NHS
Kernow
Clinical Commissioning Group

Business continuity plan

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Version control

Version number	Revision date	Revision by	Nature of revisions
1.0	19 September 2017	EPRR lead	Original
1.1	18 September 2018	EPRR lead	Revision to meet NHS England core standards. Heatwave and cold weather plans to include consideration of impact on whole system. Removal of Sedgemoor risk (closed on risk register).
1.2	18 August 2021	EPRR team	Transferred to new template, changed definition of a business continuity incident, added equality impact assessment. Updated risks and action cards to reflect new on call arrangements and changes in premises.
1.3	21 September 2021		Ratified by the Senior leadership team
1.4	October 2021	Head of EPRR	Final accessibility checks completed

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1. Introduction

This business continuity plan details the organisation's aims in responding to a business interruption:

"A business continuity incident is 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. This could be a surge in demand requiring resources to be temporarily redeployed. Source: EPRR Framework (2015).

2. Triggers for activation

This business continuity plan is scalable and can be implemented for a range of disruptions, from small scale directorate level to major incident. The plan will be activated in response to an incident which has the potential to cause, or result in the following:

- failure of critical activities
- a threat to finances or reputation
- failure to comply with legislation

Due to the varying nature of interruptions the plan is designed with trigger thresholds.

Level	Threshold for activation	Incident commander
0	Impacts restricted to 1 directorate and not disrupting a prioritised activity.	Relevant director or manager.
1	Impacts disrupt a prioritised activity but restricted to 1 directorate and no impact on wider NHS system.	Relevant director or manager.
2	Impacts, whilst not critical, are spread across a number of directorates, or 1 directorate but with an impact on wider NHS system.	Assigned director or manager (on-call director if out of hours).
3	Widespread and/or critical disruption to functioning of NHS Kernow and/or wider NHS system.	Assigned executive director (or on-call director if out of hours).

Examples:

- 0 - staff member sickness
- 1 - loss of non-prioritised activity, team, or workspace
- 2 - prioritised activity affected, for example loss of SBS system (finance)
- 3 - NHS Kernow denied use of major office base (for example fire)

3. Activating the BCP

The business continuity plan will be activated by an executive director or the on-call director. The on-call director is contacted via Bodmin Switchboard on 01208 251300.

The business continuity flowchart should be used to aid decision making.

4. Action

Action cards are at appendix 4.

A principle of cascade will be adopted to allow departmental managers to organise their staff within the overall decisions made by the incident commander.

The incident commander will inform the EPRR team of the incident on kccg.eprr@nhs.net and the corporate governance team by emailing kccg.corporategovernance@nhs.net.

5. Status of incident

To effectively manage incidents, the following statuses will be adopted:

- standby: disruption has taken place and the impact is under assessment
- incident: assessment has been made and the plan is activated
- recovery: incident commander has agreed the recovery and monitoring strategy
- stand-down: incident commander is satisfied that the incident has passed and business as usual restored

6. Prioritisation of services

Assessment of NHS Kernow's functions has been made which leads to the following prioritisation for action.

Priority	Definition	Function
Critical	Services that must be maintained or re-established within 0 to 24 hours.	• On-call • IT • Buyer team • Operational estates (incident control centre) • Referral Management Service (including DRSS) • Communications • Urgent care escalation management

Priority	Definition	Function
		• Primary care team operational support to practices • Admin support
Vital	Services that must be maintained or re-established within 72 hours.	• Continuing healthcare • Commissioning: mental health • Nursing and quality

Necessary	Services that must be maintained or re-established within 2 weeks.	• Health and safety
		• Complaints
		• Freedom of Information requests
		• Litigation and claims
		• Finance:
		  ○ payment of invoices
		  ○ provision of financial information
		• Prescribing and medicines optimisation
		• Business intelligence
		• Urgent and emergency care system winter and holiday planning
		• Commissioning: integrated and urgent care
		• Contracts and procurement

Desired	Services that must be maintained or re-established at 2 weeks or longer.	• Risk management
		• Governing Body and secretariat
		• Information governance
		• Individual funding requests
		• Finance: collection of our debt
		• Commissioning:
		  ○ long term conditions and community
		  ○ children
		  ○ urgent and emergency care
		  ○ primary care team
		• Human resources

7. Business impact analysis

Each function holds specific continuity plans based on the impact of assessed risks:

- staff shortage or unavailability
- lack of premises
- IT and/or telecommunications failure
- loss of information

These are available within the electronic on-call folders.

