

Business Continuity Policy and Framework and Action Plan February 2018

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	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		Yes	No Issues Identified
Privacy Impact Assessment	No	No	No	Not relevant
Bribery Checklist	No		No	Not relevant
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	Yes	Yes		No

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

1 POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
2	Associate Director of Corporate Services	Refresh of Policy	Governing Body 27 July 2016	05/08/16
3	Corporate Services Manager	Refresh of Policy Addition of Action Plan	Governing Body 23 November 2016	December 2016
3.1	Corporate Services Manager	Reviewed Policy January 2018 – No changes	SMT Feb 18	Feb 18

2 Contents

1	POLICY AMENDMENTS	2
3	INTRODUCTION.....	5
4	ENGAGEMENT.....	5
5	IMPACT ANALYSES.....	6
1.1.	Equality	6
1.2.	Sustainability	6
1.3.	Bribery Act 2010.....	6
6	SCOPE	6
6.1	Within Scope	6
6.2	Out of Scope	6
7	POLICY PURPOSE & AIMS	7
7.1	Objectives of the Business Continuity Policy	7
7.2	Outcomes of the Business Continuity Policy.....	7
8	DEFINITIONS	8
9	ROLES / RESPONSIBILITIES / DUTIES	9
9.1	Legal and Statutory Duties and Responsibilities	9
9.2	Specific duties and responsibilities within the CCG.....	9
9.2.1	Strategic	10
9.2.2	Activating the Plan.....	11
10	BUSINESS CONTINUITY PLANNING	11
10.1	Understanding the Organisation	12
10.2	Business Impact Analysis (BIA)	12
10.2.1	Risk Assessment.....	13
10.2.2	Business Impact Analysis Tool.....	13
10.3.....		14
10.3.1	Team Business Continuity Management Plans	14
10.4	Stage 2: Selecting business continuity options	14
10.5	Stage 3: Developing and implementing a business continuity response..	15
10.5.1	Triggers for activation of plan	15
10.6	Stage 4: Exercising and Testing	16
10.6.1	Training	16
10.6.2	Exercising.....	16

10.6.3	Records	16
10.6.4	Audit and Monitoring Criteria	16
10.6.5	Continuous Improvement	17
10.6.6	Distribution	17
11	ACTIVATING THE PLAN	17
11.1	Role and Responsibilities.....	18
11.1.1	Director on Call.....	18
11.1.2	Team Business Continuity Lead.....	18
11.2	Action required.....	18
11.3	Incident Management Team	18
11.4	Record Keeping.....	18
11.5	Finance and resources	19
11.6	Staff safety.....	19
11.7	Outsourced activity	19
11.9	Communications	20
12	IMPLEMENTATION.....	20
14	TRAINING & AWARENESS	21
15	MONITORING & AUDIT	21
16	POLICY REVIEW	21
17	REFERENCES.....	21
18	ASSOCIATED DOCUMENTATION.....	21
19	APPENDIX 1 – Categorisation of NHS Scarborough and Ryedale CCG Functions.....	22
20	APPENDIX 2 - NHS Scarborough and Ryedale CCG Business Continuity Action Plan	23
21	APPENDIX 3a – DIRECTORY OF CONTACTS.....	29
22	Appendix 3b - Other Key Contacts	32
23	Appendix 4 - Actions, Decisions and Expenses Log Template.....	33

3 INTRODUCTION

Business Continuity Management (BCM) is a statutory requirement for NHS Scarborough and Ryedale Clinical Commissioning Group (CCG). The Civil Contingencies Act (CCA) 2004 and the NHS England Emergency Preparedness Framework 2013, require the CCG to have a Business Continuity Management Policy and Plan to ensure that, in the event of a significant service interruption, critical day-to-day functions can be maintained whilst timely recovery and restoration of key services, systems and processes is also achieved.

It is the aim of the CCG to develop, implement and maintain a Business Continuity Plan in order to ensure the prompt and efficient recovery of our critical activities from any incident or physical disaster such as technology failure, flooding, utility disruption and terrorism which affects our ability to operate and deliver our services in support of the NHS

The CCG will take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver essential functions to meet its commissioning responsibilities for the CCG population.

Alongside ensuring business continuity, the CCG has to ensure emergency preparedness as a Category 2 responder (Civil Contingencies Act (CCA) 2004). As a Category 2 responder, the CCG is required to support Category 1 responders (main NHS providers and NHS England).

For the NHS, business continuity management is defined as:

the management process that enables a NHS organisation:

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

4 ENGAGEMENT

The CCG has engaged with staff to identify key business areas in each team; how the delivery of these may be affected by an incident or physical disaster such as technology failure, flooding, utility disruption and terrorism and resources required to restore the function.

5 IMPACT ANALYSES

1.1. Equality

As a result of performing an Equality Impact Analysis, this policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

1.2. Sustainability

As a result of performing a Sustainability Impact Assessment, this policy does not appear to have any positive or negative impacts on any of the CCG's sustainability themes.

1.3. Bribery Act 2010

Any suspicion of fraud or bribery should be reported at the earliest available opportunity by contacting the CCG Counter Fraud Specialist.

