation and operating procedures.

In working hours each director will refer to their directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function.

All actions will be logged including reasoning of why no action taken if deemed appropriate. An action template and a decision log template are included – see Appendix B and C.

A stakeholder communications strategy by function is shown in Appendix E, which lists who needs to be made aware if the Plan is invoked and in what order. If it is a major incident declared by NHS England they will advise on responsibilities and priorities around communications.

3.0 Directors and senior managers

The following officers of the CCG can declare an internal incident where business continuity is disrupted or at risk of disruption;

Name	Designation
Jane Milligan	Accountable Officer
Ceri Jacob	Managing Director
Steve Rubery	Director of Commissioning and Performance
Ahmet Koray	Director of Finance
Sarah See	Director of Primary Care
Sharon Morrow	Director of Transformation – Unplanned Care
Tracy Welsh	Director of Transformation – Planned Care
Jacqui Himbury	Nurse Director
Marie Price	Director of Corporate Services
Jane Gateley	Director of Strategy and Integration
Rob Meaker	SRO of Innovation & IT
Vacant	Deputy Director of Primary Care

4.0 Actions to be carried out following the declaration of an incident and invocation of the business continuity plans

Immediate actions for on call director:

- Decide if activation of the Incident Coordination Centre (ICC) is necessary and appropriate location, depending on type and scale of incident;

    - 6th Floor, Room 6C, North House, Romford

- For ICC activation and operating procedures please see Appendix H.

- Form an incident response team to manage the incident – this would normally be relevant directors, senior managers and administrators. This should also include the Head of Communications or communications team representative and may require a HR representative.

- Nominate an incident director to manage the incident. The on call director to decide if they are the most appropriate person to manage the incident or if another director or their deputy would be better placed to undertake this role.

- Ensure all actions and information issued and received is recorded

MANAGE THE INCIDENT

Immediate actions for incident director:

- If the ICC has been activated follow the agreed procedures to ensure that equipment, roles and responsibilities are allocated accordingly

- Begin documenting information and actions (See Appendix B & C for templates). It is the responsibility of the incident director to ensure these are completed, allocating roles, responsibilities and tasks as appropriate.

- Establish what the nature of the incident is and assess the impact on service functions (CCG functions are shown in Appendix A).

- Take any actions required to ensure Category A functions continue unhindered and Category B functions are scaled down if required. This may include immediately relocating functions and staff to alternative sites or allowing staff to work from home if they have the ability to do so (See Appendix G for Action Card for temporary relocation of staff). Depending on planned recovery timescales a longer term solution may need to be considered.

- Ensure health & safety of staff is prioritised.

COMMUNICATE

Immediate actions for Head of Communications:

- Following discussion with the on call director/ incident director staff are to be briefed about the incident and given clear instructions on whether they should relocate or go home, and when they are expected to return. All staff contacts are included by team in the plans. It may be necessary for each director or their deputy to contact their own teams directly.

- Contact NHS England London team to advise that this plan has been invoked. See Appendix F for contact details. The Head of Communications will advise if the NHSE communications team needs to be advised.

- Establish contact with key partners/contacts as identified in the communications strategy plan by function. Full contact lists are included in the plan. This may include Governing Body members, GP practices, North East London Commissioning Support Unit and Local Authorities. Consideration needs to also be given to any meetings that are due to be held and if these need to move location or are cancelled so attendees can be advised or redirected.

RECOVERY

Actions for Incident Response Team

- Determine priorities and recovery time objectives, taking into account each function's Maximum Tolerable Period of Disruption (MTPD) as listed in Appendix A, and emergency response needed to continue to operate to help prioritise use of resources accordingly.

- Establish recovery strategies for each function.

- Update staff and other key stakeholders with recovery plans and estimated recovery time objectives.

- Update NHS England as required (See Appendix F for contact details)

- Ensure tasks being carried out to facilitate recovery are regularly monitored.

COORDINATE NEXT STEPS

Action for Incident Response Team

- Once the main priorities have been dealt with, consider scaling down the Incident Response Team, or hand over to another member of staff to deal with the medium and long term issues, or the day-to-day recovery of the incident.

- If an incident is going to go on for more than 4–8 hours, establish a rota for staff within the team and regular handover of the Incident Director role. Ensure that Working Time regulations (1998) are taken into account and ensure all are cognisant of their own and the team's level of stress and fatigue and that effective arrangements are in place to minimise the potential impact, such as rest breaks and shift systems for protracted incidents.

- Incident director to authorise Stand Down as and when appropriate and follow agreed stand down procedures

- Advise NHSE London of Stand Down along with any other key stakeholders.

- Organise an immediate debrief meeting, ensuring logged information is retained and that the Debrief Template (Appendix E) is completed and returned to the business continuity lead. Lessons learned and key actions need to be incorporated into a final report so that any necessary updates to the plan can be made. The report will go to the next Governing Body meeting for information.

- Should the incident be so severe that staff require psychological support then a request is to be made to corporate services to make arrangements for this and communicate to affected staff.

5.0 Business continuity governance

5.1 This plan will be approved by the CCGs' Governing Bodies, or a committee with delegated authority. Where necessary any risks relating to business continuity will be added to the CCGs' risk registers.

5.2 This plan will be formally reviewed on an annual basis but critical information will be reviewed on a quarterly basis by each directorate to ensure that all information is up to date.

5.3 This plan will be published on the CCG's websites and key partners and stakeholders will be informed of this. The plan will also be published on the intranet and staff will be advised of this.

5.4 It is the responsibility of each director to ensure that relevant staff who undertake activities identified are clear of their role and responsibilities around the Plan.

Appendix A
Categorisation of CCG Functions

	CCG Function	Director Lead	Maximum Tolerance Period of Disruption
CATEGORY A ACTIVITIES WHICH MUST BE CONTINUED	Communications - Emergency response*	Marie Price	8 hours
	Immediate financial decision making	Ahmet Koray	24 hours
	Corporate I.T	Rob Meaker	24hours
	GP I.T	Rob Meaker	24 hours
	Head Office Phone systems	Rob Meaker	48 hours
	Registration Authority Services	Rob Meaker	24 hours
	Patient transport requests	Tracy Welsh	8 hours
	Safeguarding – Emergency response*	Jacqui Himbury	8 hours
	Quality – Emergency response*	Jacqui Himbury	24 hours
	Medicines Management – Emergency response*	Jacqui Himbury	48 hours
	Continuing Healthcare	Sharon Morrow	8 hours
	Primary Care - Emergency response*	Sarah See	8 hours
	Planned Care – Emergency response*	Tracy Welsh	48 hours
	Unplanned Care – Emergency response	Sharon Morrow	48 hours
	Emergency Preparedness, Resilience & Response	Marie Price	8 hours
CATEGORY B ACTIVITIES WHICH CAN BE SCALED DOWN	Engagement	Marie Price	72 hours
	Head Office running including facilities, complaints	Marie Price	48 hours
	Day to day finance including estates	Ahmet Koray	72 hours
	Medicines Management advice	Jacqui Himbury	72 hours
	General commissioning (planned/unplanned)	Steve Rubery	48 hours
	Quality oversight	Jacqui Himbury	24 hours
	Primary Care	Sarah See	48 hours
	Innovation including Information Governance	Rob Meaker	48 hours
CATEGORY C ACTIVITIES WHICH COULD BE SUSPENDED IF NECESSARY	Governance & Committees	Marie Price	N/A
	Legal	Marie Price	N/A
	Strategic finance	Ahmet Koray	N/A
	System Development (ICS)	Jane Gateley	N/A
	PMO	Ahmet Koray	N/A

*Emergency response - a minimum of 2 people available within the team (1 x 8c and above + 1 other). This would cover worse case scenarios for staff absence due to severe weather, sickness, industrial absence or fuel shortage as well as having to relocate due to environment, buildings and equipment issues.

Maximum Tolerance Period of Disruption (MTPD) – duration after which an organisation's viability will be irrevocably threatened if the service cannot be fully resumed.

Appendix B – Action List Template

Action List for incidents managed				
Contacted by		**Date**	_____/_____/20__	
Location of incident		**Time**	____:___ am/pm (Delete as necessary)	
Brief description of the incident				

	Initial actions	Comment
1	Who contacted: local authority, NHSE (NHS01) etc	
	Actions: Major Incident	
2	Do I need to advise the r Managing Director or other Director(s) of the incident? If yes, list who called and when.	
3	Is there current or anticipated media interest in the incident? If so contact NEL CSU communications on-call	
4	Does the incident need to be escalated to other agencies/partners? e.g. NHSE (NHS01) if not already aware, providers, primary care?	
5	Does a major incident log sheet need to be started?	
6	Any other Actions taken.	
	Next Working Day Actions	
7	Copy form/major incident log to the Emergency Preparedness Team to ascertain if there are any issues/future training needs identified	

Appendix C – Decision Log

Date/Time (24hr)	Message/Action	Message content/ Action taken/ Decision taken & options considered	Completed (Date/Time + signature .)

Appendix D – Stakeholder Communications strategy if BCP is invoked

TEAM or FUNCTION	Chief Officer	Directors	Teams	CCG Chair/s	NHS England	Governing Body members	GPs	NEL CSU	Local Authorities	Providers	MPs	Media	Specific to functions (only where required)
Head Office I.T/Phones Systems	1	1	1	2	3	4	5	6					
GP I.T	1	1	1	2	4		3						
Registration Authority services	1	1	1	2	3		4						
Commissioning & Performance	1	1	1	2	3	4		5					
Quality & Safeguarding	1	1	1	2	3	4		5					
Continuing Healthcare	1	1	1	2	3	4	5	5	6	6			
Primary Care	1	1	1	2	3	4	5						
Finance	1	1	1	2	3	4		5					
Innovation	1	1	1	2	3	4							
Communications	1	1	1	2	3	4		5					
Head Office running	1	1	1	2	3	4							
Engagement	1	1	1	2	3	4							Patients, stakeholders
Governance and Committees	1	1	1	2	3	4							
Legal	1	1	1	2	3	4							
Medicines Management	1	1	1	2	3	4	5						
Strategy & Integration	1	1	1	2	3	4		5					

*Numbers show the order of priority that the relevant stakeholders should be notified. If left blank stakeholders only need to be contacted if necessary depending on the circumstances the BCP is invoked.

Appendix E – Debrief & Action Plan Template

INCIDENT REPORT

Date:
Time of call to Standby:
Time of call to confirm Incident declared:
Time of call to Stand Down from Incident:

Business Continuity Team Members

Description of incident

Causes/Reasons

Could the incident have been prevented? If so how?