8. Risk assessment

Risk assessments must support decisions taken.

Appendix 2 provides an assessment of risks identified, including operational and corporate risks.

9. Evacuation of staff

Some types of disruptions may require staff to be moved to a place unaffected by the incident. Therefore, decisions will be made to relocate staff based on escalation and relocation to:

- another part of the building
- another building occupied by NHS Kernow
- home
- partner agency building
- combination of the above

Departmental managers will liaise with each other to ensure that redirected staff do not overwhelm alternative sites. Redeployed staff may undertake a higher priority function causing staff at the alternative site to be displaced. The incident commander and departmental managers will resolve these issues as part of their decision making.

NHS Kernow sites:

- Penwinnick Road (18)
- Peninsula House (8)
- Daramoba House (19)
- Truro Health Park (12)
- Cudmore House (44)
- Praze-an-Beeble (31)
- Victoria Beacon

10. Incident control centre

An incident control centre may be set up at any of the office sites and can also be set up virtually using the Teams function, The EPRR team maintain a director on call group which can be activated into a virtual incident control centre at any point.

11. Record management

All decisions and activity must be documented:

- nature of the decision
- reason for the decision
- date and time
- who has taken the decision?
- extent of consultation
- who has been notified?
- necessary review date

This is to be submitted to the EPRR lead at business continuity stand-down.

All records associated with the incident will be preserved and archived for future reference in accordance with appropriate timescales set out in the national records management NHS Code of Practice.

A list of trained loggists is available within the on-call rota.

12. Communications and media

Communications should be established to both staff and partner organisations. This may include advising organisations that NHS Kernow may not be able to respond to enquiries or normal business as quickly as usual. The communications team will handle this in work hours, the on-call director out of hours.

13. Mutual aid

Access to mutual aid, other than where a local organisation to organisation agreement is in place, is accessed via NHS England and NHS Improvement (NHSEI) Southwest.

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.

14. Review

A review of the incident will be conducted to identify learning and any improvement actions required. Implementation of actions will be monitored to ensure completion within a reasonable timescale. After each incident, a debriefing should be carried out to capture any lessons learnt. There are 2 types of debriefs that can be carried out.

Hot debrief

Undertaken immediately after the incident response; captures the thoughts of those involved whilst fresh in their minds:

- what went well
- what did not go as well as expected
- what can be improved

Formal debrief

Undertaken a few weeks after the incident has been closed; captures the thoughts of who were involved after a period of reflection. This can include multi-agency partners as required.

A hot debrief should be undertaken after every incident and a formal debrief whenever the incident has required a significant response by NHS Kernow or has resulted in a failure to meet responsibilities.

This will then be submitted to the EPRR team by emailing kccg.eprr@nhs.net. The EPRR team will submit reports on incidents to the people and organisational governance committee who oversee EPRR.

15. Testing

All aspects of the plan will be tested on no less than a 3-yearly basis. In the intervening years, aspects of the plan will be tested annually. The plan will be further tested when changes are made, where an incident identifies weakness or as directed by the managing director, executive lead for EPRR, accountable emergency officer, or NHSEI.

16. Information sharing

The Civil Contingencies Act 2004 places a duty on category 1 and 2 responders, on request, to share information relating to emergency preparedness and civil protection work with other category 1 and 2 responders. This duty relates to the preparedness, response, and recovery stages of an emergency.

The Data Protection Act 1998 allows the sharing of personal data providing certain conditions are met. These conditions, set out in schedules 2 and 3 of the Act, enable the data controller (the organisation holding the information) to decide if it is legally acceptable to share the information.

Cabinet Office guidance offers the following 3 questions as a broad-brush guide for whether the sharing of information would be legal; it is recommended that this be used by on-call staff should a situation arise that requires a decision on sharing personal information. The 3 questions to consider are:

1. Is it unfair to the individual to disclose their information?
2. What expectations would they have in the emergency at hand?
3. Am I acting for their benefit and is it in the public interest to share this information?

