

BUSINESS CONTINUITY POLICY

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Version control sheet

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Draft V2	April 21	Associate Director of EPRR	New draft, approved by WHCCG and adapted from IoW and FG/SEH CCGs.
Draft V2.1	Jul 2021		Agree changes to EIA as supported by Clair Pond
Draft V2.2	Aug 2021	Associate Director of EPRR	Changes as identified by consultation with localities.
Final V1.0	Sept 21	Governance Manager	Tidied up formatting following approval.

Equality Statement

Equality, diversity and human rights are central to the work of the Hampshire, Southampton and Isle of Wight CCG. This means ensuring local people have access to timely and high quality care that is provided in an environment which is free from unlawful discrimination. It also means that the CCG will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work CCG staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. CCG staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The CCG's equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015.
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010.
- Human Rights Act 1998.
- Health and Social Care Act 2012 duties placed on CCGs to reduce health inequalities, promote patient involvement and involve and consult the public.

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Glossary

The following terms have been referenced throughout the document:

Organisation	Hampshire, Southampton and Isle of Wight CCG
Directorate	Function of the organisation that has an Executive Lead, for instance Finance is a Directorate under the Chief Finance Officer.
Localities	A designated system location managed by a Managing Director. There are currently five localities identified: <ul style="list-style-type: none">• South East Hampshire (inc Fareham & Gosport)• North & Mid Hampshire• Isle of Wight• Southampton• South West Hampshire
Local teams	Due to the nature of the CCG some local teams will be identified within their locality i.e. System Resilience or Commissioning or Primary Care which will each have a team in each of the five localities. Local teams may also be a single directorate spread across the CCG i.e. Finance. This will be determined by the Executive Lead.

Abbreviations

AEO	Accountable Emergency Officer
BIA	Business Impact Assessment
BCM	Business Continuity Management
BCP	Business Continuity Plan
CCG	Clinical Commissioning Group
EPRR	Emergency Planning Resilience & Response
ICC	Incident Coordination Centre
IM&T	Information Management and Technology
NHS E	NHS England

1. Introduction

- 1.1 Clinical Commissioning Groups (CCGs) are NHS commissioning organisations that commission NHS funded health services for their local populations from a variety of healthcare providers in the public and private sectors.
- 1.2 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather, an infectious disease outbreak or a major transport accident.
- 1.3 A Business Continuity Incident is defined in NHS Emergency Preparedness, Resilience and Response (EPRR) Framework¹ as ‘an event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
- 1.4 The Clinical Commissioning Group (herein referred to as CCG) recognises the need for an effective business continuity process. Business continuity management gives organisations a framework for identifying and managing risks that could disrupt normal services.
- 1.5 This Business Continuity Management Policy outlines the process that the CCG will follow as part of their resilience arrangements. The intention of this policy is to inform all staff of the legal obligations in relation to business continuity and to establish a proactive culture around resilience. It has been produced using the guidance and industry standards:
 - NHS England Business Continuity Management Framework Guidance 2013
 - Civil Contingencies Act 2004 Emergency Preparedness Guidance
 - ISO 22301:2019 Business Continuity Management System
- 1.6 NHS England and NHS Improvement recommend that all NHS organisations and NHS funded organisations align their business continuity arrangements with the requirements of Standard ISO 22301.
- 1.6 The CCG is required to meet NHS England and NHS Improvement Emergency Preparedness, Resilience and Response (EPRR) Core Standards:
 - *Arrangements include how to continue your organisation’s prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical;*
 - *Organisation has undertaken a Business Impact Assessment;*
 - *Organisation has explicitly identified its critical functions and set minimum tolerable periods of disruption for these;*

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-r-framework.pdf>

- *There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event;*
- *The Accountable Emergency Officer has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.*

2. Purpose

- 2.1 The purpose of the policy is to set out the principles of business continuity management aligned to the BS 22301:12 and demonstrate the corporate commitment to the process.

3. Objectives

- 3.1 The objectives of this policy are to:
- Identify the corporate responsibilities for the Business Continuity Management process;
 - Follow an agreed process for determining critical services;
 - Ensure that all teams have Business Continuity Plans (BCPs);
 - Build resilience into the systems and processes, and future developments of the CCG.