Summary of events

Issues arising from the incident

Recommendations/Lessons Learnt

ACTION PLAN

No	Recommendation	Plan/Action	Lead	Timeframe	Rating (1 non urgent – 5 urgent)	Date completed
1						
2						
3						
4						
5						
6						
7						
8						

Appendix F

Call 0844 822 2888
NHSØ1 (NHS England London Region On Call)
Pass on as much information as you can including :
· Type of incident
· The current and projected impact of the incident
· Your ability to cope – any additional support or resources required
· Which other agencies/partners are involved in the incident
· Any other information that you think is relevant

Telephone Page One
...and ask for the NHS BHR CCGs On-Call Director to be paged
BHRCCG1
If there is no response after 15 minutes, repeat
... provide a short message on request, which must include: **a contact name and telephone number**
Pass on as much information as you can when contacted by the On-Call Director, including:
• Type of incident
• The current and projected impact of the incident
• Your ability to cope – any additional support or resources required
• Which other agencies/partners are involved in the incident
• Any other information that you think is relevant

Appendix G

Action Card – temporary relocation/staff working at home

To be used in the event of the loss of the CCGs' office.

Number	Action	Completed
1	Assess likely length of loss of use of office	
2	Ensure all staff are safe and premises is secured	
3	Prioritise critical functions as per the categorisation in this plan	
3	Obtain assessment of staff needs for each Category A and B function – which staff have the ability to work at home and who needs to be office based.	
	Determine who will work at North House Office and who will work at home.

If the incident is at North House some staff will be able to work from home or (or an alternative site to be agreed) Corporate Services to advise how many staff will be relocating for arrangements to be made. For relocation of staff, refer to each team's business continuity plan to determine priority for desk space if appropriate on one of the three floors or confirm the numbers of staff able to work from home based on emergency response requirements. | |
| 5 | Review arrangements daily, ensuring suitability of temporary arrangements. | |

Appendix H – Team business continuity plans

CORPORATE SERVICES TEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our teams are based at one site. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	6th floor, North House, St Edwards Way, Romford Essex RM1 3AE			
Functional Areas	The Corporate Services team functions include Head Office running, Governance and Committee, Communications and Engagement, Legal Services and Facilities and undertake the following; • Provide administrative support to the Executive Office, ensuring the Managing Director is adequately supported • Provide administrative support to the CCGs Governing Bodies and its sub committees • Provide administrative support to the Chairs and Clinical Directors • Provide Communications and Engagement support to the CCGs • Provide legal advice to the CCGs and obtain external professional advice where appropriate • Coordination of Business Continuity Plans and support to the AEO for emergency planning • Coordination of complaints for all 3 CCGs • Liaises with relevant contractors to ensure management of facilities and link with Landlord, ensuring Health and Safety arrangements are in place • Corporate lead for HR and OD support • Management of enquiries mailbox • Lead for training and OD • Risk management • Equalities • Records Management			
Plan owner	Director of Corporate Services	Date approved	September 2019	Review period	Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Director of Corporate Services will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am-5pm
Minimum number of staff to operate emergency response	Communications – Head of Communications (supported by NEL CSU Communications team) Head Office – Director of Corporate Services or Deputy and one other from the administrative team Governance and Committees – Director of Corporate Services or Company Secretary Legal – In house solicitor Major incident response – one BHR CCGs on call Director plus one loggist. Engagement – one member of the CCG/ CSU communications team

Categories (as outlined in business continuity plan)	Category A functions (activities which must continue)	Category B functions (activities which can be scaled down)	Category C functions (activities which can be suspended if necessary)
Functions (as outlined in business continuity plan)	• Communications Emergency Response • Emergency, Preparedness, Resilience and Response – Major incident response	• Engagement • Head office running (includes complaints, admin support to Chairs/CDs, facilities, monitoring enquiries mailbox, training, risk management, equalities and all other corporate functions not listed)	• Governance and Committees • Legal

Key contacts (out of hours contacts, if applicable)	On call Director Head of Communications - BHR CCGs NEL CSU media team on call - 07932 028012 NHS England London region EPRR team (NHS01) BHR CCGs Directors & On call Directors	Communication and engagement team members NEL CSU communications team Patient Group members IT service desk Chair and Clinical Directors	Corporate Service team members Executive Management team BHR CCGs Governing Body Members IT service desk Diligent software support
	BHR CCGs Governing Body Members All BHR CCGs staff Commissioning Alliance CCGs' communications teams BHR CCGs GP practices NEL CSU communications team NHS England communications team Provider communications teams IT service desk Stakeholders – local MPs, councils Local media	Corporate Service team members Executive Management team IT service desk	
Services and suppliers	BHR CCGs website/ GP intranet/ staff intranet provider (Sitekit) Page One Communications (pager service) NEL CSU surge team	Building management (Strettons) NEL Commissioning Support Unit (HR, PET/Complaints, Procurement) Temporary staffing agencies (Michael Page, Brook Street, Keystream, Venn Group, Coyles Interquest) Stationery supplier (Office Depot) Mobile provider (Vodafone) Caterers (Tangerine) Photocopier suppliers (Canon,) Health & Safety supplier (TBC) Confidential waste supplier (Shred it) Door access supplier (Ideal Security) Cleaning services (Envirotec Integrated Services) Maintenance support (Hollmark) Archiving & removals (Ables) Pow Wow Now (conference facility) Franking machine (Pitney Bowes, FP Mailing) Secure courier (Citysprint) Taxi (Addison Lee) Payroll provider (CSU)	External auditors (KPMG, RSM Tenon) External legal providers NHS Litigation Authority
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Room 6C is the only room identified for our ICC with emergency planning kits provided.	n/a	Depending on length of incident – registers and seals are kept locked in a cupboard at North House
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	For major incident response we would only use room 6C at North House. Link with NEL CSU communications team	. Links to NEL CSU teams (communications, PET, HR) Franking machine at North House, to send post or the backup franking machine as well as stamps. For urgent parcels to be sent we can use City Sprint. 2 x ID card reader and 1 ID badge camera and printer at North House	External legal advice

List shared folders/ Critical Drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/All staff S drive/Scanned/Corporate S drive/BHRCCGs - Corporate Services/Emergency Planning S drive/BHRCCGs - Corporate Services/Communications Resilience Direct website to submit sit reps. ICC mailbox Diligent (formally Boardpad)	S drive/BHRCCGs - Corporate Services – all folders within this Oracle (via internet) TRAC recruitment system (via internet) Adobe Pro software Paxton door access system Workforce Management system	Diligent
The absolute minimum resource needed to operate	Access to email and internet in the Incident Coordination Centre (ICC) for 1 person. Should Wi-Fi not be available	Access to email and telephone for minimum number of staff listed above.	Access to email and telephone for minimum number of staff listed above.
short term continuity (0-8 hours) **The back up plan if minimum resource needed was not available in short term**	Internet access to be provided by tethering from Incident Director's IPhone. 2 lines in the ICC are analogue – one for incoming calls, one for outgoing calls and one for a fax machine (fax and telephone handsets are in the emergency planning cabinet).	If a network issue and Outlook not available access NHS mail via the internet. If email not available communicate by telephone. Key documents are available in hard copy.	If it was a network issue and Outlook was not available access NHS mail via the internet. If email not available communicate by telephone. Key documents are available in hard copy.
List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers) **If the function cannot continue without them how you will overcome this in the short and long term?**	Access to folders and shared drive listed above. ICC email account Access to log books in ICC Incident response and business continuity plans Incident Log books are stored at North House, 6th floor. Plans are saved on Diligent and in hard copy at North House. Each team is also issued with a hard copy of their plan and a USB.	Access to folders and shared drive listed above. Patient group contacts Stakeholder contacts Leases for all 3 sites Insurance documentation Supplier contracts Accident log book – hard copy Complaints log Petty cash records – hard copy Buildings management and facilities supplier contacts – stored electronically and hard copy in BCP Staff lists - Credit card – one stored with Deputy Director / one stored with Senior Business Manager Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder.	Access to folders and shared drive listed above. Agreements and contact details of external solicitors Closed and ongoing case files Leases for all 3 sites Seals and seal registers - hard copy only Conflicts of interest registers Copies of governing body meeting papers and sub-committees. Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	Incident and business continuity plans and associated documentation. All saved electronically on the shared drive and hard copies are available at each site.	Lease for North House stored electronically and hard copy at North House Romford. Supplier contracts and contacts - – stored electronically and hard copy at North House Credit card information	Registers and seals – hard copy stored at North House
Current equipment resources available and absolute minimum resource needed to operate short term continuity	All equipment to run the ICC is stored in the office at North House (3 x laptops, 2 x analogue phones, 3 x mobiles phones, 1 x fax) In order to operate the ICC there needs to be one Incident Director and a loggist.	PC access to email and telephone for minimum number of staff listed above. Most staff within the team have access to a laptop, iPhone and/ or iPad	PC access to email and telephone for minimum number of staff listed above. Most staff within the team have access to a laptop, iPhone or iPad.
Consumables required to operate short term continuity	General stationery stored in the ICC cupboard. Printer in main area of office that will be activated for sole use by the ICC.	General stationery	General stationery

Estates & Facilities	Base at North House. If premises was not accessible then key staff would work from home where possible.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles and CSU Comms team. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email and fax.