Data Protection Act 1998 conditions for sharing information

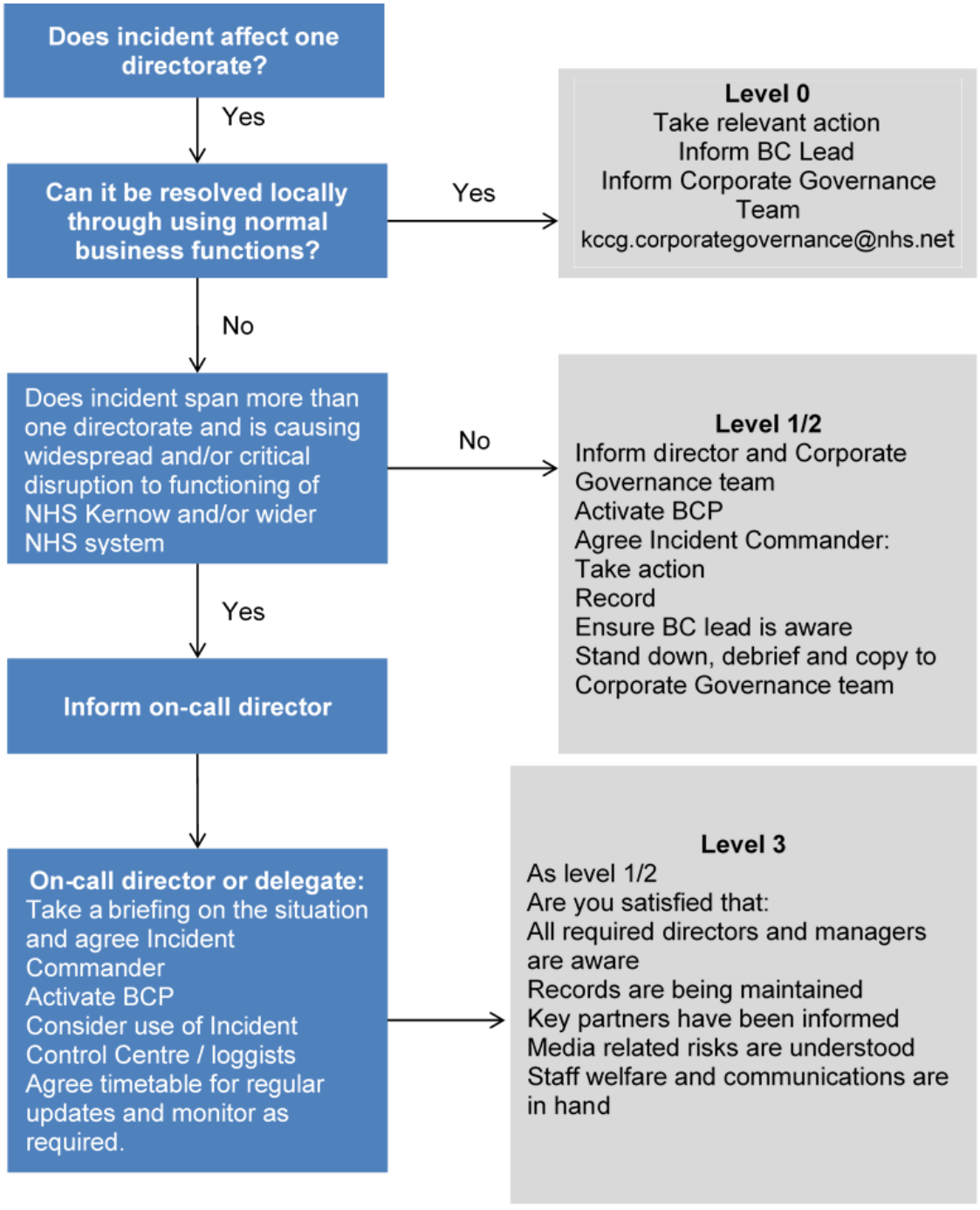
For a more in-depth consideration to be given, the following information sets out the requirements of the act itself. The information may be shared provided 1 or more conditions from schedule 2 is met. However, should the information in question be of a sensitive nature, it is further required that 1 or more conditions from schedule 3 is also met. The conditions from each schedule are set out below:

Schedule 2	Schedule 3
The subject has given consent to share information.	The individual has given explicit consent to share information.
Sharing information is necessary to protect the person's vital interests.	Sharing information is necessary to establish, exercise or defend legal rights.
Sharing information is necessary to comply with a court order.	Sharing information is necessary to protect someone's vital interests and the person to whom the information relates cannot consent, is unreasonably withholding consent, or consent cannot be obtained.
Sharing information is necessary to fulfil a legal duty.	Sharing information is necessary to perform a statutory function.
Sharing information is necessary to perform a statutory function.	Is in the substantial public interest and necessary to prevent or detect a crime and consent would prejudice that purpose.
Sharing information is necessary to perform a public function in the public interest.	Processing is necessary for medical purposes and is undertaken by a health professional.
Sharing information is necessary for the legitimate interests of the data controller, or of the third party to who the information is disclosed, unless the rights or interests of the data subject preclude sharing.	Processing is necessary for the exercise of any functions conferred on a constable by any rule of law.