4. Business Continuity Management

- 4.1 Business Continuity Management (BCM) is a process owned by the organisation and driven by the senior management. It identifies potential risks to an organisation and the impacts to daily operations that those risks might cause. An organisation's business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect.

- 4.2 It provides a framework that:
- Improves an organisation's resilience against the disruption of its ability to achieve its key objectives;
 - Provides a rehearsed method of restoring an organisation's ability to supply its key services to an agreed level within an agreed time-frame after a disruption;
 - Delivers a proven capability to manage a business disruption and protect the organisations reputation.

- 4.3 The consequences of an incident may vary and could include loss of life, loss of assets, income or the ability to deliver services. BCM needs to recognise the strategic importance of key stakeholders to the delivery of its services.

5. Business Continuity Management (BCM) Lifecycle

5.1 The BCM Lifecycle involves completing the following steps:

- **Establish BCM programme management** - Programme management enables the business continuity capability to be both established and maintained in a manner appropriate to the size and complexity of the organisation.
- **Understanding the organisation** – The activities associated with “understanding the organisation” provide information that enables prioritisation of an organisation’s services, identification of critical supporting activities and the resources that are required to deliver them.
- **Determining business continuity strategies** – This allows an appropriate response to be chosen for each service, such that the organisation can continue to deliver services at the time of disruption.
- **Developing and implementing a BCM response** – This involves developing incident management, business continuity and business recovery plans that detail the steps to be taken during and after an incident to maintain or restore operations.
- **BCM exercising, maintaining and reviewing** – This leads to the organisation being able to demonstrate the extent to which its strategies and plans are complete, current and accurate and identify opportunities for improvement.
- **Embedding BCM in the organisation’s culture** – This enables BCM to become part of the organisation’s core values and instils confidence in all stakeholders in the ability of the organisation to cope with disruptions.

6. Benefits of Business Continuity Management

6.1 The benefits of an effective BCM programme are:

- Key services are identified and protected, ensuring their continuity;
- An incident management capability is enabled to provide an effective response;
- The organisation’s understanding of itself and its relationships with other organisations, relevant regulators or government departments, local authorities and the emergency services is properly developed, documented and understood;
- Staff are trained to respond effectively to an incident or disruption through appropriate exercising;

- Stakeholder requirements are understood and able to be delivered;
- Staff receive adequate support and communications in the event of a disruption;
- The organisation's supply chain is secured;
- The organisation's reputation is protected; and
- The organisation remains compliant with its legal and regulatory obligations.

7. Roles and Responsibilities

The following outlines the responsibilities of key staff in the organisation:

7.1 Accountable Officer

The Accountable Officer will ensure the CCG Governing Body receives regular reports, at least annually, regarding EPRR including reports on Business Continuity incidents, exercises, training and testing undertaken by the organisation. They will nominate an Executive Director to act as Accountable Emergency Officer.

7.2 Accountable Emergency Officer

The Accountable Emergency Officer (AEO) is a Governing Body level officer accountable for EPRR including BCM. They are required to attend the Hampshire and Isle of Wight Local Health Resilience Partnership Executive meetings and supported by the EPRR team.

7.3 Executive Directors

Executive Directors are responsible for ensuring adequate business continuity arrangements are in place for their directorates. They will:

- Promote a preparedness and resilience culture within their team encouraging activities that develop the resilience of the team and provision of their service;
- Ensure resources are available to fulfil the CCG's commitment to resilience;
- Ensure an appropriate response during an emergency or business continuity event.

7.4 Local Managing Directors

Managing Directors are responsible for ensuring adequate business continuity arrangements are in place for their localities. They will:

- Promote a preparedness and resilience culture within their teams encouraging activities that develop the resilience of the team and provision of their service;

- Ensure resources are available to fulfil the CCG’s commitment to resilience;
- Ensure the CCG has a site specific BCP detailing the key service contacts for their premises including landlord, utilities, and out of hours access arrangements;
- Ensure an appropriate response during an emergency or business continuity event.