6 SCOPE

6.1 Within Scope

This policy relates to the business continuity management of the business functions within the CCG. It addresses those services which are provided by the Teams of Scarborough & Ryedale Clinical Commissioning Group:

- Corporate Services and Primary Care
- Quality, Performance Improvement & Service Delivery Medical Team
- Safeguarding Children Team
- North Yorkshire & Humber Clinical Networks Team
- Finance and Contracting
- Partnership Commissioning Unit

6.2 Out of Scope

This plan does not outline the arrangements for business continuity management of services and business functions carried out by the CCG's providers and service suppliers, such as:

- eMBED
- North of England Commissioning Support
- Scarborough Borough Council
- Other CCGs where Memorandum of Understandings are in place for the hosting of services (i.e. NHS Harrogate and Rural District CCG – provision of Medicines Management Service, NHS Vale of York CCG – provision of RSS and Choice Services).
- NHS England (co-commissioning Primary Care Services)

The CCG is heavily reliant on the services provided by the above organisations. Contractually these organisations are required to ensure

arrangements for business continuity are in place and assurance is given to the CCG that the processes are robust.

7 POLICY PURPOSE & AIMS

The policy and planning framework aims to ensure that the principles of business continuity management are embedded throughout the organisation and provides assurance to staff, members, patients, stakeholders and the local population that key services during a disruption event can continue. Aims of the Business Continuity Policy

An effective BCM programme will help the CCG to:

- Anticipate,
- Prepare for,
- Prevent,
- Respond to and
- Recover from, disruptions, whatever their source and whatever part of the business they affect.

7.1 Objectives of the Business Continuity Policy

- to ensure a comprehensive Business Continuity Management System is established and maintained;
- to ensure key services, together with their supporting critical activities, processes and resources, will be identified by undertaking business impact analysis;
- to ensure risk mitigation strategies will be applied to reduce the impact of disruption on key services;
- to ensure plans will be developed to enable continuity of key services at a minimum acceptable standard following disruption;
- to outline how business continuity plans will be invoked and the relationship with the CCG Major Incident Plan;
- to ensure plans are subject to on-going exercising and revision;
- to ensure the Clinical Commissioning Group Governing Body is assured that the Business Continuity Management System remains up to date and relevant.

7.2 Outcomes of the Business Continuity Policy

The outcomes of an effective Business Continuity Policy within the CCG include:

- key products and services that are identified and protected, ensuring their continuity;
- 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;
- 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;
- the organisation remains compliant with its legal and regulatory obligations

8 DEFINITIONS

The following definitions apply to terms used in this document:

Activity: Processes or sets of processes undertaken by the CCG, or on behalf of the CCG, that supports delivery of services.

Business As Usual: Pre-defined acceptable levels of service delivery.

Business Continuity Management (BCM): Process to identify potential threats, assess the impact of those threats on the CCG, and building a framework to support CCG resilience to those threats, including protecting patients and stakeholders interests and achieving strategic objectives. Includes strategic and tactical capability of the CCG to plan for and respond to business interruptions in order to support continued delivery of 'business as usual'.

Critical Activities: Those activities carried out by the CCG which are most time sensitive and important for ensured continued delivery. These will be mainly those services essential for immediate life and death of patients. These activities have a maximum tolerable period of disruption of less than twenty-four hours.

Disruption: Any event, planned or unplanned, which causes an interruption to the CCG's ability to continue business as usual.

Emergency: "Emergency" is defined in Part 1 of the Civil Contingencies Act 2004 as "an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK." The definition of emergency is concerned with consequences, rather than cause or source. Therefore, an emergency inside or outside the UK is covered by the definition, so long as consequences of such are experienced within the UK.

Essential Activities: Those activities carried out by the CCG which are sensitive and important, but not critical to life and death of patients. These activities have a maximum tolerable period of disruption of less than forty-eight hours.

Major Incident: An event or situation requiring a response under one or more of the emergency services' major incident plans. For the NHS, a major incident is defined as:

“Any occurrence which presents a serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations”

Major incidents for NHS organisations are defined as one of three levels. These are ‘major’, ‘mass’, or ‘catastrophic’.

- i. **Major** – each individual NHS organisation must plan to handle incidents in which its own facilities – or neighbouring ones – may be overwhelmed. Planning successfully for these wider disruptive challenges will require more than simply scaling up the current plans of individual agencies.
- ii. **Mass** - much larger scale events affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (eg because of fire or contamination) or persistent disruption over many days; these will require a collective response by several or many neighbouring trusts.
- iii. **Catastrophic** - events of potentially catastrophic proportions that severely disrupt health and social care and other functions (power, water etc) and that exceed even collective capability within the NHS.

Routine Activities: Those activities carried out by the CCG which support business delivery on a daily basis and are not critical or essential. These activities have a maximum tolerable period of disruption of less than two weeks.

Service Recovery: The process through which business as usual is reached, following an interruption or disruption event.

9 ROLES / RESPONSIBILITIES / DUTIES

9.1 Legal and Statutory Duties and Responsibilities

The Civil Contingencies Act (CCA) 2004 places a duty on CCGs to have business continuity plans in place to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The duty relates to all functions, not just emergency response functions.

The model adopted aligns with best practice expectations placed upon all NHS organisations in the NHS England’s Business Continuity Management Framework (service resilience) 2013 and the associated requirements listed in the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

9.2 Specific duties and responsibilities within the CCG

The following specific duties and responsibilities apply within the CCG:

9.2.1 Strategic

- a) **CCG Governing Body:** The CCG Governing Body is responsible for setting the strategic context in which business continuity and service recovery procedures are developed, and for the formal review and approval of this Policy and Plan. The Governing Body is also responsible for determining the accepted levels of 'business as usual', through monitoring service delivery and approving suggested developments.
- b) **Audit and Governance Committee:** The Audit and Governance Committee will act as the CCG's risk management steering group, tasked with establishing and maintaining robust risk management and business continuity systems within the CCG on behalf of the Governing Body.
- c) **Chief Officer:** The Chief Officer has overall statutory responsibility for the strategic and operational management of the CCG, including ensuring that the CCG has in place robust arrangements for business continuity management and service recovery.
- d) **Team Business Continuity Lead:** the Team Business Continuity lead is responsible for drawing up team business continuity plans and ensuring the successful implementation of contingency arrangements for critical services within their teams. This may be delegated by the Director of the team.
- e) **Associate Director of Corporate Services:** The Head of Corporate Services is responsible for ensuring that business continuity management plans to support the core business functions are completed and updated as necessary.
- f) **CCG Senior Managers:** The CCG Senior Managers will:
 - Identify critical services and resources across their team
 - Ensure that their element of the BCM plan is reviewed at six monthly intervals and updated as necessary to maintain good quality control of document information.
 - Notify any BCM plan revisions to the Associate Director of Corporate Services.
 - Encourage and participate in training or exercises.
 - Contribute to the review and updating of the BCM plan regularly in light of lessons learned from exercises or incidents, research or changes in staff.

- Support business continuity awareness and acceptance amongst staff and ensure that all of their staff are aware of their responsibilities within the BCM plan.

g) **All CCG Staff:** All staff are responsible for co-operating with the implementation of this Policy and any relevant plans as part of their normal duties and responsibilities.

9.2.2 *Activating the Plan*

- a) **Director on Call:** The Director on call is responsible for activating and coordinating the plan. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario it is possible to delegate the leadership of the business continuity plan to the **second on call** or other suitable delegate. If there is an incident that requires evacuation of York House and the Director on call is not on site they should delegate the responsibility to an individual who is in on site.
- b) **Team Business Continuity lead:** The Team Business Continuity lead is the key link with the Director on call. They are responsible for ensuring that the Team business continuity plan is activated and that all staff in the Team are kept informed and updated.

10 BUSINESS CONTINUITY PLANNING

The concept of cyclical BCM programme management which follows and the associated stages are directly derived from ISO 22301 and specifically the ISO 22313 Guidance. 7.2.

Figure 1 below demonstrates that steps 1 - 4 are cyclical and these should be repeated at least annually to ensure compliance, currency and quality. Thus business continuity plans and associated elements developed as a result of this policy will be living documents that will change and grow as incidents happen, exercises are held and risks are reassessed.



Figure 1: Business continuity programme elements (Source: ISO 22313)

10.1 Understanding the Organisation

The CCG is responsible for commissioning a wide range of patient services for the local population and in the event of an emergency or business interruption it is essential that critical services can be restored and maintained as soon as is practically possible.

In the event of an emergency or business interruption the CCG will endeavour to maintain services as usual or as close to the usual standard as is practically possible, however it may be evident that this is unachievable. The functions of the organisation have therefore been identified, defined and prioritised using a Business Impact Analysis.

10.2 Business Impact Analysis (BIA)

Business Impact Analysis (BIA) is the process of analysing business functions and determining the effect that a business disruption might have upon them, and how these vary over time. The aim of the BIA is to ensure Scarborough & Ryedale Clinical Commissioning Group has identified those activities that support its key services in advance of an incident, so that robust business continuity plans can be put into place for those identified critical activities .

The [strategic aims](#) of Scarborough & Ryedale Clinical Commissioning Group are taken into account when Teams determine critical activities.

The BIA process:

- Defines the function and its supporting processes.
- Determines the impacts of a disruption.
- Defines the recovery time objectives (where ISO 22313 defines Recovery Time Objective (RTO) as the period of time following an incident within which a product or service must be resumed, activity must be resumed, or resources must be recovered); and
- Determines the minimum resources needed to meet those objectives.
- Considers any statutory obligations or legal requirements placed on the CCG.

The BIA for the CCG is detailed in Appendix 5.

Within the BIA, functions within the CCG have been categorised as critical, essential and routine. The functions by category are summarised in Appendix 1.

10.2.1 Risk Assessment

The community risk register¹ is considered when undertaking business impact analysis in order to enable the organisation to understand the threats to, and vulnerabilities of, critical activities and supporting resources, including those provided by suppliers and outsource partners. Business Impact Analysis Tool

10.2.2 Business Impact Analysis Tool

The business impact analysis tool (see Appendix A) assists each team to identify critical activities/services, maximum tolerable period of disruption, critical interdependencies and recovery objectives.

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

For the purposes of business continuity, Scarborough & Ryedale Clinical Commissioning Group defines a 'significant impact' as any situation that could give rise to one or more of the following situations:

- an unacceptable risk to the safety and/or welfare of patients and staff;
- a major breach of a legal or regulatory requirement;

¹ Community Risk Registers (CRR) are developed across the UK by emergency services and other responders as a means of assessing the risks that a particular area may contend with and the impact that these will have on that area. Scarborough & Ryedale Community risk register can be found at <http://thamesvalleylrf.org.uk/useful-links/publications/risk-register.ashx>

- a major breach of a contract, service level agreement or similar formal agreement;
- the risk of significant financial impact, and/or
- a threat to the reputation of the CCG as a competent NHS organisation.

For the purposes of business continuity, Scarborough & Ryedale Clinical Commissioning Group defines the following scale of maximum acceptable downtimes:

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

10.3

10.3.1 Team Business Continuity Management Plans

The outcome of each team's business impact analysis has been used to prepare a team business continuity plan.

10.4 Stage 2: Selecting business continuity options

A number of areas affecting service resilience have been considered for each function to ensure effective service resilience. These include:

- People** - Information on services and supporting resources, key staff, skills, equipment and contact information.
- Premises** - In the event that CCG premises are unavailable or inaccessible for an extended period alternative accommodation will be sought to house all critical/essential processes. The minimum office amenity requirements (desks, phones, fax, PCs, etc.) have been identified for each function.