17. Policies referred to in this document

- NHS Records Management Code of Practice
- The Civil Contingencies Act 2004
- The Data Protection Act 1998

Appendix 1: Business continuity flowchart to aid decision making



Appendix 1 (version for use with assistive technology): Description of the business continuity flowchart to aid decision making

If the incident affects only 1 directorate and can be resolved locally through using normal business functions treat as a level 0:

- take relevant action
- inform BC lead
- inform corporate governance team kccg.corporategovernance@nhs.net

If incident spans 1 directorate but is causing widespread and/or critical disruption to functioning of NHS Kernow and/or the wider NHS system treat as a level 1 and/or 2:

- inform director and corporate governance team
- activate BCP
- agree incident commander
- take action
- record
- ensure BC lead is aware
- stand down, debrief and copy to corporate governance team

If the incident spans more than one directorate and is causing widespread and/or critical disruption to functioning of NHS Kernow and/or the wider NHS system inform the on-call director. The on-call director or delegate should:

- take a briefing on the situation and agree the incident commander
- activate BCP
- consider use of incident control centre and loggists
- agree timetable for regular updates and monitor as required

Treat as a level 3:

- act as listed in level 1 and/or 2
- are you satisfied that:
  - all required directors and managers are aware
  - records are being maintained
  - key partners have been informed
  - media related risks are understood
  - staff welfare and communications are in hand

Appendix 2: Risks and plans

Risk to business continuity

Severe weather (flooding, extreme cold, heatwave, snow)

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Staff absence or access to buildings	Rare (1) x moderate (3) = 3	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Reallocation of resources as appropriate, prioritising critical functions. Key staff to work from home or another site, if accessible. For extreme cold or heatwave (at NHS England level 3 or 4), on-call director to consider impact on whole system.

Influenza or infectious disease outbreak

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Staff absence	Rare (1) x high (4) = 4	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Reallocation of resources as appropriate, prioritising critical functions. Key staff to work from home or other site if accessible (staff encouraged to take flu vaccination).

Transport disruption (road closures, excessive traffic)

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Staff absence	Unlikely (2) x very low (1) = 2	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Reallocation of resources as appropriate, prioritising critical functions. Key staff to work from home or another site if accessible.

Fuel shortages

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Staff absence	Rare (1) x moderate (3) = 3	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Reallocation of resources as appropriate, prioritising critical functions. Key staff to work from home or another site if accessible.

Industrial action

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Staff absence	Unlikely (2) x very low (1) = 2	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Reallocation of resources as appropriate, prioritising critical functions.

IT and communications

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
Emails and network down	Possible (3) x high (4) = 12	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 24 hours. Directorate business continuity plans to be activated. Link with IT provider to ascertain issue and recovery timescales. Communication by phone and emails, advising staff and key stakeholders where required. Communication with IT provider to ascertain issue and recovery timescales.
Phone system down	Rare (1) x moderate (3) = 3	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 2 to 3 days (telephony). Directorate business continuity plans to be activated. Link with IT provider to ascertain issue and recovery timescales. Communication by phone and emails, advising staff and key stakeholders where required. Communication with IT provider to ascertain issue and recovery timescales.

Operational and corporate risks

IT, data, and information

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
IT systems and/or data could be lost due to a cyber-attack, leading to a loss of access to	Possible (3) x high (4) = 12	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 48 hours. Directorate business continuity plans to be activated. Link with IT provider to ascertain issue and recovery timescales. Communication by phone, advising staff and key stakeholders where required. Communication with IT provider to ascertain issue and recovery timescales.

Potential impact on ability to maintain business critical activities	Risk score	Plan and recovery timescales
critical applications or systems.		
IT servers relied upon, as a key information asset, are damaged or compromised, for example due to a fire or flood, leading to loss of or access to data impacting on the business continuity and information governance of the organisation.	Rare (1) x high (4) = 4	Plan to be invoked and followed. Immediate action required with full recovery aimed for within 48 hours. Directorate business continuity plans to be activated. Link with IT provider to ascertain issue and recovery timescales. Communication by phone, advising staff and key stakeholders where required. Communication with IT provider to ascertain issue and recovery timescales.