7.5 Emergency Preparedness Resilience & Response (EPRR) Team

The EPRR team will provide the specialist business continuity advice and training to the local site managers and local teams as well as support the AEO in their role.

7.6 Local Business Manager

The local Business Managers will maintain a site specific BCP for each office which details the key contacts for the landlord, utilities etc. using the NHS Property Services template.

7.7 Local Teams

Each local team should appoint a Business Continuity lead, who will support their services areas/teams to deal with disruptive events. They will;

- Attend EPRR working groups quarterly or send a deputy;
- Attend suitable training;
- Work with their teams to carry out a Business Impact Analysis (BIA) for their service;
- Lead on the updating of their service BCPs;
- Liaise with the EPRR team to ensure all BCPs are updated annually or after publication of new guidance;
- Ensure all staff are aware of emergency management and business continuity issues that may impact on the service/team.

7.8 Individual Employees

Individual employees must:

- Ensure that they are familiar with the emergency and business continuity responsibilities of their team;
- Understand their individual role within an emergency and business continuity response for their directorate.

8. Business Continuity Governance Arrangements

The following outlines the Business Continuity governance arrangements:

8.1 Governing Body

Will receive reports on the EPRR compliance as part of the annual core standards process and will include an update regarding business continuity compliance.

8.2 Audit Committee

Will provide scrutiny of the business continuity process as part of the internal audit arrangements.

8.3 Executive Team

Will provide the overall leadership of the process with each Director responsible for ensuring their teams follow this policy and annually review their team BCPs.

8.4 Local Business Managers

Will hold a site plan for each CCG building using the NHS Property Services template.

8.5 EPRR Working Group

Chaired by the AEO (supported by the EPRR team), will provide operational oversight of the business continuity management process.

9 Understanding the Business

Effective BCM starts with identifying all functions within and services delivered by the organisation.

9.1 Carry out a Business Impact Analysis

A Business Impact Analysis (BIA) is the initial tool for gathering information about the CCG's legal duties, functions and services and it provides the following information:

- What the key activities of the CCG are according to how time critical they are;
- How quickly the services need to be recovered (RTO²);
- The maximum time that the service can safely be down and the level of resources required to maintain the priority services (MTPD³);

² RTO – Recovery Time Objective

Definition: period of time following an incident within which; service must be resumed, or activity must be resumed, or resources must be recovered

³ MTPD- Maximum Tolerable Period of Disruption

Definition: time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable

- Risk assessment and treatment.

Each directorate or local team will need to complete a BIA initially if one has not already been completed. This BIA will then be used to populate the BCP for the directorate/team.

- 9.2** All directorates or local teams within the CCG must then complete an annual review of their BCP. This will include confirmation/identification of critical business activities, a review of the BIA, (including maximum tolerable periods of disruption and recovery time objectives), resource requirements, strategies for restoration of critical business activities, roles and responsibilities and escalation processes:

Step 1 – Identify the team’s critical business activities

Step 2 – Assess the activities according to how time critical they are:

Step 3 – Identify the resources needed to re-instate the activity

Step 4 – Identify business strategies for restoring the activity

Step 5 – Roles and responsibilities for activating the plan

Step 6 – How to escalate any issues

9.3 Risk Assessment

Team BCPs must take into account key risks to the following areas:

- People
- Premises
- Technology
- Information
- Supplies
- Stakeholders

Team managers should also consider other risks unique to their services and activities when developing their business continuity arrangements.

Team business continuity arrangements must cover all activities identified as critical to the CCG. The arrangements should however cover all activities undertaken by the team.

10. Incident Management

- 10.1** Incidents which result in a low level disruption to normal service delivery should be managed locally by a member of the senior team within the affected team. If additional support is required, the senior team member should contact their Executive Lead. Most low level impact incidents will be managed using existing procedures and normal working practice.