In the event of an incident, alternative accommodation will be sought. If further accommodation is required the CCG will approach partner agencies including the Partnership Commissioning Unit (PCU), Scarborough Borough

Council, other Clinical Commissioning Groups, NHS England Yorkshire and Humber Area Team, adjacent Mental Health Trusts and Acute Trusts.

NB: It is, however, extremely unlikely that this level of response will be required as all CCG personnel responsible for carrying out critical / essential processes will be equipped to work from home or any other base.

- c) **Processes** – Information on IT equipment, software and documentation/records requirements.
- d) **Providers** – The CCG relies upon the products and services of the following organisations to be able to deliver its commissioning responsibilities:
 - eMBED
 - North of England Commissioning Support
 - Scarborough Borough Council
 - Partnership Commissioning Unit
 - NHS Harrogate and Rural District CCG

The BIA identifies the support dependencies provided by other organisations such as those listed above. The BIA also identifies those functions provided entirely by other organisations and where recovery of these services would be undertaken through that supplier's business continuity arrangements.

- e) **Profile** – For each function, consideration has been given on how to ensure reputational. Legal and financial and potential impacts to vulnerable groups are managed.

10.5 Stage 3: Developing and implementing a business continuity response

10.5.1 Triggers for activation of plan

The CCG Business Continuity Plan is likely to be activated in the following circumstances although the list is not exhaustive and the need to activate the plan will be decided by the Director on Call for the CCG.

- Loss of access to York House (due to fire, flood or other incident effecting either York House or the surrounding business park or roads) for longer than the determined maximum acceptable downtime (MAD)
- Loss of amenities that support York House including power, water or gas for longer than the determined MAD
- Loss of network connectivity at Scarborough Town Hall site
- Complete or near complete loss of staff
- Loss of telephone communication
- Loss of email
- Transportation issues

- Fuel shortage
- Significant changes in the operating risk level necessitating a change in the operating environment.

It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

Contact details of staff and key stakeholders are identified in Appendix 3

10.6 Stage 4: Exercising and Testing

10.6.1 Training

On call directors and Team Business Continuity Leads will be provided with business continuity training appropriate to their role. All other staff will require business continuity awareness training in relation to continuity plans for each service and this will be provided by the staff member's line manager.

10.6.2 Exercising

Teams will be expected to undertake business continuity exercises on a regular basis. These may take the form of self-directed exercises by individual services using scenarios on the emergency planning intranet, team table top exercises facilitated by the Associate Director of Corporate Services and multi-agency exercises.

Exercising can take various forms, from a test of the communications plan, a desk-top walk through, to a live exercise. However in all cases, exercises should be realistic, carefully planned and agreed with stakeholders, so that there is minimum risk of disruption to business processes.

10.6.3 Records

A record of training and exercising undertaken within each team will be kept by the Associate Director of Corporate Services so that the organisation has a central record of training undertaken.

10.6.4 Audit and Monitoring Criteria

The Associate Director of Corporate Services is responsible for ensuring policy and guidance on all business continuity arrangements is developed, including the production and maintenance of the Scarborough & Ryedale Clinical Commissioning Group Business Continuity Policy and Plan which is approved by Governing Body.

The Associate Director of Corporate Services is responsible for ensuring the policy and plan is reviewed on an annual basis or earlier as a result of

changes to legislation or changes to CCG structures and/or procedures. Each team will undertake an annual business impact analysis and review the team business continuity plan accordingly.

Within Scarborough & Ryedale Clinical Commissioning Group, the Associate Director of Corporate Services will ensure that annual assurance reports are submitted to the Governing Body outlining the current status of Scarborough & Ryedale Clinical Commissioning Group's emergency preparedness.

10.6.5 Continuous Improvement

Business Continuity Plans will be updated in light of feedback from:

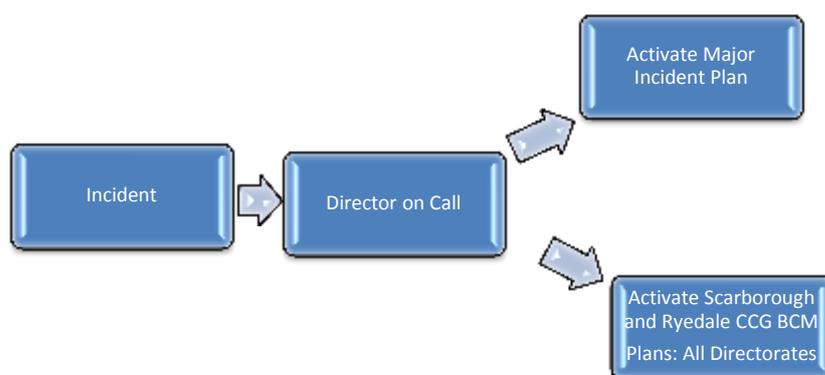
- actual incidents and disruptions to business activities;
- exercises and audits;
- re-assessment of risks;
- organisational, facility or systems changes;
- external change including change to partner organisations;
- Management reviews of the effectiveness of the business continuity process.

10.6.6 Distribution

This policy and plan is distributed to designated manual holders and is available on the internet.

11 ACTIVATING THE PLAN

The Business Continuity Plan will be activated by the Director on Call when the major incident plan has been activated or is on standby, and there is an incident that has the potential to cause business disruption and affect critical activities. Depending on the type of disruption, it is possible that not all teams will need to activate their business continuity plan.