Appendix 3: Measures to conserve fuel

The delivery of healthcare is heavily dependent upon the availability of road fuel. Any widespread and prolonged disruption to the supply of road fuel, will directly impact upon the ability of the NHS to maintain essential levels of care. The local health resilience partnership fuel disruption response plan sets out how commissioners and providers of NHS funded healthcare in the Devon, Cornwall and Isles of Scilly area should prepare for a disruption to the road fuel supply. That plan may be triggered by a threat to the supply of road fuel within the area and may also be activated by NHSEI Southwest as outlined in the health community response plan.

At an early stage during a disruption to the road fuel supply, NHS Kernow should provide staff with advice on how to reduce their usage of road fuel to support the maintenance of fuel stocks. This advice should also inform the planning of service delivery to maximise the reduction in fuel consumption.

Advice for staff

Do you need to use your car for your journey?

- Walk instead of driving for those around the corner trips.
- Don't make 2 trips when 1 will do, combine your errands into a single trip.
- Consider using another option:
  - use public transport if this option is available to you
  - cycle if you have a bicycle and your destination is within cycling distance
  - walk if your destination is within reasonable walking distance (1 or 2 miles)
  - car share with a colleague or neighbour, or check the Car Share Southwest website for a car sharing scheme in your area
  - alternate the driving with others whose children attend the same school or activities as yours

Maintain your car properly

It not only saves fuel, but it can save you money.

- A poorly tuned engine can increase your car’s fuel consumption by up to 50%.
- By following the recommended maintenance schedule in your owner’s manual, you can maximise your fuel efficiency and minimise engine wear and tear.

Plan your journey

Sitting in traffic will reduce the vehicle's fuel economy; avoid travelling at peak times when congestion is likely.

Don't carry unnecessary weight

- Even the most streamlined roof rack will increase fuel consumption, even when empty.
- If the carrier is not permanently fixed to your vehicle, remove it when not it is not needed.

Be a steady driver

Fuel can be saved by using a steady driving technique, by anticipating what is ahead, selecting the most suitable route and keeping as constant a speed as possible.

Restrict your speed

- For the most fuel-efficient cruising, do not exceed 50 miles per hour (Department for Transport estimate).
- Most cars use about 10% less fuel when driven at 50mph rather than 62mph and a reduction in speed from 68mph to 50mph can reduce fuel consumption by 20%.
- The optimum speed for HGVs is also below 50mph and large vehicles can achieve similar savings in fuel consumption by reducing their speed to this level.

Don't idle

- No matter how efficient your car, idling consumes fuel.
- 1 minute of idling uses up more fuel than restarting your engine. Turn off the ignition if you are waiting (it would also help to reduce air pollution).

Use electrics less

- Car electrics impose an extra load on the engine, making it work harder and burn more fuel.
- Air conditioning can increase fuel consumption by up to 10% in stop-go traffic.
- At motorway speeds, air conditioning increases fuel consumption by 3% to 4%.
- Flow-through ventilation reduces the need to drive with air conditioning on or with windows open, both of which consume more fuel.
- A sunroof can reduce the need for air conditioning, but when the roof is open at motorway speeds, wind resistance is increased and will result in greater fuel consumption

Advice for organisations

Activities during business-as-usual operations

- Ensure that all vehicles fuel tanks are kept at least three-quarters full, when possible, and encourage drivers to follow the advice to staff on driving techniques that can reduce fuel consumption.

- When purchasing or leasing vehicles, prioritise diesel or electric vehicles.
- Enable mobile working for community staff.
- Ensure that staff can work remotely or from NHS sites more local to their home (for example IT access across different sites; remote working capability).
- Ensure your IT system's capacity to enable remote working is sufficient for the numbers of staff that have been issued with laptops.
- Pursue agreements with local fuel stations, bunkered fuel holders, fuel providers and lease companies for priority access to fuel to increase resilience.
- Put in place mutual aid agreements with other providers to enable staff to work at locations closer to their homes.

Activities during a fuel shortage

- Reduce or stop non-critical services to preserve fuel. Activate business continuity plans, as necessary.
- Implement a process for reporting service disruptions within the organisation.
- Identify essential users as required by fuel disruption response plan and fuel shortage plan.
- Consider leasing diesel cars to enable access to NHS strategic bunkered fuel reserve, when authorised, for essential users.
- Utilise the list of essential users, particularly those with diesel capability, to plan for the continuity of critical services.
- Liaise with suppliers to agree how to ensure critical supplies are maintained (for example reduce delivery frequency and increase volumes delivered).
- Use teleconference and video-conference facilities for meetings to reduce travel and delay non-essential meetings and staff training until the fuel shortage is over.
- Encourage the use of public transport by all staff, where practical, when travel is necessary.
- Arrange accommodation for staff near to work locations.
- Where practical, temporarily assign staff to work from locations nearer to their home including partner agency sites to see if staff may work from their sites if nearer home; reciprocal arrangements may benefit both organisations.