- 10.2 Incidents resulting in a moderate level of disruption to service delivery will be managed locally, but with an enhanced level of support from the senior managers within that team. Most moderate level impact incidents will be managed using existing procedures, but there is the potential to require changes in working practice.
- 10.3 Incidents resulting in a significant level disruption to normal service delivery will be managed by the senior team, and reported immediately to the Executive Director or On Call Director if out of hours.
- 10.4 The on call Director is responsible for assessing the incident and determining whether to invoke the CCG's Incident Response Plan. This would include the opening of a physical or virtual Incident Coordination Centre (ICC). Details of the ICC location can be found in the Incident Response Plan.

11. Information Management and Technology

- 11.1 Information Management and Technology (IM&T) is provided by South Central and West Commissioning Support Unit who have a disaster recovery plan, which will compliment team business continuity arrangements.
- 11.2 The IM&T disaster recovery plan will detail computer and communication systems that have been identified as critical. Each of these systems will be given a recovery time objective.
- 11.3 IM&T are only responsible for their own business continuity arrangements, and for recovering systems in the event of a disruption or failure. Individual teams are required to make arrangements for how they will continue their services in the event of an IT systems failure.

12. Incident Logging and Document Management

- 12.1 All incidents resulting in an adverse impact to the CCG's services must be appropriately documented.
- 12.2 Senior managers who are responsible for maintaining or recovering a service during a disruptive event must ensure that their decisions are recorded.
- 12.3 All documents relating to a business continuity incident event must be submitted to the EPRR team for audit and storage via the single email address hsiccg.hiowicc.emergency@nhs.net within 48 hours of the business continuity incident being stood down. These documents will be retained indefinitely.
- 12.4 Documents relating to business continuity management, and in particular, those relating to a disruptive event, must not be released to any third party without consultation with the CCG's AEO and/or Information Governance Manager.

13. Stand Down

- 13.1 Stand down will be a co-ordinated approach when returning to “business as usual”. This co-ordination will be carried out through (if activated) the ICC or, during the recovery phase. This approach:
- Could be progressive and to predefined levels in response to a reduction in the impact of ongoing disruption;
 - Should take into account all related service areas and stakeholders and their ability to meet demands placed on them by a service area reinstating certain functions;
 - Should take into account the information provided in the completed situation report (as located in the BCP Template) to determine priorities, timescales, resources and staffing required to return to business as usual.

14. Reporting Service Disruption

- 14.1 All incidents resulting in an adverse impact to the CCG’s services must be reported as soon as reasonably practicable (no later than 24 hours after the onset of the incident) to the EPRR team.
- 14.2 The relevant senior manager and director for the affected service must also be notified of the incident.
- 14.3 The EPRR team will notify the CCG’s AEO of the incident, and provide regular updates as required.
- 14.4 Managers must inform the communications team of all incidents, so that the media are managed appropriately, in line with current media policy. The CCG should always aim to proactively, rather than reactively, engage with the media and the public regarding serious disruptions to service.

15. Investigation and Learning

- 15.1 Any incident that adversely impacts on service delivery, no matter how minor, must be properly investigated.
- 15.2 A ‘hot debrief’ must be undertaken by the senior team manager, or the EPRR team where appropriate, immediately after the resolution of the disruption. This applies to all incidents resulting in an adverse impact to the CCG’s services.
- 15.3 All incidents that significantly impact on the CCG’s services require a formal debrief of those involved.
- 15.4 The EPRR team or the senior team manager acting on their behalf, will investigate the cause of the service disruption, determine the level of impact,

and review the actions taken to manage the disruption to assess and take corrective action if necessary to ensure continual improvement in the BCM Systems.

- 15.5 All CCG employees are required to provide reasonable assistance to the EPRR team during the course of their investigation including, but not limited to, the timely release of information relating to the incident and the resulting business impact.
- 15.6 The information gathered during the investigation will be combined with the outcome of the incident debrief(s), and a report produced for the CCG's AEO. This report should include recommendations of actions that could be taken to mitigate future disruptions and improve overall resilience.
- 15.7 The AEO, in conjunction with the Executive Directors and Governing Body where appropriate, will consider the incident report and determine any points which should be actioned to improve resilience.