11.1 Role and Responsibilities

11.1.1 Director on Call

The **Director on call** is responsible for activating and coordinating the plan. However, it should be noted that there may also be a major incident which they will be leading on behalf of the organisation. In this scenario it is possible to delegate the leadership of the business continuity plan to the **second on call** or other suitable delegate. If there is an incident that requires evacuation of York House and the Director on call is not on site they should delegate the responsibility to an individual who is in on site.

11.1.2 Team Business Continuity Lead

The **Team Business Continuity Lead** is the key link with the Director on call. They are responsible for ensuring that the Team business continuity plan is activated and that all staff in the Team are kept informed and updated.

11.2 Action required

The Action cards for the Director on call and the Team Business Continuity Lead should be followed.

Each Team has a comprehensive business impact analysis and service continuity plan in place which details the critical functions and key recovery objectives in order to minimise disruption to essential services.

11.3 Incident Management Team

If the incident looks like it may be prolonged it may be necessary to set up an Incident Management Team to ensure the CCG critical activities are continued.

The team may meet in the Incident control centre or communicate via telecom.

Key individuals, or their deputies, involved would be:

- Chief Officer
- Director on call
- Team Business Continuity Lead
- Communications Managers
- Associate Director of Corporate Services
- Co-opted members may also include facility management from Scarborough Borough Council and eMBED IMT lead.

11.4 Record Keeping

It is important that there is a clear record of decisions taken which should be recorded in the on call directors' log book.

As a minimum this information will include:

- The nature of the decision;
- The reason for the decision;

- The date and time of the decision;
- Who has taken the decision;
- The extent of consultation and advice from external stakeholders;
- Who has been notified of decisions made;
- Any review dates of the decision.

11.5 Finance and resources

If necessary a separate cost centre will be set up with a budget in agreement with the Chief Finance Officer. The Scheme of Delegation will apply.

11.6 Staff safety

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

In the unlikely event that some staff are not able to travel home due to disruption then they will stay with a colleague where possible or alternative accommodation will be sought.

11.7 Outsourced activity

SRCCG currently outsources a number of activities to the following organisations

- Partnership Commissioning Unit
(*Continuing Health Care, Maternity Services, Mental Health Services*)
- eMBED
(*Business Intelligence, HR, IT*)
- North of England Commissioning Support
(*IFR*)
- Scarborough Borough Council
(*Communications, Engagement, Patient Relations, FOI*)
- Other CCGs where Memorandum of Understandings are in place for the hosting of services.
(*i.e. NHS Harrogate and Rural Clinical Commissioning Group, NHS Vale of York CCG*)

The business continuity plan for these services will be reviewed. Teams with lead commissioner responsibilities for critical outsourced activities will capture this in their business impact analysis and service continuity plans.

Other critical outsourced activities include the management of York house to Scarborough Borough Council.

11.9 Communications

Notification of staff will operate in a cascade system where by notification is made via direct line management routes.

A telephone cascade list with work, home and mobile numbers for staff will be held by each line manager. A central list of all staff will be held securely with the HR records and compiled by the CCG Executive Assistant. An up to date version of the telephone list will be included in the On Call Pack.

Communications to staff will be via the following means:

- a) Email to all staff (if available) via NHS Mail
- b) Telephone communication to all staff either via BT conferencing or mobile telephones
- c) Information on the website (if available)
- d) Team meetings (if appropriate)

External communications will be coordinated by the Communications and Engagement Team and will include but not limited to:

- Media
- GP Practices
- Local Authorities (Scarborough Borough Council, North Yorkshire County Council, York City Council, East Riding of Yorkshire Council)
- Neighbouring CCGs
- Local Providers (York Hospital NHS Foundation Trust, Tees, Esk, Wear and Valley NHS Foundation Trust, Hull and East Yorkshire Hospitals NHS Foundation Trust, Yorkshire Ambulance Services)

12 IMPLEMENTATION

This plan should be followed should the need to activate the business continuity plan in Scarborough & Ryedale Clinical Commissioning Group be triggered. It may not be necessary to activate the whole plan and it will be possible to activate certain elements.

Following approval by the Council of Members, this policy will be distributed to the CCG Senior Leadership Team for dissemination to all their staff and to the Council of Members, the Governing Body, Committee and Sub Committee Members and Practice Managers.

14 TRAINING & AWARENESS

This policy will be made available to all Members and staff via the CCG's website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process.

Advice on this policy can be obtained from the Chief Officer, Corporate Governance and Organisational Development Lead, Chair of the Audit and Governance Committee.

Specific training and awareness have been identified in Section 10.6

15 MONITORING & AUDIT

The Audit and Governance Committee will keep under review the arrangements for the Business Continuity Plans, annually review the plans and Business Impact analysis and provide an annual assurance report to the Governing Body.

Individual Teams will annually review the Business Impact Analysis for their areas 6 monthly.

16 POLICY REVIEW

Suggested text – 'This policy will be reviewed in . Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy'.

17 REFERENCES

- Civil Contingencies Act 2004
- NHS Commissioning Board Emergency Preparedness Framework 2013
- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
- ISO 22301 Societal Security – Business Continuity Management System