Signature of plan owner	Marie Price
Date	02.10.2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our teams work in a single office location. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	8th floor, North House, St Edwards Way, Romford Essex RM1 3AE			
Functional Areas	The I.T and Innovations team functions include Corporate I.T, GP I.T, primary care informatics, Registration Authority services and Information Governance and undertakes the following; • Provision of Corporate I.T and telecoms support to staff • Provides strategic leadership for joint projects across NELFT, LA, CCGs • Leads joint working and innovation programmes • Identifies opportunities for innovative projects • Provides expert technical and informatics knowledge • Provision of I.T and telecoms support to GP practices • Provides strategy and guidance on Information Governance requirements, ensuring the CCGs are fully compliant with IG regulations • Data analysis and report provision • Registration Authority Services – processing of Smartcards			
Plan owner	SRO – IT and Innovation	**Date approved**	September 2019	**Review period** Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan
During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected. Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required. Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend. In working hours the SRO for I.T and Innovation will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 8am– 6pm	
Minimum number of staff to operate emergency response	GP IT – 4 GP IT staff Corporate IT – 1 support desk staff member Registration Authority smartcards – 1 RA staff member Primary Care innovation – 1 innovation staff member Information Governance – IG lead	
Categories (as outlined in business continuity plan)	**Category A functions** **(activities which must continue)**	**Category B functions** **(activities which can be scaled down)**
Functions (as outlined in business continuity plan)	• Corporate IT emergency response • GP IT emergency response • Registration Authority services	• Primary care innovation • Information governance
Key contacts **(Out of hours contacts if applicable)**	IT staff members (in and out of hours), BHR CCGs GP practices, CCG communications team, NHS England communications team RA team members BHR CCGs GP practices BHR pharmacies London escalation via HSCIC Electronic Prescribing project leads	Innovation and information Governance team members

Services and suppliers	IT - System support providers as follows; - Egton Medical Information Systems (EMIS) - In Practice Systems (INPS) - The Phoenix Partnership (System One) - iSoft - Mictotest - HSCIC - Virgin Media - Vivantio Service - LogMeIn – Rescue Remote Support tool - Bomgar – Remote support tool - BT N3 WAN connectivity - BT N3 Voice (Telephone) - Health Analytics - BEOVAX - Datto RMM (centrastage) Illumit - Broadcare - CHC clinical - Care banking – CHC Clinical notes and financial - Airwatch - Meraki (WIFI) - Imprivata - Uniprint	Health Analytics
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Yes – site would need to have N3 connectivity and telephone access to cover Servicedesk. PCs require specific software build (GP IT) and secure storage Smart card printers are required for Registration Authority but currently these are available at only at North House.	Brooke Trading estate, Unit 10, Lyons Road, Romford RM1 2AT
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	N3 WAN access national spine Smart card readers/printers/camera	CHC services
List shared folders/ Critical Drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	ESX Virtual Environment for TS services onto CentraStage remote management (ONEL-BEC-GPT-01) and Load Balance Bomgar Remote Support Tool – Linux boxes based at Thames View and North House Vivantio Sharepoint S drive/BHR CCGs - All staff S drive/shared/onel/departments S drive/shared/puma/clockhousedata$/users Registration Authority netstore-one/application support	IG Toolkit S drive/BHR CCGs - All staff S drive/Innovation and all folders within this S drive/Information Governance and all folders within this
The absolute minimum resource needed to operate short term continuity (0-8 hours)	N3 connection / internet Access to Vivantio Access to NHS spine for RA	Access to internet and email for minimum number of staff listed above. If a network issue and Outlook not available access NHS mail via the internet.
The back up plan if minimum resource needed was not available in short term	Paper records would have to be kept.	

List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers) **If the function cannot continue without them how you will overcome this in the short and long term?**	For GP and Corporate IT - all operational data is held on external hosted systems that can be accessed via an N3 connection. If the N3 network went down all NHS services would cease to operate on a national basis and paper records would have to be kept. For RA service – Electronic records are held via NHS Spine. Copies of paper application are available electronically stored on shared drive, if not in hard copy. Application forms are stored electronically, via the internet and hard copies are printed and available at North House. Staff to move to a site with N3 connection to access them – this could be a GP practice.	Access to folders and shared drive listed above. Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder. Two data centre sites are utilised and both sites have local networks that could be utilised.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	IT recovery plans, asset register. Hard copies to be printed and electronic versions stored on USB. All information assets are stored on servers. Two data centre sites are utilised and both sites have local networks that could be utilised in the event of network or site failures. Smartcard Management system – nationally provided via internet so national business contingency plans for the system will apply. If local access not available then staff can more to another site with N3 connectivity.	IG toolkit – accessed externally
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. Most staff within the team have access to an iphone, Ipad and/or laptop and there are additional devices kept for emergency planning purposes that can be issued if required. Minimum one mobile phone per function required. Smartcard access and printer for RA – facilities at North House	PC Access to email and telephone for minimum number of staff listed above. Most staff within the team have access to an iphone, Ipad and/or laptop.
Consumables required to operate short term continuity	General stationery, Smartcards, Smart card printer, ribbon for smartcard printers	General stationery
Estates & Facilities	Base at North House for IT. RA also have a base at North House.	
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles as well as IT service desk. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email and fax to GP practices.	

Signature of plan owner	*[signature]*
Date	02/09/2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004

COMMISSIONING AND PERFORMANCE – INDIVIDUALISED CARETEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. The Individualised Care Team team works from one CCG office at North House, Romford and includes NHS Continuing Healthcare, Funded Nursing Care payments and Mental Health Commissioning.

Department/Location	8th floor, North House, St Edwards Way, Romford Essex RM1 3AE		
Functional Areas	The Individualised Care team undertakes the following; - Processing of NHS Continuing Healthcare (CHC) applications and covers quality assurance, clinical assessments and reviews, brokerage and placements, triage, appeals, fast track CHC, payments plus any associated Safeguarding responsibilities - Processing of Previously Unassessed Periods of Care (PUPoC) claims and appeals - Telephone point of contact for patients, service users and families - Mental Health placements commissioning and review, including Section 3 and Section 117 and Transforming Care Programme (TCP) functions and responsibilities - Funded Nursing Care (FNC) authorisation and payment - Discharge to assess, Back Brace, Slow Stream Rehabilitation and Equipment pathways		
Plan owner	Director of Transformation and Delivery – Unplanned Care	**Date approved** September 2019	**Review period**	Annually (or before if there is a restructure, change in function or office relocation) September 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Director of Commissioning and Performance or the Director of Transformation and Delivery (or deputy) will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am– 5pm
Minimum number of staff to operate emergency response	Director of Transformation and Delivery - Unplanned Care or Head of Individualised Care, 1 member of TCP team, 3 Nurses Assessors and one administrator

Categories (as outlined in business continuity plan)	**Category A functions** **(activities which must continue)**
Functions (as outlined in business continuity plan)	- Clinical assessments and reviews - Quality assurance - Brokerage and placements - Triage and appeals - Processing of PUPoC applications and appeals - Telephone contact - Personal Health Budget (PHB) provision - TCP - Female PICU Alerts

Key contacts **(Out of hours contacts if applicable)**	Continuing Healthcare team TCP Team BHR CCGs communications team IT service desk Corporate Services team Finance team Temporary staffing agencies (nurse assessors) Nursing homes Patient Transport Providers NHS Hospital Discharge Teams Mental Health Services locally (NELFT) Social Care Independent hospitals
Services and suppliers	Patient Transport Providers (G4S/PTS) Temporary staffing agencies (Coyles, Venn Group) Photocopier supplier (Canon) Franking machine provider (FP Mailing)
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Not if relocation to another CCG site and access to internet and shared drive were available. Phone line will be covered by forwarding to another extension or a mobile depending on type of incident and alternative arrangements available. Referrals could be received via scanned documents or attachments sent to mobile phone. Priority to be given to fast track and any urgent admissions for mental health. If no computer access any patient notes can be written in hard copy or on a personal drive in the interim and later scanned onto the system. Access to patient records on My Care Bank (MCB) would be problematic if there was failure of local server.
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Link to finance and corporate teams, around agency staffing.
List shared folders, critical drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/BHR CCGs - All staff S drive/Continuing Healthcare and all folders within this Broad care Patient Management System –not currently in use. My Care Bank patient record and finance System Oracle
The absolute minimum resource needed to operate short term continuity (0-8 hours)	Access to internet and email for minimum number of staff listed above. One telephone to be covered by one administrator,
The back up plan if minimum resource needed was not available in short term	If a network issue and Outlook not available access NHS mail via the internet. Communicate via telephone, fax or photographs /attachments sent by mobile.

List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers)	Access to folders and shared drive listed above. Patient transport booking forms – stored electronically in patient transport email account and on the shared drive.
If the function cannot continue without them how you will overcome this in the short and long term?	Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the team folder. PUPoC Team have hard copy files which would need to be transported; this is not an urgent requirement, however.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	Stored on: My Care Bank patient record and finance system Nationally provided systems which have their own business continuity arrangements and agreed timescales for recovery.
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. All permanent nurses assessors have a laptop so will be able to access the internet so can continue to undertake assessments, although if there was a network issue they would need to use an offline version and save the records once the issue was resolved. Access to MCB patient management and finance system may be disrupted.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	Base at North House. If premises was not accessible then key staff would work from home where possible.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles, liaising with telecoms team around main line telephone number to be forwarded. Advise key contacts by email if telephones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email or fax.

Signature of plan owner	Sharon Morrow
Date	02.10.2019

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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our teams work across 3 CCG offices, one in each of our boroughs. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	6th Floor, North House, St Edwards Way, Romford Essex RM1 3AE			
Functional Areas	The Nursing team functions include Safeguarding and Quality and undertake the following; • Provide a wide range of clinical advice to inform decision making • Manage robust systems and processes for the commissioning and monitoring of the delivery of high quality safe services. • Manage the serious incident process including immediate next steps • Ensure sound clinical governance arrangements are in place to provide assurance to the Governing Bodies. • Compliance with their duties in respect of Child and Adult Safeguarding and the Mental Capacity Act. • Act as the Caldicott Guardian on behalf of CCGs. • System support for discharges and winter planning • Management of GP service alert system • Support the roll of non-medical clinical/ professional leadership • Act as lead for Child Death Reviews			
Plan owner	Nurse Director	Date approved	September 2019	Review period	Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan
During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected. Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required. Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend. In working hours the Nurse Director will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am–5pm	
Minimum number of staff to operate emergency response	Nurse Director or Deputy and one Designated Nurse	

Categories (as outlined in business continuity plan)	Category A functions (activities which must continue)	Category B functions (activities which can be scaled down)
Functions (as outlined in business continuity plan)	• Safeguarding emergency response • Quality emergency response	• Quality oversight
Key contacts (Out of hours contacts if applicable)	Nursing team staff members (in and out of hours), BHR CCGs GP practices BHR CCGs communications team BHR CCGs nursing homes Local authority safeguarding teams Provider Trusts IT service desk	
Services and suppliers	North East London Commissioning Support Unit (for serious incident management)	
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Not if relocation to another CCG site and access to internet and shared drive was available.	

Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Link to North East London Commissioning Support Unit and local authority safeguarding teams
List shared folders, critical drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/BHR CCGs - All staff S drive/BHR CCGs – Nursing DiligentSPI NE
The absolute minimum resource needed to operate short term continuity (0-8 hours)	Access to internet and email for minimum number of staff listed above.
The back up plan if minimum resource needed was not available in short term	If a network issue and Outlook not available access NHS mail via the internet. If no email available communicate via telephone and fax.
List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers)	GP alerts database Serious case review records Section 11 audits Safeguarding evidence Safeguarding inspections documentation Serious incident records Child Death Review /Child Death Overview Panel documentation Quality database Clinical Quality Review meeting documentation.
If the function cannot continue without them how you will overcome this in the short and long term?	Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the nursing folder.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	GP alert database - on S drive in nursing folder Minutes from Clinical Quality Review meetings – on S drive in Nursing/Quality folder Caldicott log – in S drive in Nursing/Quality folder Child Death Review /Child Death Overview Panel - in S drive in Nursing/safeguarding folder Key documents and databases will be saved on an encrypted USB stick and updated once a month. GP Alerts, CQRM and Caldicott all have their own inboxes so we can still access information, papers and other important information through this route. There is a Child Death Overview Panel coordinator (one in each council) who holds all the CDOP information should the S Drive not be accessible and we need access to any documentation.
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. Most staff within the team also have access to an iphone, Ipad and/or laptop.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	Depending on the site affected and scale staff could relocate to another CCG office or work from home where possible.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email and fax.

Signature of plan owner	Jacqui Himbury
Date	02.10.2019

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COMMISSIONING AND PERFORMANCE - MEDICINES MANAGEMENT TEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	6th Floor, North House, St Edwards Way, Romford Essex RM1 3AE		
Functional Areas	The Medicines Management team undertakes the following; • Provision of a clinical prescribing support service to the CCGs and their constituent GP practices • Provides professional support and representation of the CCGs at relevant meetings and local professional networks, on matters relating to prescribing, pharmacy and medicines management • Development, planning, coordination and implementation of the Medicines Management QIPP agenda to support the CCGs to achieve improvement of the health of the population by promoting the safe, efficient and cost-effective use of medicines		
Plan owner	Nurse Director	**Date approved**	September 2019	**Review period**	Annually (or before if there is a restructure, change in function or office relocation) September 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Nurse Director or deputy will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am-5pm	
Minimum number of staff to operate emergency response	Chief Pharmacist or Deputy Chief Pharmacist and one QIPP Programme Pharmacist	
Categories (as outlined in business continuity plan)	**Category A functions (activities which must continue)**	**Category B functions (activities which can be scaled down)**
Functions (as outlined in business continuity plan)	• Medicines Management emergency response	• Medicines Management advice
Key contacts **(Out of hours contacts if applicable)**	Medicines Management team staff members (in and out of hours), BHR CCGs GP practices BHR CCGs communications team Community pharmacists and opening hours NHS England London region BHRUT Pharmacy Barts Health Pharmacy NELFT Pharmacy IT service desk	
Services and suppliers	None identified	
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	No provided team access to work laptops and internet access	
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Contact with NHS England London Region Community Pharmacy Contracts and NEL Local Pharmaceutical Committee for any urgent business related to community pharmacy Contact with Primary Care for support of GP concerns/contacts	
List shared folders, critical drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/BHR CCGs - All staff S drive/BHR CCGs – Medicines Management	

The absolute minimum resource needed to operate short term continuity (0-8 hours)	Access to internet, email and telephone for minimum number of staff listed above.
The back up plan if minimum resource needed was not available in short term	If a network issue and Outlook not available access NHS mail via the internet. If no email available communicate via telephone.
List storage/records types used and stored (hard files,	ScriptSwitch profile
electronic records, finance information, contact information (staff/stakeholders/suppliers)	Local formularies QIPP database Oxygen database Prescribing Data Prescribing Guidance database General Prescribing Guidance database Medicines decommissioning database Shared care guidelines database BHR GP Practice list All the above stored electronically – S drive/BHR CCGs – Medicines Management
If the function cannot continue without them how you will overcome this in the short and long term?	Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	ePACT2 – NHS Business Services Authority ScriptSwitch – Clinical Decision Support Software - Optum Ltd Externally provided via internet so national business contingency plans for the system would apply if this was unavailable.
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. All staff have work laptops and clinical staff within the team also have access to an iphone.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	Base at North house Romford, should this be unavailable then staff could work from, a BHR CCG GP practice or from home.
Please specify how to cover loss of phones if applicable:	Team business continuity diverts calls to specific work mobile, when office phones not available. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email.

Signature of plan owner	Jacqui Himbury
Date	02.10.2019

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PRIMARY CARE TRANSFORMATION TEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our primary care team has come together from the former three CCG headquarters onto a single site, the new head office for the three CCGs in North House, Romford. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location		• 6th Floor, North House, Romford RM1 3AE		
Functional Areas		The Primary Care Transformation team undertakes the following; • Strategic and operational development (including performance) of primary care across BHR; • Lead for BHR CCGs' delegated primary medical services commissioning responsibilities • Lead for the BHR primary care transformation programme • Relationship lead for GP practices • Commissioner lead for Business Continuity for general practice across BHR		
Plan owner	Director of Primary Care Transformation	**Date approved**	10 September 2019	**Review period**	Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, a business continuity incident can be declared and the plan invoked by the On-call Director or by the Director/ Deputy with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required. A stakeholder communications strategy function is held, which details who needs to be made aware if the plan is invoked and in what order. If it is a major incident declared by NHS England they will advise on responsibilities and priorities around communications.

Out of hours; the On-call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend. The main incident coordination centre (ICC) is located on the 6th floor, room 6C, North House, Romford.

If the declaration of an incident and invocation of the business continuity plan occurs the following actions are to be carried out:
Immediate actions for the On Call Director
- Decide if the activation of the ICC is necessary and appropriate location, depending on type of incident
- Form an incident response team to manage the incident
- Nominate an incident Director to manage the incident, this can be the on call Director if appropriate or another Director or deputy
- Ensure all actions and information issued and received is recorded

During working hours the Director of Primary Care Transformation will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am– 5.15pm	
Minimum number of staff to operate emergency response	Seven persons including either the Director of Primary Care Transformation or Deputy Director of Primary Care Transformation, Head of Primary Care, three Primary Care Managers and/or Primary Care Improvement Lead and two Administrators/Business Manager(s).	
Categories (as outlined in business continuity plan)	**Category A functions** (activities which must continue)	**Category B functions** (activities which can be scaled down)
Functions (as outlined in business continuity plan)	• Primary care emergency response	• Primary care commissioning/transformation
Key contacts (Out of hours contacts if applicable)	BHR CCGs primary care team staff members (in and out of hours) BHR GP practices NELCSU BHR GP Federations / BHR Primary Care Network Clinical Directors PELC BHR CCGs communications team North East London primary care team NHS England communications team NHS England medical directorate team BHR CCG's IT service desk (for general practice and corporate	

	functions)
Services and suppliers	None identified
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	No, all staff members are able to work offsite via laptop with access to desktop, internet, emails and shared drive
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Link to North East London primary care team / medical directorate Access to intranet – shared folders/email contacts Access to GP/corporate IT Medicines/medical supplies may be required depending on type of incident – assumption being this would be covered by EPPR arrangements
List shared folders, critical drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S:\BHR CCGs - Business Continuity Plans S:\BHRCCGs - All Staff S:\Primary Care Development S:\Transformation Programme\Primary Care
The absolute minimum resource needed to operate short term continuity (0-8 hours) **The back up plan if minimum resource needed was not available in short term**	Access to shared drive, internet and email for minimum number of staff listed above. If a network issue and Outlook not available, access to NHS Mail can be used via the internet. If no email available communicate via telephone stakeholders.
List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers) **If the function cannot continue without them how you will overcome this in the short and long term?**	Access to folders and shared drive listed above. Practice contact details – electronically and in hard copy Practice profit information – electronically Meeting papers – electronically Primary Care Networks information – electronically and hard copy Commissioned Enhanced Service information - electronically Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	None identified
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. Most staff within the team also have access to an iphone, ipad and/or laptop.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	If site affected staff are able to work off site via laptop and can arrange GP practice visits or work from GP sites, or work from home where possible. Other sites are available including Barking, Havering and Redbridge University Trust and London Borough of Havering.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email to GP practices.

Signature of plan owner	*Sarel See*
Date	10 September 2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004.

FINANCE AND ESTATES TEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	7th Floor, North House, St Edwards Way, Romford Essex RM1 3AE (Co-located with NEL CSU staff and floor managed by NHS Property Services)			
Functional Areas	The Finance team undertakes the following; • Oversees all financial systems and internal controls, including the development and modification of accounting systems • Produces financial statements for audit to be able to demonstrate effective stewardship of public money and accountability to tax payers, and for timely, accurate and meaningful internal financial reports. • Leads on all strategic financial issues • Programme Management Office, which supports the delivery of system delivery plan			

Plan owner	Director of Finance	**Date approved**	September 2019	**Review period**	Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Director of Finance will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am-5pm		
Minimum number of staff to operate emergency response	Director of Finance or Deputy Chief Financial Officer and one other		
Category (as outlined in business continuity plan	**Category A functions (activities which must continue)**	**Category B functions (activities which can be scaled down)**	**Category C functions (activities which can be suspended if necessary)**
Functions (as outlined in business continuity plan)	• Immediate financial decision making / payment for goods/services/supplies	• Day to day finance (e.g. invoice approval)	• Strategic finance • PMO
Key contacts (out of hours contacts if applicable)	Finance team members PMO team members NEL CSU finance, procurement and commissioning support teams Corporate Services IT service desk		
Services and suppliers	Shared Business Services (SBS)		
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Not if relocation to another site and access to internet and shared drive was available.		
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Contact with NEL CSU finance, procurement and commissioning support teams For urgent payments by credit card or from petty cash liaise with corporate services.		

List shared folders/ Critical Drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/All staff S drive/Scanned/Finance S drive/BHRCCGs – Finance and all folders within this Oracle (via internet) S drive/transformationprogramme/PMO
The absolute minimum resource needed to operate short term continuity (0-8 hours) **The back up plan if minimum resource needed was not available in short term**	Access to internet and telephone for minimum number of staff listed above. If a network issue and Outlook not available access NHS mail via the internet. If email not available communicate by telephone. Support can also be provided by NEL CSU finance team, if required. Urgent payments could also be made via the organisation credit card or by petty cash, in liaison with corporate services.
List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers) **If the function cannot continue without them how you will overcome this in the short and long term?**	Access to folders and shared drive listed above. Monthly finance summary reports, activity and finance reports, finance schedules, budget code lists. Project plans, PIDs, meeting documentation Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder. Should local access to Oracle not be available a request to be made to NEL CSU finance to make manual payments should urgent payments be required. In addition corporate services have a credit card which could be used if required and for small amounts petty cash could be used for any urgent purchases.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	General ledger – one for each CCG – provided by Shared Business Services (SBS). National business contingency arrangements would apply if this was unavailable via Oracle and would affect invoice payments which would have to be put on hold until resolved. If local disruption to service function could relocate to another site and additional support could be requested from NEL CSU.
Current resources available and absolute minimum resource needed to operate short term continuity	All staff have laptops and can work remotely if required. Director of Finance, Deputy Chief Financial Officer and Head of Finance have mobile phones
Consumables required to operate short term continuity	General stationery
Estates & Facilities	If North House was not accessible all staff could work remotely.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email.