16. Exercising and Testing

- 16.1 Exercises are undertaken with three main purposes:
 - **Validation** - to validate and identify improvement opportunities in existing arrangements;
 - **Training** - to develop staff competencies and confidence by giving them practice in carrying out their roles in an incident;
 - **Testing** - to test existing procedures, plans and systems to ensure they function correctly and offer the degree of protection expected.

17. Review of Plans

- 17.1 The EPRR team will ensure that each team reviews their BCP annually or they are updated when:
 - Changes to key staff or partners take place;
 - The organisation is restructured;
 - Prioritised activity is delivered differently;
 - There are changes to the external environment e.g. statutory change, NHS England requirements;
 - Lessons are identified following an incident or exercise.

18. Equality Act 2010 – Equality Analysis

- 18.1 The CCG is committed to equality, diversity and inclusion in all aspects of its work.
- 18.2 In accordance with the statutory duty to have “due regard” an Equality Impact Assessment (EIA) has been completed on this policy ([Appendix A](#)). As this policy sets out the process the CCG will follow with regard to Business Continuity, the EIA directly relates to equality impact on CCG staff.

19. Training Considerations

- 19.1 Those individuals undertaking roles and responsibilities related to Business Continuity must undertake appropriate learning in line with their function.
- 19.2 Training will be undertaken in line with the annual training and exercise schedule found in Appendix C of the EPRR.
- 19.3 Senior managers are responsible for ensuring that all staff within their department are aware of the training available for Business Continuity and encourage attendance on recommended courses.

20. Dissemination/Publication

- 20.1 This policy will be available to all staff on the internet or from the Governance Team or EPRR team if requested.
- 20.2 Awareness will be raised to managers of this policy via the CCG intranet and other relevant corporate communication channels. Each team is required to disseminate this policy through normal governance procedures.

21. Monitoring

- 21.1 To ensure effectiveness, efficiency and compliance, the AEO with the assistance of the Associate Director of EPRR, will carry out regular reviews of this policy along with the Emergency Preparedness Resilience and Response Policy to ensure that it remains in line with current employment law and NHS guidance.

22. Review and Revision

- 22.1 This policy will be reviewed annually by the Associate Director of EPRR to ensure continued validity and relevance.

23. Stakeholder / Consultation Information

- 23.1 The BCP has been used through 2020/21 and Business Continuity site plans have been reviewed by relevant local CCG staff. The Local Senior Management Teams will continue to be part of the Business Continuity planning process through the CCG EPRR & BC Working Group.

24. References

- The Civil Contingencies Acts 2004. London. The Stationary Office.
<https://www.legislation.gov.uk/ukpga/2004/36/contents>
- ISO 22301:2019 – Business Continuity Management System,
<https://www.iso.org/standard/75106.html>
- Business Continuity Framework (2013). NHS Commissioning Board
<https://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf>
- NHS England Emergency Preparedness, Resilience and Response Framework 2015
<https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-framework.pdf>
- NHS England EPRR Core Standards
<https://www.england.nhs.uk/publication/nhs-england-core-standards-for-eprr/>

Appendix A - Equality Impact Assessment

Title of policy, project or proposal:
Business Continuity Policy
Name of lead manager: Tracy Davies Associate Director, Emergency Planning, Resilience and Response
Directorate: Emergency Planning Resilience and Response (EPRR)
<p>Q1 What are the intended outcomes of this policy, project or proposal?</p> <p>The policy is the document that provides the detail of how the CCG will ensure that it acts in accordance with the Civil Contingencies Act 2004 (CCA), The Health and Social Care Act 2012 (H&SCA) and the NHS England national policy and guidance in regard to Business Continuity.</p>
<p>Q2 Who will be affected by this policy, project or proposal? <i>Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.</i></p> <p>All staff including all on-call managers, Directors and Executives.</p>
<p>Evidence</p>
<p>Q3 What evidence have you considered? <i>Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.</i></p> <ol style="list-style-type: none"> 1. Civil Contingencies Act 2004 (CCA) 2. Health and Social Care Act 2012 3. Hampshire County Council The 2019 Index of Multiple Deprivation: https://documents.hants.gov.uk/Economy/IndexofMultipleDeprivation.pdf 4. NHS England EPRR policy and guidance including the NHS England Emergency Preparedness, Resilience and Response Framework 2015. 5. Lessons identified by previous business continuity incidents including CoVID 19 2020/21.
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people.</i></p> <p>This policy relates to CCG staff and therefore all those aged 18 and over.</p>
<p>Disability (physical and mental) <i>Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.</i></p>

All CCG staff are encouraged to disclose a disability their line manager and/or Human Resources Manager. This is so that the CCG can ensure their safety at all times as well as maintaining their health and well-being as a member of the CCG workforce.