18 ASSOCIATED DOCUMENTATION

- On Call Policy
- Surge and Escalation Plan
- Flexible Working Policy

19 APPENDIX 1 – Categorisation of NHS Scarborough and Ryedale CCG Functions

CATEGORY 1 Critical - resume within 24 hours	Emergency Preparedness - Planning and Response
	Oversight, Management and Monitoring of communications and Engagement
CATEGORY 2 Essential- Resume within 24 – 48 hours	Authorisation of payments to NHS provider organisations
	Authorisation of payments to essential suppliers and independent contractors
	Authorisation of payments to non essential suppliers and independent contractors
	Financial external returns to NHSE, including monthly finance information and financial plan returns etc.
	Quality and Performance - Statutory/external activity return
	Continuing Healthcare Decision making
	Safeguarding
	Serious Incidents
	Individual Funding Requests
CATEGORY 3 Routine - Resume as soon as practical (ideally 2 weeks)	Complaints Management
	Freedom of Information request processing
	Maintenance of Assurance Framework and Risk Register
	Manage the business agendas for the CCG Governing Body, Executive Team and subcommittee meetings; minute taking process delivery and supervision
	Overseeing the delivery of the HR, corporate governance and information governance functions of the CSU.
	Corporate Health and Safety
	QIPPs relating to primary care
	Primary Care activity / quality
	Service Redesign - Primary Care Element
	Development of QP pathways and establishment of monitoring systems
	Support of Primary Care Contracting
	Financial and contract management function including, preparation of finance and contracting reports for CCG Governing Body etc.
	Key Provider Contract Management meetings
	Planning and Forecasting
	Ad hoc data analyses
	Management, development and ongoing monitoring of compliance and performance against the quality expectations within main provider contracts, assessment of performance on quality schedule KPIs and CQUIN delivery
	Management of the GP Feedback System
	Strategic Planning - coordinating the processes required to deliver strategic and operational plans
	Organisational Development - liaise with team in ACS to enable and monitor delivery of SLA
	Equality and Diversity - liaise with ACS lead to ensure CCG compliance and commitment to this agenda

20 APPENDIX 2 - NHS Scarborough and Ryedale CCG Business Continuity Action Plan

Type of disruption/event	1. Access denial to work area (any reason including fire, flood, or utility failure (electricity, heating, water)).
Impact on the CCG by the disruption / event	The CCG would be unable to provide the Critical Functions as listed on Appendix 2 of this document and may also need to suspend non-essential functions until normal services could be resumed or alternative premises or access to premises was established.
Risk rating of this event	Impact – 3, Likelihood – 2, Risk Rating = 6
Contingencies available regarding this disruption / event	<p>NHS Scarborough and Ryedale CCG staff are based at Town Hall, York House, King Street, Scarborough, YO11 1ND</p> <p>Critical Functions CCG staff who provide critical functions are able to work at the location above or by VPN at home or in an alternate NHS location (Partnership Commissioning Unit offices, other CCG offices, GP practices)</p> <p>Alternative premises to relocate these staff in the short term will be in conjunction with partnership discussions across Yorkshire and the Humber CCGs and the NHS England Area Team, NHS Property Services, Provider Trusts, and Local NHS Contractors.</p> <p>Non critical functions Reasonable efforts should be made to attend work where alternative locations are available.</p> <p>In short term incidents, staff covering non-essential roles could be asked to take annual leave or flexi time whilst they are unable to attend their designated place of work or an alternative site.</p> <p>If the interruption is due to utilities failure, lack of access to the building or damage to the building or work area and an alternative arrangement cannot be found staff covering non-essential functions may be given time off at the discretion of a member of the Senior Team.</p> <p>For the Emergency Planning management of the response to an interruption, access to an alternative incident control room can be arranged at other CCG/PCU offices</p>
Initial Actions During Event	<p>If there is an issue accessing the place of work:</p> <ul style="list-style-type: none"> • Contact Scarborough Borough Council to report or verify the information and identify the anticipated timescale of the interruption. • Contact the Associate Director of Corporate Services to discuss obtaining access to alternative locations to relocate staff on a temporary basis if required. • Implement flexible working for staff. • Communicate this to staff and notify of alternative working arrangements by telephone call, email and text message. • Consider and action wider communications requirements – visitors, public, stakeholders.

<p>Actions in relation to staff Include details of contact lists held and the communications process with members of staff.</p>	<p>See separate Contact lists CCG staff. Line managers are responsible for cascade to their reportees.</p> <p>NB. Senior Managers should have access to this information.</p> <p>Initial communication with staff includes the following information:</p> <ul style="list-style-type: none"> • What the incident is • What the cause of the Incident is or may have been (if known) • How long the incident is likely to last • How the incident is to affect their work and alternative working arrangements • What is expected of them during the course of the incident; and • Confirmation of how communication should be maintained between them and the Manager.
<p>Actions in relation to space Include details of accommodation for visitors and staff workplace areas.</p>	<p>Accommodation for staff providing critical functions will be provided at either the nearest accessible alternative CCG site, or by working from home.</p> <p>Space will be identified in alternative sites to allow for meetings with visitors to proceed.</p>
<p>Actions in relation to supplies and services Include details of supply lines and actions following loss of service or utility.</p>	<p>Suppliers will be notified by staff responsible for ordering essential supplies for the CCG of any alternative location arrangements for deliveries.</p> <p>Visitors will be advised on change of any locations.</p>
<p>Planning vulnerabilities and gaps</p>	
<p>Other actions/comments</p>	<p>Ensure all CCG staff are aware of this plan and what is expected of them in incidents.</p>