Signature of plan owner	*[signature]*
Date	9 September, 2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004.

COMMISSIONING AND PERFORMANCE – PLANNED AND UNPLANNED CARE TEAMS BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our teams are based in a centralized location, North House, Romford. Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location	7th Floor, North House, St Edwards Way, Romford RM1 3AE
Functional Areas	The Commissioning and Performance Directorate covers both Planned (all elective care services including Cancer, Children and Young People and Maternity) and Unplanned care and Mental Health (including CHC) and is responsible for the following commissioning functions; - Urgent and Emergency Care - Mental Health and LD - Community services - Children's and maternity services - Planned Care and Cancer - Approval of non-urgent patient transport requests - Approval of short term MH/ LD out of area admission/placement - Leads on the procurement, contracting and performance management of North East London Commissioning Support Unit (NEL CSU) - Lead on financial recovery programme - Continuing Healthcare and individual placements (see separate team BCP) - Transformation Boards: - Planned Care - Unplanned Care - Older People - Mental Health - Transforming Care Programme - LTCs - Cancer - Children and Young People

Plan owner	Director of Commissioning and Performance	Date approved	September 2019	Review period	Annually (or before if there is a restructure, change in function or office relocation)

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Director of Commissioning and Performance or one of the Directors of Transformation and Delivery (or deputy) will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am–5pm	
Minimum number of staff to operate emergency response	Director of Commissioning and Performance or one of the Directors of Transformation and Delivery or deputy plus one administrator	
Categories (as outlined in business continuity plan)	Category A functions (activities which must continue)	Category B functions (activities which can be scaled down)
Functions (as outlined in business continuity plan)	- Unplanned care emergency response - Planned care emergency response	General Commissioning (planned/unplanned)

Key contacts **(Out of hours contacts if applicable)**	Planned Care and Unplanned Care staff members (in and out of hours) BHR CCGs communications team BHRUT on call manager NELFT on call manager LAS (NHS 111) on call manager Clinical Chairs for the Transformation Programmes IT service desk North East London Commissioning Support Unit teams (contracting, procurement, surge) Non-emergency Patient Transport Providers
Services and suppliers	North East London Commissioning Support Unit Non-emergency Patient Transport Providers (G4S/PTS) LAS – ambulance and 111 PELC – UTCs/ Out of Hours GPs/ GP Home visiting
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Not if access to internet and shared drive was available.
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	Link to NEL Commissioning Support BHR POD, based on 7th floor, North House
List shared folders/ Critical Drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/BHR CCGs - All staff S drive/Commissioning and Performance/Unplanned care and all folders within this S drive/Commissioning and Performance/Planned care and all folders within this
The absolute minimum resource needed to operate short term continuity (0-8 hours)	Access to internet and email for minimum number of staff listed above.
The back up plan if minimum resource needed was not available in short term	If a network issue and Outlook not available access NHS mail via the internet. Communicate via telephone and email. For non-emergency patient transport requests use fax to communicate with practices.
List storage/records types used and stored (hard files, electronic records, finance information, contact information **(staff/stakeholders/suppliers)** **If the function cannot continue without them how you will overcome this in the short and long term?**	Access to folders and shared drive listed above. Non-emergency Patient transport booking forms – stored electronically in patient transport email account and on the shared drive Individual Funding Requests approval - submitted via email by NEL CSU Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the finance folder.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	None identified
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. All staff within the team have access to a laptop and in most cases an iphone,.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	If North House was not accessible then key staff would be directed to work from home where possible or a local provider site.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email and fax to GP practices.

Signature of plan owner	Steve Rubery
Date	09.10.2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004.

STRATEGY AND INTEGRATION TEAM BUSINESS CONTINUITY PLAN

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups work collaboratively together to commission essential and safe health services for our local populations. Our teams work across 1 site.
Key functions undertaken by the CCGs have been identified so that should an incident occur plans are in place to ensure continuity of these functions.

Department/Location		6th Floor, North House, St Edwards Way, Romford RM1 3AE			
Functional Areas		The Strategy and Integration team undertakes the following; • Development and implementation of the Integrated Care Strategy • Strategic leadership of the system development programme			
Plan owner	Director of Strategy & Integration/ Director of Transition	Date approved	September 2019	Review period	Annually (or before if there is a restructure, change in function or office relocation) October 2020

Invocation of plan

During normal working hours, in the event of a Major or Catastrophic incident, or set of circumstances which might present a risk to the continuity of a Category A or B service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected.

Where more than one service is affected, any one of the responsible Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Out of hours the on call Director, in consultation with the Managing Director and Director of Corporate Services, will arrange to attend an agreed location to invoke the plan or will delegate authority to a senior manager to attend.

In working hours the Director of Strategy & Integration/Director of Transition will refer to the Directorate plan and determine which functions are affected and take the necessary actions to inform the relevant manager of that function. All actions will be logged including reasoning of why no action taken if deemed appropriate.

Department Core Hours	Monday-Friday 9am-5pm
Minimum number of staff to operate emergency response	Director of Strategy & Integration/Director of Transition or one other member of the team
Categories (as outlined in business continuity plan)	**Category C functions** **(activities which can be suspended if necessary)**
Functions (as outlined in business continuity plan)	• System Development
Key contacts (Out of hours contacts if applicable)	Strategy & Integration NEL CSU IT service desk
Services and suppliers	None identified
If any of the above functions had to relocate in short/long term would this present any problems or additional requirements?	Not if relocation to another local provider site and access to internet and shared drive was available.
Is any specialist input required to operate the above functions effectively? (equipment, links to other teams etc)?;	n/a
List shared folders/ Critical Drives and any computer systems used in addition to Microsoft Office, Outlook and Internet	S drive/BHR CCGs - All staff S drive/Planning and Delivery/Strategy Delivery/ and all folders within this
The absolute minimum resource needed to operate short term continuity (0-8 hours)	Access to internet and email for minimum number of staff listed above.
The back up plan if minimum resource needed was not available in short term	If a network issue and Outlook not available access NHS mail via the internet.

List storage/records types used and stored (hard files, electronic records, finance information, contact information (staff/stakeholders/suppliers)	Access to folders and shared drive listed above. Meeting documentation
If the function cannot continue without them how you will overcome this in the short and long term?	Key documents saved on an encrypted USB issued for emergency planning purposes, hard copies printed and included in BCP and saved electronically in the S&I folder.
Critical information Assets – please list all critical information assets that have been identified, how/where stored and the business contingency plans for each	None identified.
Current equipment resources available and absolute minimum resource needed to operate short term continuity	Computer access for minimum number of staff listed above. Most staff within the team have access to an iphone, ipad and/or laptop.
Consumables required to operate short term continuity	General stationery
Estates & Facilities	Base at North House. Depending on scale if it was unavailable then staff may be able to work from home.
Please specify how to cover loss of phones if applicable:	Forward direct external lines to work mobiles. Advise key contacts by email if phones are going to be down for a long term period with an alternative contact number (mobiles to be used if necessary). Communicate by email.

Signature of plan owner	*[signature]*
Date	4/9/2019

All staff who undertake activities identified must be informed of this Business Continuity Plan. The document signatory is also responsible for regular review of this plan to confirm it is still fit for purpose. Any changes to the current plan must be advised to the Business Continuity Lead in order to maintain a log to comply with the Civil Contingencies Act 2004.

Appendix I

Incident Coordination Centre operating procedures

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Incident Coordination Centre (ICC) Operating Procedures	

Author(s)	Anne-Marie Keliris, Company Secretary
Version	1.2
Version Date	September 2019
Implementation Date	September 2018
Approval Date	4 October 2019
Review Date	September 2020
Review Body	BHR CCGs' Executive Management Team

THIS IS A GUIDANCE DOCUMENT

IN THE EVENT OF A MAJOR INCIDENT DO NOT READ THIS NOW.

PLEASE REFER TO THE INCIDENT RESPONSE PLAN

Version Coordination

Version Number	Date	Author (Job Title)	Reason	Ratification
1.0	June 2017	Lisa Wood (Senior Business Manager)	New document	EMT June 2017
1.1	September 2018	Lisa Wood (Senior Business Manager)	Minor amendments made following annual review	
1.2	September 2019	Anne-Marie Keliris (Company Secretary)	Revision of the document following the CCGs' move from three location to one.	SMT Oct 2019

Contents

1.0 Purpose

This document gives practical advice and instruction on the operation of the Incident Coordination Centre (ICC) as Tactical (Silver) Command. It addresses three separate needs:
- the activation process for opening the ICC
- providing instructions for the operation of the facility and its equipment
- setting out how the roles within the ICC will work

2.0 Location and layout

The ICC is situated in the, meeting room 6C, 6th floor at North House, Romford.

The room is primarily used for meetings, however in the event of a major incident being declared it will be established as the Incident Coordination Centre.

Please see Appendix 1 for the floor plan/layout of the ICC and Appendix 2 for photos of the room.