The CCG recognises that disability includes those with a hidden disability such as epilepsy, hearing or visual impairment and long term conditions such as diabetes, renal and cardiac diseases. Also, that it includes anyone who has had a mental health condition in the past which lasted for over 12 months but from which the individual will have recovered.

Negative impact or potentially negative impact on individual members of these staff will vary according to the individual member of staff's disability, their job role and the nature of the incident.

It is the responsibility of the Business Continuity Lead to ensure negative or potentially negative impacts on an individual member of their directorate/team are highlighted as part of reporting into the EPPR group so that they may be mitigated or removed.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.*

There is no impact on any transgender staff.

Marriage and civil partnership *Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

There should be no impact on marriage and civil partnership.

Pregnancy and maternity *Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.*

All staff who notify their line manager and/or Human Resources Manager that they are pregnant will receive an individual Health and Safety Assessment to ensure they are suitably supported in the working environment.

Where a Health and Safety assessment has been undertaken this will be taken into account with any additional needs that may arise, depending on the level and nature of the incident.

It is the responsibility of the Business Continuity Lead for each directorate/team to ensure negative or potentially negative impacts on an individual member of their team is highlighted as part of reporting into the EPPR group so that they may be mitigated or removed.

Race Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. It will also include language and different cultural practices and individual experience of health systems in other countries.

There should be no impact on any staff member because of their race. Should an incident take place that negatively or has the potential to negatively impact on an individual or individual because of their race, it will be the responsibility of the Directorate/Team Business Continuity Officer to highlight this to the EPPR group.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

There should be no impact on staff because of their religion or belief.

Sex (gender) Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.

There is equal impact on men and women.

Sexual orientation Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.

There should be no impact on staff in relation to their sexual orientation.

Carers Consider and detail (including the source of any evidence) impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association) but should also consider parent(s)/guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.

Every reasonable effort will be made to meet the domestic needs of managers who declare a caring role, whether this is for a child or children under the age of 18 years or a disabled or elderly relative

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

Hampshire has one of the largest armed forces communities in the United Kingdom. Overall, this is estimated to be more than 85,000 with 60,000 of these being veterans (approximately 10% of the population). These communities are concentrated in the

Solent and Aldershot areas. Veterans are concentrated in Fareham, Gosport, Havant and the Test Valley.

There are also at least 1256 reservists with a permanent address in the Hampshire administrative area. Reservists are comprised of 86.3% male and 13.7% female personnel. The percentage of Black and Asian personnel is 4.9%. These include a significant minority community of ex-Ghurkhas, mainly resident in the North and North East Hampshire areas.

Impact on those married or in a civil partnership with a member of the armed forces or who are reservists in the armed forces is likely to be dependent on the level of incident that takes place.

All reasonable efforts will be made to meet the needs of those members of staff that arise because they have a spouse or partner who is a serving member of the armed forces, or who is required to attend the incident as an armed forces reservist. CCG Human Resources policies relating to any special leave will apply. The Directorate/Team Business Continuity Officer will notify the EPPR group.

Meeting psychological needs

The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

The CCG has a Human Resources Manager whose role is primarily staff health and wellbeing. This person works with colleagues to address concerns raised via individual staff experience and feedback through surveys and collectively through staff network groups

The CCG has a range of staff health and wellbeing initiatives to support staff to maintain their health and wellbeing. These may be accessed via the CCG's intranet "StayConnected" which staff can access via mobile 'phone as well as individual computers and lap tops. They include:

- Independent Employment Assistance Programme which provides information, advice and support 24 hours a day!
- Health and Wellbeing Champions
- Staff in each locality trained as Mental Health First Aiders
- Self-help resources such as 10-minute yoga exercise videos, a calm app and MIND Wellness Action Plans
- Signposting to support organisations such as CRUSE bereavement

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).