Type of disruption/event	2. Loss of Established Systems (<i>IT, Specialised Software, Telecommunications and Email</i>)
Impact on the CCG by the disruption / event	The CCG would be unable to provide the Critical Functions as listed on Appendix 2 of this document and may also need to suspend non-essential functions until normal services could be resumed.
Risk rating of this event	Impact – 4, Likelihood – 3, Risk Rating = 12
Contingencies available regarding this disruption / event	<p>Functions that could operate manual paperwork systems until normal IT services are resumed will continue.</p> <p>If there is a prolonged lack of access to IT specifically related to operation from York House, the IT supplier's Disaster Recovery Plan would be implemented and the CCG would mobilise the same arrangements as for lack of access to the building.</p> <p>Loss of access to data/information is mitigated by existing back-up arrangements for the CCGs data, carried out by IT Services. The CCG must seek regular assurance and evidence that these backing up arrangements are regularly undertaken.</p>
Initial Actions During Event	<p>If IT functionality is disrupted and critical functions are required:</p> <ul style="list-style-type: none"> • Contact IT Support on 0845 122 6111, Email itservicedesk.nyhcsu@nhs.net (Unlikely that email will be a communications option) to report or verify the information and identify the anticipated timescale of the interruption. • Use of mobile devices where possible and if the disruption is specifically related to York House Contact the Head of Corporate Services to discuss obtaining access to alternative locations to relocate staff on a temporary basis if required. • Functions that could operate manual paperwork systems until normal IT services are resumed will continue. • Implement flexible working for staff where necessary. • Communicate to staff via telephone, text message or verbally. <p>If telecommunications functionality is disrupted and critical functions are required:</p> <ul style="list-style-type: none"> • Contact IT Support on 0845 122 6111, Email itservicedesk.nyhcsu@nhs.net (Unlikely that email will be a communications option) to report or verify the information and identify the anticipated timescale of the interruption. • Use of mobile telephones rather than land lines. • Contact the Head of Corporate Services to discuss obtaining access to alternative locations to relocate staff on a temporary basis if required. • Implement flexible working for staff if necessary. • Communicate to staff via mobile telephone, text message or verbally.

<p>Actions in relation to staff Include details of contact lists held and the communications process with members of staff.</p>	<p>See separate Contact lists CCG staff. Line managers are responsible for cascade to their reportees.</p> <p>NB. Senior Managers should have access to this information</p> <p>Initial communication with staff includes the following information:</p> <ul style="list-style-type: none"> • What the incident is; • What the cause of the Incident is or may have been (if known); • How long the incident is likely to last; • How the incident is to affect their work and alternative working arrangements • What is expected of them during the course of the incident; and • Confirmation of how communication should be maintained between them and the Manager
<p>Actions in relation to space Include details of accommodation for visitors and staff workplace areas.</p>	<p>Staff will obtain IT as detailed above. Visitors will be advised on change of any locations.</p>
<p>Actions in relation to supplies and services Include details of supply lines and actions following loss of service or utility.</p>	<p>Contact provider and maintain contact with them regarding progress on reestablishment of service.</p> <p>Notify all relevant stakeholders of the interruption to Telecoms – via mobile.</p>
<p>Planning vulnerabilities and gaps</p>	<p>Depending on how widespread the issue is establishing service to other services prior to the CCG may be a priority and therefore the interruption may be extended.</p>
<p>Other actions/comments</p>	<p>Ensure that the communications cascade is updated at least every 6 months and tested once completed to validate functionality.</p> <p>Ensure all CCG staff are aware of this plan and what is expected of them in incidents.</p>

Type of disruption/event	3. Restricted staffing levels for any reason (including <i>Influenza Pandemic and travelling difficulties due to extreme weather conditions or fuel shortage</i>)
Impact on the CCG by the disruption / event	The CCG may not be able to provide the Critical Functions as listed in Appendix 2 of this document and may also need to suspend non-essential functions until normal services could be resumed or where sufficient staff are available to cover these functions
Risk rating of this event	Impact – 4, Likelihood – 3, Risk Rating = 12
Contingencies available regarding this disruption / event	<p>If pandemic, e.g. influenza: Staff available who cover non-essential roles and with suitable skills within the CCG in the first instance would be made available to cover the identified critical functions.</p> <p>In Pandemic Flu additional resources from all other areas of NHS England Area Team and Public Health England and CCGs would be sought to support the additional burden of responding to the pandemic.</p> <p>If severe weather, e.g. snow: Reasonable efforts should be made by all staff to attend work.</p> <p>Critical functions CCG staff who provide critical functions are able to work at York House or by remote VPN at home or in alternative NHS locations eg, (Partnership Commissioning Unit offices, other CCG offices, GP practices)</p> <p>Non critical functions In short term incidents, staff covering non-essential roles could be asked to take Annual leave or flexi time whilst they are unable to attend their designated place of work or an alternative site.</p>
Initial Actions During Event	<p>If pandemic, eg influenza:</p> <ul style="list-style-type: none"> • Review staffing numbers and confirm continuation of critical functions • Where necessary suspend non-essential functions if staffing levels are hit substantially. • Monitor position daily as this will be constantly changing. • Provide staff for redeployment to critical function across the CCG. • Obtain access to emails of absent staff where necessary. • Notify staff of decisions to suspend work and redeploy staff where necessary. • Keep all CCG staff informed of the situation in relation to the Pandemic. • Annual leave and flexi leave may be cancelled for all CCG. This is a decision for the Senior Team. • Staff that attend work with flu like symptoms will be asked to go home to protect the health workforce. <p>If severe weather, eg, snow:</p> <ul style="list-style-type: none"> • Cascade weather warnings to staff in advance of absences • Review staffing numbers and confirm continuation of critical functions • Implement flexible working arrangements for staff immediately