3.0 Function of the ICC (Silver Command)

The function of an Incident Coordination Centre during a major incident or emergency is to;
- provide a central focus for the management of the BHR CCGs' response to a major incident
- provide a location with dedicated facilities for that capability
- implement command and coordination arrangements, including the allocation of resources, ensuring flexibility to deal with changing situations
- allow information relating to the incident to be collated and shared, providing efficient incident communication and information during the response
- allow the staff responding to the incident to concentrate solely on tasks related to the incident
- offer a single location for staff to contact in need of support, guidance or a decision
- interface with command and coordination procedures and ICCs of other responding partner agencies

4.0 Location of the ICC

Meeting room 6C, 6th Floor, North House, St Edwards Way, Romford Essex RM1 3AE

Plan for 6th Floor
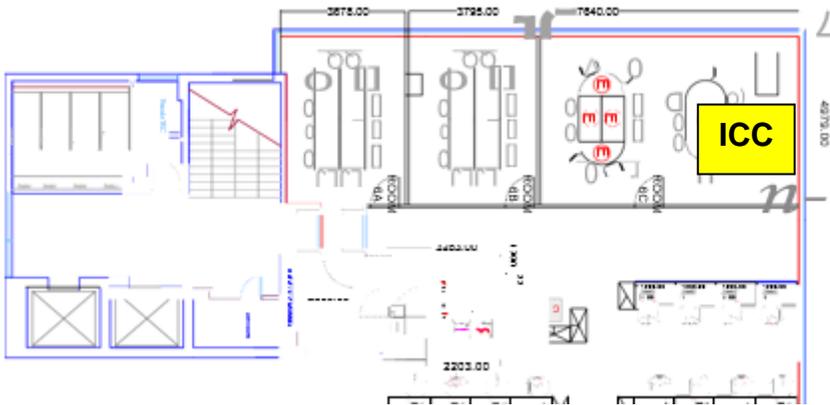
5.0 Activation

The Incident Coordination Centre is used as a meeting room at all other times. As a result it is often active during normal working hours. Small scale incidents can be routinely managed elsewhere without the need for formal activation.

When a major incident is confirmed as on standby or declared by NHS England, the director on call will make arrangements for an Incident Response Team to convene in the ICC as soon as possible to assess the current status and any risks posed to the CCGs in respect of business

continuity, as well as the local health system. For detailed instruction on the declaration of a major incident, please refer to the CCGs' incident response plan.

6.0 Establishing the ICC

The first person arriving at the ICC must;
- Arrange opening and setting up of the ICC (See Appendix 1 and 2 for layout)
- Set up IT (three laptops) and communications including access to the ICC mailbox and two telephones
- Organise call out to other members of the incident response team, including arranging loggists (see Appendix 3 for list of loggists), as per the CCGs' incident response plan, in consultation with the on call/ incident director and allocate the actions cards found in the incident response plan.
- Set up the situation board
- Manage the email and phone lines until additional staff arrive keeping a log of all actions.
- Ensure a sign in sheet is available to immediately commence a record of all personnel entering and exiting the ICC room (see Appendix 3)

The ICC has a cupboard in the room which is dedicated to the resources required to respond to a major incident. The key to access this is located on the side of the cupboard. Stored in the cupboard are:
- A resource folder (with all emergency plans, contact details, list of trained loggists)
- Three laptops and cables to allow access to the network for anyone to log on
- Telephones which must be connected to the correct analogue phone port (red for incoming calls, white for outgoing calls)
- Log books
- Stationery
- Clock
- Digital radio
- Laminated situation board
- Overnight pack containing sleeping bags

All equipment is tested every three months to ensure functionality.

7.0 Access to the ICC

All directors have 24/7 access to North House so can access it out of hours without any notice required.
Access to the ICC itself is by authorised personnel only and a sign will be placed on the door as part of the room set up procedures advising this.

Once staff have been allocated to their roles they will be provided with a badge specifying this.

All staff that enter and exit the ICC must sign in and out on the attendance log sheet (Appendix 7)

8.0 Roles and responsibilities within the ICC

Staff in Silver Command are responsible for the overall management of the incident and must ensure effective communication at all levels. This encompasses;

- recording the allocation of roles to ICC staff

- liaising with NHSE Gold (Strategic) Command and any other partner ICCs

- ensuring events are properly documented

- overall management of physical and human resources

- receiving and providing situation reports (SITREPs) from NHSE Gold Command and statutory bodies as required

- ensure that relevant, timely and agreed communications are provided to key stakeholders e.g. Governing Body members, GP members, staff, patients and local partners

The role of incident director will be filled by the director on call in the first instance, unless there is agreement that another director or senior manager is better placed to cover this. Their role is to manage overall tactical co-ordination of the CCGs' response to the incident. Other roles that will be based in the ICC in are listed overleaf.

Should the incident be protracted, a rota will be developed to allow other personnel to cover these roles. It is also acknowledged that in some instances one person may cover more than one role.

Role in ICC	Responsibilities	Role to be filled by
Incident Director	Overall responsibility for the tactical response to the incident, ensuring that actions, decisions and communications are agreed in a timely manner and recorded appropriately. Required to form an incident response team, allocating roles to appropriate personnel. Maintain business continuity by invoking business continuity plans where required.	Director on call (or another director or senior manager if agreed)
Incident Manager	Coordinates all aspects of the response, advises the incident director and provides information and actions downwards.	May not always be required, depending on the type and scale of the incident – incident director to decide if required
ICC Manager	To ensure set up and smooth operation of ICC, allocating roles and staff to ICC support staff	Company secretary or deputy director of corporate services
ICC Task Manager	Makes a note of all actions allocated and to who and ensures completion.	Administration role – ICC manager to decide based on who is available
Loggist	To formally make a record of all decisions made by the incident director and the rationale for those decisions. Depending on the incident more than one loggist may be required.	Staff that have undertaken formal loggist training – list provided in Appendix 4.
Minute taker	To record all communications in and out of the ICC, staff that enter and leave the ICC, summarises all discussions that have taken place any agreed actions.	Administration role – ICC manager to decide on number required based on who is available
Incident Coordinator /Admin/Runner	Provides administrative support for all of the above	Administration role – ICC manager to decide on number required based on who is available
ICC Comms Lead	Provides advice on media and public handling and may be involved in drafting formal response, in liaison with NHSE and other local partners' communications teams.	Head of communications or nominated CSU comms representative

There may be some other roles required, depending on the specific type of incident that occurs;

- HR representative – to provide advice if incident directly affects staff (may be covered by corporate services rep)

- IT representative – may be required if a specific IT related incident (may be covered by lead for IT or a deputy)

- Facilities/ estates representative – may be required if a specific facilities incident to provide advice (may be covered by corporate services rep)

9.0 Information management and briefing

9.1 Information and data

Under no circumstances must any document, which specifically relates or may relate (however slightly) to the incident be destroyed, amended, held back or mislaid.

For these purposes documents means:

- pieces of paper
- photographs
- audio and videotapes
- information held on word processor or computer
- electronic e-mail
- and any other form of data

9.2 Displaying Information

There is one white board and one flip chart in the ICC, which should be used to display important information relating to the ongoing incident. There is also a large laminated situation board that needs to be put up and whiteboard markers used to record and update information as the incident progresses.

9.3 Briefings

The incident director or incident manager should lead any briefings, and any new staff entering the ICC should be briefed on the situation on their arrival by them.

A range of briefing protocols enhance the dissemination of information and the imposition of leadership, ensuring that the individual, the team and the tasks to be performed are all aligned.

9.3.1 Preparing for a brief

- ensure everybody is up to date with the current situation. Are there any points to emphasise or highlight?
- review the options – what needs to be actioned next?
- assess risks – are there any specific risks with the strategy that need communicating?
- warn staff that a briefing will take place imminently and that full attention is required

9.3.2 The protocol brief

This is the initial brief to the team by incident director or incident manager and sets out the expectations of the response and how it will be expected to operate. It also provides overview of the situation and details that the team may not otherwise be aware of.

Introductions: A quick introduction by all role holders of their names and what role they will be filling.

Expectations: An opportunity for the incident director/ incident manager to cover quickly what their level of expectation is with regards to;

- information and board management – the role of everyone to keep information flows open and to keep their logs up to date
- briefing discipline – how briefs will be conducted in the future and what is expected of the team
- room protocols – any specific issues surrounding the way the room will work, such as staff signing in and out of the room and this being noted by the minute taker

Situation: The situation should be detailed to the team, using visual aids if necessary, as it is understood by the incident director. Highlight any specific issues or risks that may affect the CCGs in delivering their response.

Questions: Request for any brief questions regarding what has been communicated, and ensure that everybody fully understands the actions required.

9.3.3   The focus brief

These are (as required) regular briefs given by the incident director/ incident manager to provide an update on the situation and to detail any new issues that have arisen. Additionally, it may be used to hone in on particular objectives that are not being delivered or if special attention is required on a particular issue.

9.3.4   The 'time-out' brief

A "time-out" can be called by the incident director or incident manager to catch up on where the response is going. It is a very useful tool if the situation is becoming confused, and there is a need to evaluate where the team is at the moment in relation to situational awareness and action tracking. It should be treated as an informal brief, with each team member being invited to verbally update where they are on their actions.

9.4 Information sharing

Silver (Tactical) Command must ensure that any requests for SITREPs by NHSE Gold (Strategic) are adhered to, in the requested format and within required timescales. This may require involvement from the NEL CSU surge management team via the CSU ICC.

10.0   Facilities

10.1   Air conditioning
The building is air conditioned and there are also a number of fans available in the corporate office that can be used.

10.2   Welfare
Toilet facilities are available on all floors at North House, with female toilets on floors 2, 4, 6, 8 and 9 and male on 3, 5, 7 and 10. Accessible toilets are available on the 2nd floor. Tea, coffee and water should be made available when setting up the ICC.

11.0   Information, communication technologies (ICT)

11.1   Computers
There are three laptops available in the cupboard with cables that connect to the Wi-Fi system. If this was not working, network cables are provided to connect via the ports under the floor box, along with power sockets. Directors will also have their own laptop available to work from.

There is an ICC specific mailbox which all on call directors can access which all email communication must be sent to and from and all emails sent and received should be retained.

11.2   Internet and intranet
Upon declaration of a major incident, a major incident webpage should be created and updated regularly by the communications team.

11.3   Printers
There is no printer set up in the ICC, however one is available at the end of the office on the 6th floor. Should a separate printer be required there is one available which can be connected.

11.4   Television
There is a television located in the ICC and the remote control for this is located on the 6th floor in a white tambour. In a major incident, this should be switched on to either BBC News (channel 130) or Sky News (channel 132).

Monitoring the news channel is a useful tool as the media may have access to information the CCGs otherwise would not. They will also have cameras at the scene of an external incident quickly giving responders a clearer picture of the incident.

12.0 Telecommunications

12.1 Telephones
There are 3 telephone lines in the ICC which are BT analogue line extensions. The numbers to these extensions are;

███████████████

███████████████

███████████████

There are two telephones stored in the emergency planning cupboard. They are colour coded (red for incoming calls, white for outgoing calls) and should be connected to the appropriately coloured socket in the floor boxes. When placing an outgoing call there is no need to dial 9 before entering the telephone number.