No other group within employed staff has been identified. However, depending on the type and level of incident, notably if a significant incident, in implementing this policy CCG managers will need to consider in action planning the safety of all those in the populations served. This includes those who may also be CCG staff. These populations include pockets of deprivation which may be found in Southampton, Havant and Gosport.

Area (Number of LSOAs in each area are in brackets)	No. of LSOAs in the 10% Most Deprived areas in England (% of LSOA in brackets)	No of LSOAs in the 11%-20% Most Deprived areas in England (% of LSOA in brackets)
Hampshire & Isle of Wight (1,194)	44	81
Hampshire Economic Area (1,105)	41	72
Hampshire County area (832)	7	33
Isle of Wight (89)	3	9
Portsmouth (125)	15	15
Southampton (148)	19	24
Basingstoke and Deane (109)	0	1
East Hampshire (72)	0	0
Eastleigh (77)	0	1
Fareham (73)	0	0
Gosport (53)	1	7
Hart (57)	0	0
Havant (78)	6	17
New Forest (114)	0	3
Rushmoor (58)	0	3
Test Valley (71)	0	1
Winchester (70)	0	0

LSOA are census based population areas of between 1,000 and 3,000 residents.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.

Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

This policy harmonises Business Continuity policies of predecessor CCGs. Individual staff responsibilities are set out under Section 7 of this policy and directly relate to each CCG directorate/team's responsibility to have a Directorate/Team Business Continuity Officer who has a responsibility for keeping the service or team's business continuity plan up-to-date, and ensuring all staff are aware of emergency management and business continuity issues that may impact on the service or team.

Q5 How have you involved stakeholders in testing the policy or programme proposals?

Throughout COVID-19 2020/2021 all staff have been involved and engaged in business continuity arrangements and plans. Feedback and learning has informed this and other policies related to emergency planning, preparedness and resilience. This involvement and engagement has been through a range of communication channels conducted via Microsoft Teams and mechanisms to include:

- Individual team meetings
- CCG Division meetings
- CCG Division staff groups attended by individual team representatives
- CCG Estates Group
- Staff Safe Space Groups
- All CCG Staff Briefings
- Team, Division and CCG staff surveys

Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:

Please see Q5 above.

Over the past 5 years senior managers have been involved in the management of Business Continuity in their predecessor employing CCG. This has been shared with individual teams as part of policy updates and in response to incidents.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

This policy harmonises business continuity policies of predecessor CCGs across Hampshire and the Isle of Wight to provide a consistent approach by all staff across the new CCG covering Hampshire, Southampton and the Isle of Wight.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

This policy provides clarity in the roles and responsibilities of individual staff and teams in order to address the needs to continue business in the event of an incident, whether that incident is low, moderate or significant.

Negative impacts

Where there is evidence, provide a summary of the negative impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

Impact on some protected characteristics can only be defined in the context of an incident, its type and nature. Roles and responsibilities of individuals and teams seek to ensure any negative impacts are highlighted to the EPPR team as appropriate so that they may be mitigated or removed

To support individual staff in their responsibilities under this policy, it is important that teams and Directorate/Team Business Continuity Officer ensure this is included in team policy review and training in accordance with their roles. This will also support ensuring team business continuity plans are kept up-to-date and appropriately inform CCG EPPR processes.

It is recognised that EPPR practice contains a significant number of abbreviations and acronyms which may be confusing for all staff. This is especially where their first language is not English or they work in an area with similar acronyms. Every effort will be made to ensure mutual understanding as part of staff Business Continuity awareness training.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

n/a

Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
Ensure adaptation is considered by Business Continuity leads where appropriate i.e. translated into other languages and available in different formats.	Business Continuity Leads	Ongoing	

For your records

Role of person who carried out this assessment: Tracy Davies

Date assessment completed: 19 May 2021

Date to review actions: 1 July 2021

Role of responsible executive lead: Accountable Emergency Officer