	<ul style="list-style-type: none"> • Communicate this to staff telephone call, email and text message • If situation persists review arrangements in place and monitor the impact to critical functions. <p>If fuel shortage:</p> <ul style="list-style-type: none"> • Review staffing numbers and confirm continuation of critical functions • Obtain access to emails of absent staff where necessary. • Implement flexible working arrangements for staff immediately • Communicate this to staff telephone call, email and text message • If situation persists review arrangements in place and monitor the impact to critical functions. • The NHS England Area Team will activate the Fuel Shortage Response Plan and ensure temporary logos are issued to staff who qualify under this scheme
Actions in relation to staff Include details of contact lists held and the communications process with members of staff.	<p>See separate Contact lists CCG staff. Line managers are responsible for cascade to their reportees.</p> <p>NB. Senior Managers should have access to this information</p> <p>Initial communication with staff includes the following information:</p> <ul style="list-style-type: none"> • What the incident is; • What the cause of the Incident is or may have been (if known); • How long the incident is likely to last; • How the incident is to affect their work and alternative working arrangements • What is expected of them during the course of the incident; and • Confirmation of how communication should be maintained between them and the Manager
Actions in relation to space Include details of accommodation for visitors and staff workplace areas.	Under flexible working arrangements for severe weather situations staff should already have notified their line manager of the nearest base they can attend or whether flexible working arrangements have been agreed.
Actions in relation to supplies and services Include details of supply lines and actions following loss of service or utility.	
Planning vulnerabilities and gaps	If these situations arose during key staff holiday times then the impact on staffing levels would be experienced earlier than in the times when staff would normally be at work. E.g. summer holiday periods, Easter and Christmas.
Other actions/comments	Ensure all CCG staff are made aware of this plan and what their role is within it.

21 APPENDIX 3a – DIRECTORY OF CONTACTS

Staff confidential – details only published in 'live' document

	Name	Role	Work Mobile	Personal Telephone Number (Home/Mobile)	Work E-Mail Address
Senior Leadership Team	Simon Cox	Chief Officer			simoncox1@nhs.net
	Richard Mellor	Chief Finance Officer			richard.mellor@nhs.net
	Carrie Wollerton	Executive Nurse			carrie.wollerton@nhs.net
	Barbara Buckley	Head of Planning and Assurance			b.buckley@nhs.net
	Vanessa Burns	Deputy Chief Finance Officer			vanessaburns@nhs.net
	Sally Brown	Associate Director of Corporate Affairs			sally.brown16@nhs.net
Quality Performance Improvement and Service Delivery	Jenny Carter	Head of Patient Safety & Quality (Deputy Executive Nurse)			Jennycarter3@nhs.net
	Gaye Hanson	Deputy Head of Planning and Assurance			Gaye.hanson@nhs.net
	Karen Mazingham	Head of Specialist Delivery			Karen.mazingham@nhs.net
	John Turner	Senior Service Improvement Manager			John.turner16@nhs.net
	Jenni Lawrence				jennilawrence@nhs.net
	KM	Service Improvement Manager			
	ST	Service Improvement Manager			
	JH	Programme Management Officer			

	Name	Role	Work Mobile	Personal Telephone Number (Home/Mobile)	Work E-Mail Address
Quality Performance Improvement and Service Delivery	LD	Quality and Performance Facilitator			
	SO	Programme Support Officer			
	BR	Engagement Manager			
	EP	Corporate Services Manager			
	MB	Primary Care Business Manager			
	JS	Executive Assistant			
	AB	Corporate Services Administrator			
	SB JB	Administrative Assistant Administrative Assistant			
Finance and Contracting	Steve Jordan	Head of Contracting & Performance			Steve.jordan@nhs.net
	CH	Finance Manager			
	JM	Assistant Contracts Manager			
	LN	Management Accountant			
	KD	Finance Assistant			
Governing Body Members	Dr Garnett	Clinical Chair			
	Dr Diggory	GP Board Member			
	Dr Black	GP Board Member			
	Dr Halloran	GP Board Member			
	Dr Hefni	GP Board Member			
	Dr Billingsley	GP Board Member			
	Philip Hewitson	Lay Member			
	Andy Hudson	Lay Member			
	Dr Woods	Secondary Care Doctor			
Carolyn Liddle	Primary Care Manager				

	Name	Role	Work Mobile	Personal Telephone Number (Home/Mobile)	Work E-Mail Address
North Yorkshire and Humber Clinical Networks Team	Michaela Golodnitski	Senior Delivery Manager			Michaela.golodnitski@nhs.net
	John Hancock	Senior Delivery Manager			John.hancock2@nhs.net
	Helen Snowden	Macmillan Brain and CNS Programme Manager			Helen.snowden@nhs.net
	LO	Macmillan Brain and CNS Project Manager			
	KK	Assistant Delivery Manager			
	LO	Macmillan Brain and CNS Project Manager			
	KK	Assistant Delivery Manager			
Safeguarding Children Designated Professionals	Karen Hedgley	Designated Nurse			karenhedgley@nhs.net
	Elaine Wyllie	Designated Nurse			elaine.wyllie@nhs.net
	Jacqui Hourigan	Nurse Consultant Primary Care			jhourigan@nhs.net
	VN	Admin Support			

22 Appendix 3b - Other Key Contacts

Internal Providers – Details only published in ‘Live’ Document				
Organisation	Contact	Tel	Email	Other Infor (e.g. account number)
eMBED				
North of England CSU				
Scarborough Borough Council				
PCU				
HaRD CCG				

Key Suppliers/ Stakeholders – Details only published in ‘Live’ Document				
Organisation	Contact	Tel	Email	Other Infor (e.g. account number)
NHS England On-call Manager via First Response				
HaRD CCG				
HRW CCG				
VoY CCG				
ERY CCG				
Hull CCG				
NEL CCG				
NL CCG				
YHFT				
TEWV				
YAS				

1. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Age	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Sexual Orientation	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Disabled People	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Gender	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Transgender People	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Pregnancy and Maternity	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Marital Status	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Religion and Belief	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

7. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	X Green
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		Actions	Wording for Policy / Project / Function
Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	The policy can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i>

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	