There are also two desk telephones which can be used for incoming calls if the other line is engaged. These telephones should also be used for any conference calls as they can be put on loud speaker if required.

12.2 Facsimile (Fax)
There is no fax machine permanently set up in the office but there is one in the emergency planning cupboard which can be plugged into the spare analogue telephone line socket, if required.

13.0 Stand down

The decision to stand down from a major incident remains with NHS England and this would be under the following circumstances;
- when there is a reduction in requirement of resource to manage the incident
- the severity of the incident lessens
- there is a reduction in public and media interest
- the organisation is in recovery stage and business as usual has been reached

If the incident was a multi agency response then partner agencies should also be consulted where necessary.

The ICC may remain in operation following stand down to deal with any enquiries concerning the incident. The level of post incident management will be decided by the incident director. As part of

stand down procedures the focus should be on records management and debriefing processes, identification of lessons identified and any long term effects of the incident.

Appendix 1: Action card for first person arriving at the ICC

Number	ACTION	Time completed
1	Arrange opening and setting up of the incident room	
2	Set up IT and telephones and ensure log in sheet is immediately available	
3	Contact other members of the incident response team, as requested by incident director/ manager, including loggists	
4	Set up of situation board	
5	Manage the dedicated mailbox and telephone lines until additional staff arrive, keeping a log of your actions	
6	Allocate action cards as appropriate, found in the CCGs' incident response plan and at the end of this document	
7	On handover to another person, ensure that you log the handover on your personal log, including details of any briefing that you provide.	

Appendix 2: ICC floor plan
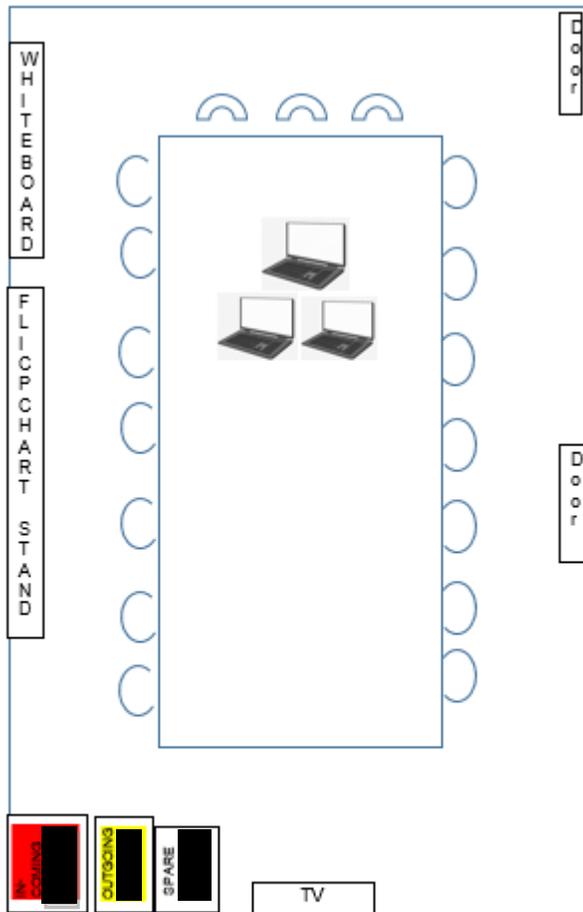
Separate BT analogue Lines
(do not dial 9 for outside line)

– Incoming RED
– outgoing YELLOW
– SPARE WHITE

Appendix 3: List of loggist staff and contact details

Name	Office Base
Lynda Staines	North House
Jenny King (Mon-Thurs)	North House
Tracey Murphy	North House
Meena Pawar (Tues-Fri)	North House
Dawn Endean	North House
Gurjit Sud (Tuesday-Friday)	North House
Keeley Chaplin	North House
Katie McDonald	North House
Shrinal Patel	North House
Maryam Akbar	North House
Jennifer Kariuki	North House
Reshma Ali	North House
Bethany Goddard (Mon-Weds)	North House
Christine Simpson (NWD Thurs)	North House
Harpreet Singh	North House

Appendix 4: Loggist action card

<table>
<tr><td colspan="3" align="center">**ACTION CARD: LOGGIST –**
ACCOUNTABLE TO THE INCIDENT DIRECTOR/MANAGER ONLY

Responsible for recording and documenting all issues/actions/decisions made by the incident director/ manager</td></tr>
<tr><td>**Number**</td><td align="center">**ACTION**</td><td>**Time completed**</td></tr>
<tr><td>1</td><td>Use the log book provided and complete using agreed best practice principles (as per loggist training).</td><td></td></tr>
<tr><td>2</td><td>The log must be clearly written, dated and initialled by the loggist at the start of the shift and include the location.</td><td></td></tr>
<tr><td>3</td><td>All persons in attendance to be recorded in the log</td><td></td></tr>
<tr><td>4</td><td>The log must be a complete and continuous record of all issues/decisions/action as directed by the incident director/ manager.</td><td></td></tr>
<tr><td>5</td><td>Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented.</td><td></td></tr>
<tr><td>6</td><td>If notes or maps are utilised these must be noted within the log.</td><td></td></tr>
<tr><td>7</td><td>At the end of each session in the log a score and signature is to be added underneath the documentation so no alterations can be made at a later date.</td><td></td></tr>
<tr><td>8</td><td>All documentation is to be handed to the emergency planning lead to keep safe and retained for evidence.</td><td></td></tr>
<tr><td>9</td><td>Where something is written in error changes must be made by a single line scored through the word and the amendment made.</td><td></td></tr>
</table>

The loggist is NOT:
- A gopher
- A general administrative support

The loggist MUST NOT:
- Take minutes
- Record for more than one decision maker
- Keep a separate chronological log
- Have responsibility for the decision/action

Appendix 5: Communications officer action card

	ACTION CARD: CCG (or CSU) Communications Officer	
Number	**ACTION**	**Time completed**
1	Liaise with NHS England communications lead on a regular basis	
2	Ensure external communications/media statements/press briefings are completed as required.	
3	Ensure internal communications/updates are issued.	
4	Be available to support CCG executives during media interviews if necessary.	
5	Carry out actions requested by the incident director/ manager	
6	Be able to prepare a report for the incident director/ manager	
7	Keep a log of your actions, including details of any briefing received.	
8	On handover to another person, ensure that you log the handover on your personal log, including details of any briefing that you provide.	

Appendix 6: Message log sheet

							Entry Number:
MESSAGE TYPE	Fax: ☐	Email: ☐	Phone: ☐	In person: ☐	Incoming: ☐		
	ORIGIN TIME:	ORIGIN TIME:			Outgoing: ☐		Message takers initials:

Message passed to:

To: _____   From: _____

Organisation: _____   Tel No. _____

Time: _____   Date: _____

MESSAGE SUBJECT   --

MESSAGE CONTENT:

Appendix 7: ICC attendance log sheet

**North House
Incident Coordination Centre
Attendance log sheet**

Date:

Name	Organisation	Role in ICC	Time in	Time out

NHS Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' Business Continuity Plan

EU Exit Appendix

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Owner	Anne-Marie Keliris
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Version Number	Date	Author	Changes Made
0.1	02/10/2019	Anne-Marie Keliris	First draft
1.0	04/10/2019	Anne-Marie Keliris	Approved by delegated group of the Joint Committee

1. Introduction

On 23 August 2018 the Rt Hon Matt Hancock (MP) – Secretary of State for Health and Social Care (DHSC), wrote an update on the Government's ongoing preparations for a March 2019 'No Deal' scenario. This update was specific to the health and care system and focussed on the preparations to ensure that the NHS, other service providers and patients get the supplies they require. This letter is available from https://www.gov.uk/government/publications/letter-to-the-health-and-care-sector-preparations-for-a-potential-no-deal-brexit.

An update followed on 7 December 2018, covering medicines and vaccines, medical devices and clinical consumables, blood and other products of human origin, non-clinical consumables, goods and services. The letter also contains information on the health and care workforce, research and clinical trials, and business continuity plans. This update is available from https://www.gov.uk/government/publications/letter-to-the-health-and-care-sector-update-on-preparations-for-a-potential-no-deal-brexit.

On 21 December 2019, the EU Exit Operational Readiness Guidance (ORG) was made available from DHSC, which sets out the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a 'no deal' exit. The guidance ensures that organisations are prepared for, and can manage, the risks in such a scenario. This guidance is available from https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england.

Following on from the letters, a website has been made available that collects information for the health and social care sector on contingencies in place at https://www.gov.uk/government/collections/planning-for-a-possible-no-deal-eu-exit-information-for-the-health-and-care-sector.

As part of NHS Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs) business continuity preparations, an EU Exit leads group has been established across the North East London Commissioning Alliance (NELCA) and an executive level lead appointed as Senior Responsible Owner for EU Exit Preparation.

2. Purpose

This appendix to the CCGs' business continuity and emergency planning documentation (available from S:\Corporate Services\Corporate\Emergency Planning\2019) sets out the CCGs' plans, processes and tools to enable us to respond to any business disruption that affects normal service in the event of a 'no deal' EU Exit. This plan provides the generic structure for the CCGs' response to a business continuity incident as a result of a 'no deal' EU Exit and with whom, and how it will work should business continuity processes need to be enacted.

This document does not repeat the information contained in the business continuity plan or other CCG emergency planning documentation and should be read alongside those existing documents. This document does present information specific to a 'no deal' EU Exit.

3. Scope

This plan establishes a single set of flexible management arrangements capable of enabling the CCGs' response regardless of the type or duration of any incident.

The plan does not cover day-to-day minor events or disruptions that do not require corporate coordination and can be dealt with easily. The plan does not cover specific emergency

arrangements for the CCGs' providers and partners, but does provide contact details and processes for working with those partners to enable co-ordinated responses and the sharing of information.

Patient, partner and staff communications will be vital to provide assurance that the CCGs continue to be prepared and take their care seriously. A 'no deal' EU Exit Communications Plan is under development to set out how the CCG will work with communications in the event of a 'no deal' EU Exit.

NHS providers and commissioners will be supported by regional NHS England (NHSE) teams to resolve issues caused by or affected by EU Exit as close to the frontline as possible. These issues will be escalated to the regional level, as required. Where issues are impacting across the health and care system at a national level, the DHSC Operational Response Centre will co-ordinate information flows and responses.

4. Considerations

The CCGs are planning for a 'no deal' scenario on the understanding that this position could change as the UK moves towards the 31 October 2019 deadline. The core focus of planning will be on CCGs and their commissioned providers' readiness against the seven areas of focus set out in the EU Exit Operational Readiness Guide and any appropriate local risks or possible impacts identified through the CCGs' partnership working with its providers and through the Borough Resilience Forums (BRF).

The seven areas focussed on by DHSC are:
- Supply of medicines and vaccines;
- Supply of medical devices and clinical consumables;
- Supply of non-clinical consumables, goods and services;
- Workforce;
- Reciprocal healthcare;
- Research and clinical trials;
- Data sharing, processing and access.

The CCGs are currently unsighted on the details of other government agency contingencies (e.g. border control).

The EU Exit Operational Readiness Guidance summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for a possible 'no deal' EU Exit. Many of the mitigations available to address potential disruptions are owned at the national level and this plan does not attempt to provide local solutions to national issues. This plan does set out how the CCGs will work with local, regional and national partners to provide information, disseminate communications and work locally to implement any national solutions.

The CCGs hold an EU Exit risk assessment which is available in a separate document at S:\Corporate Services\Corporate\Emergency Planning\2019\EU Exit.

5. Roles and Responsibilities

5.1. Department of Health and Social Care (DHSC)

In preparation for a 'no deal' exit, DHSC, with the support of NHSE and NHS Improvement (NHSI), and Public Health England (PHE), has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU Exit. The Operational Response Centre will co-

ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK-wide incidents.

The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

5.2. NHS England and Improvement (NHSEI)

NHSEI will operate a National Co-ordination Centre (NCC), which will interface with the DHSC ORC and a Commercial and Procurement Cell (CPC) that will work with the NSDR. Additionally, Regional Co-ordination Centres (RCC) will work with the national team to enable cascading of information across the NHS and enable central control and co-ordination.

NHSEI RCCs will be required to provide regional system oversight in a 'no deal' scenario, including monitoring local preparations, responding to the escalation of issues, and co-ordinating assurance and reporting arrangements at regional level.

NHS RCCs should communicate the necessary actions to providers and commissioners, and ensure that these instructions are being followed. This assurance should be gained through reporting on resilience and business continuity plans, and through existing meetings with providers and commissioners in your area.

The CCGs expect that much of its EU Exit related activities will be driven by, or feeding information to its regional NHSEI co-ordination centre.

5.3. Trust and other NHS providers

All providers of NHS services (including NHS Trusts and Foundation Trusts, primary care organisations and independent sector organisations who provide NHS services) must consider and plan for the risks that may arise due to a 'no deal' exit.

All providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues to regional NHS EU Exit or departmental mailboxes.

Core NHS organisations (Trusts, Foundation Trusts and organisations operating on a significant regional or national footprint – eg London Ambulance Service or Boots Pharmacy) will work directly with the NHSEI RCC and/or the NCC as appropriate with regards to direct communications, guidance and assurance. CCGs are expected to take a more substantial role in working with small to medium providers specific to the local area, for instance, primary care practices, charity providers or independent sector providers in sharing information, escalating concerns up the chain of command and in seeking assurance on these providers readiness for a no deal EU Exit.

5.4. NELCA CCGs EU Exit lead

Charlotte Fry, NELCA Director of Transition Programme & Systems is the lead for all NEL CCGs and holds a role in co-ordinating readiness across the partner CCGs, interfacing with the NHSEI regional teams and with opposite number leads for other CCG areas across London.

5.5. North East London Primary Care Commissioning Team

The NEL primary care commissioning team work across all seven NEL CCGs and interface with GP practices and federations in each CCG's area. The team are leading for NEL CCGs on discharging the CCGs' role around EU Exit with respect to primary care. The team will be sharing information, cascading national communications and gathering information from primary care to feed back to NHSE and NHSI, as well as supporting primary care in its readiness for a possible 'no-deal' exit. All information gathered and returned will be shared with the relevant CCGs to ensure that this is visible to all those involved in responding to a possible 'no-deal' EU Exit.

5.6. Director on call system

NEL CCGs operate a Director on Call rotation, allowing for senior management from one CCG to cover all seven CCGs on a week by week, rotating basis. This system is administered through the North East London Commissioning Support Unit (NEL CSU) Surge Management team.

Directors on call are issued with a pager that can receive messages from the Surge Management team and NHSEI in relation to emergency preparedness events or regional activity issues. Additionally, the director on call receives a daily briefing email outlining any active issues in play across NEL.

This system will be expanded in the case of a No Deal EU Exit to allow NHSEI access to the pager number and for any business continuity or incidents relating to a No Deal EU Exit that occur out of working hours (Monday to Friday, 0800 to 1800) to be reported through the pager system. The daily briefing email will also be expanded on to cover any EU Exit related information that the Director on Call may need.

The Directors on Call will be supported in responding to EU Exit incidents through training and an information package, with relevant background, locally specific risk assessments, CCG policies and contact details to enable them to respond if required.

5.7. North East London Commissioning Support Unit (NEL CSU)

The NEL CSU supports all seven CCGs in NEL across multiple areas of work, with some of the functions that the CCGs have contracted with the CSU to deliver being key in responding to a possible 'No Deal EU Exit'.

5.7.1. Surge Management

The CCGs retain responsibility for surge management and contracts with NEL CSU to operate the regional surge hub that covers North Central and North East London. The CSU team support the management of patient flow and demand within urgent and emergency care services across North Central and East London (NCEL), covering acute, community and mental health services to identify and manage day to day risks around patient activity and flow. The team interfaces with NHSEI to link into the wider London wide health and care system, works directly with local providers to raise capacity issues and with local CCGs.

The Surge Management team will have the most up to date information on hospital activity, bed capacity and service status and their input could be needed in any response to an incident in a possible No Deal EU Exit. Local Trusts and CCGs may need to work with the Surge Management team to identify trends in accessing urgent care services, particularly through the winter period and work together to redirect activity in an incident.

5.8. CCG Responsibilities

Clinical Commissioning Groups, primary care commissioning and specialised commissioning should ensure that their contracted health and care services are ready to manage the risks arising in a 'no deal' exit.

Commissioners should continue with their business continuity planning, taking into account the instructions in the national guidance, incorporating local risk assessments and escalating any points of concern on specific issues to the relevant mailboxes.

Commissioners should also liaise with providers of services that they commission, to ensure they are taking account of the actions for providers outlined in this guidance. EU Exit and its implications on health and care services should be discussed at commissioning board level on a regular basis to ensure sufficient oversight.

The CCGs are a category two responder under the Civil Contingencies Act and as such, is a 'co-operating body'. The CCGs are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect the local health and care sector. Category two responders have a lesser set of duties that centre on co-operating, supporting and sharing relevant information with other category one and two responders.

5.9. CCG EU Exit lead

The CCG EU Exit lead is expected to provide information returns to NHSEI, report emerging EU Exit related problems and ensure that the CCGs have updated their business continuity plan to factor in all potential 'no deal' exit impacts.

5.10. CCG emergency planning staff

The Company Secretary and supporting team will work to produce and co-ordinate material to support the CCGs' response to any 'no deal' EU Exit and handle any partner communications regarding business continuity, emergency preparedness, resilience and response or EU Exit planning for the CCGs.

6. Risks

Risks, mitigations, actions and assurances are captured in the CCGs' EU Exit risk assessment which is updated regularly. The CCGs' risk assessment covers, but is not limited to:
- The seven key areas identified nationally by DHSC;
- Potential increases in demand associated with the wider impacts of a 'no deal' exit;
- Local specific risks resulting from EU Exit.

The risk assessment also contains an action log that pulls out actions from the risk assessment and covers additional national, regional and local actions that are active.

The risk assessment and action log are kept up to date by the Company Secretary and governance team. The EU Exit lead will oversee the identification of risk and where possible develop mitigation plans, in preparation for the scenario of a 'no deal' exit.

7. Communication

The CCGs' Head of Communications will provide advice on media and public handling and may be involved in drafting formal responses, in liaison with the NELCA EU Exit lead, NHSE and other local partners' communications teams.

Contact with key partners/contacts will be established as identified in the communications strategy plan by function in the full business continuity plan.

8. Standing Down

The decision to stand down from a major incident remains with NHSEI and this would be under the following circumstances;

- when there is a reduction in requirement of resource to manage the incident
- the severity of the incident lessens
- there is a reduction in public and media interest
- the organisation is in recovery stage and business as usual has been reached

If the incident was a multi agency response then partner agencies should also be consulted where necessary.

The ICC may remain in operation following stand down to deal with any enquiries concerning the incident. The level of post incident management will be decided by the incident director. As part of stand down procedures the focus should be on records management and debriefing processes, identification of lessons identified and any long term effects of the incident.

Contact details

Level	Organisation	Named Contact	Job Title
National	NHS England (NHSE)	Khadir Meer	Regional EU Exit SRO
Regional	NHS England	Richard McEwan	Regional EU Exit EPRR lead
National	Department of Health and Social Care (DHSC)	N/A	Medical devices and clinical consumables queries
National	DHSC	N/A	Workforce queries
National	DHSC	N/A	Third Health Programme grant queries
National	DHSC	N/A	Use of investigational medicinal products or medical devices in clinical trial queries
National	UK Research and Innovation (UKRI)	N/A	Horizon 2020 grant queries
Regional	North East London Commissioning Alliance (NELCA)	Charlotte Fry	NEL CCGs EU Exit SRO
Regional	NELCA	Archna Mathur	NEL CCGs Accountable Emergency Officer (AEO)
Regional	NHS Waltham Forest and East London (WEL) CCGs	Sophia Beckingham	CCG EU Exit Lead
Regional	NHS City and Hackney CCG	Matthew Knell	CCG EU Exit Lead
Regional	North East London Commissioning Support Unit (NELCSU)	Luke Lambert	Deputy Head of Business Resilience
Regional	NELCSU	N/A	Surge Management EU Exit Lead
Regional	London Resilience	N/A	London Resilience Duty Manager
Local	NHS Barking, Havering and Redbridge (BHR) CCGs	Anne-Marie Keliris	CCG EU Exit Lead
Local	Barking, Havering and Redbridge University Hospital Trust (BHRUT)	Keith Donnelly	Head of Emergency Preparedness
Local	North East London Foundation Trust (NELFT)	Nicky McLean	Head of Emergency Preparedness
Local	London Ambulance Service (LAS)	N/A	N/A
Local	London Borough of Havering (LBH)	Trevor Meers	Corporate & Community Resilience Lead