Appendix 4: Action cards

Action cards will be allocated as required for incident response.

Action card 1: Incident commander

1. Commence log and inform EPRR team of the incident on kccg.eprr@nhs.net and the corporate governance team of incident to kccg.corporategovernance@nhs.net.

2. Make sure that you have formal confirmation of the incident and consider whether the incident requires the activation of the business continuity plan.

3. Appoint an incident manager if required.

4. If activating the plan decide whether you wish to open an incident coordination centre or convene a teleconference. An incident control centre may be set up at any NHS Kernow site. A teams meeting can be convened using the director on call group

5. Take overall strategic responsibility for the response in conjunction with the director whose directorate is most affected who may lead the tactical response.

6. Consider the need to provide overnight accommodation for any staff member who has to stay locally.

7. Keep the managing director up to date on events.

8. Consider impact of event on our response to stakeholder enquiries and provide information as appropriate. This is likely to include NHSEI, provider organisations, and local authority.

9. Chair business continuity management meetings if required.

10. Conduct the hot debrief after stand-down. Pass debrief to EPRR team at kccg.eprr@nhs.net.

11. Ensure that all records are passed to the EPRR lead post-incident kccg.eprr@nhs.net.

Action card 2: Incident manager(s)

1. Commence log.

2. Inform your director if appropriate.

3. Make sure that you have formal confirmation of the incident and consider whether the incident requires the activation of the business continuity plan.

4. If activating the plan decide whether you wish to open the incident coordination centre or convene a teleconference. A teams meeting can be convened using the director on call group.

5. Notify the following:

    - directorate representatives
    - loggist
    - incident management team
    - IT management
    - NHS Property Services

6. Lead the tactical response to the disruption in conjunction with directorate business continuity plans.

7. Review, reassess, escalate, and de-escalate, as necessary.

8. Ensure that all records are passed to the EPRR lead post-incident kccg.eprr@nhs.net.

Action card 3: Incident manager(s)

1. Obtain a briefing on the current situation from the incident director or manager.

2. Obtain a summary of issues faced and actions taken from your directorate to report to the incident director or manager.

3. Be aware of the critical functions for your directorate using directorate business continuity plans.

4. Use directorate business impact analysis to ensure priority functions can be maintained.

5. If the incident escalates to a level 2 or 3 incident continue to lead directorate response linking into the wider organisational staff response.

6. Act as the point of contact between your directorate and the business continuity management team, collating and disseminating information and decisions as appropriate.

7. The following options are to be considered and actioned where appropriate:

    - Safeguard safety of individuals by removing to a safe location.
    - Arrange for staff to be relocated to:
        - another part of the building
        - another NHS Kernow building
        - another NHS building
        - local authority building
        - home
        - combination of all the above

For longer term disruption consider and introduce a reconfigured service through extension of the working day (8am to 8pm) mixed with shift working to maximise the use of desks available.

Appendix 5: Equality impact assessment

Name of policy or service to be assessed: Business Continuity Plan
Department or section: Emergency preparedness, resilience, and response (EPRR)
Date of assessment: 20 August 2021
Person(s) responsible for the assessment: Claire Penellum, Jess Child
Is this a new or existing policy? Existing

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
The plan outlines how NHS Kernow will meet its legal obligations and NHS requirements and will provide documented evidence of continued commitment to delivery of critical services in the event of disruption and/or an incident. The plan outlines the accountable individuals, operating principles and activation process which will apply in response to incidents.

Who is intended to benefit from this policy, and in what way?
NHS Kernow staff will benefit from the implementation of robust business continuity response structures to ensure continued service delivery. Patients will benefit as disruption to the function of NHS Kernow in maintaining commissioning services will be minimised wherever possible

What outcomes are wanted from this policy?
Staff awareness of the content of the policy and key staff completing EPRR training will contribute to incident response

What factors or forces could contribute or detract from the outcomes?
Unawareness of the policy and the responsibilities of the organisation in responding to incidents.

Who are the main stakeholders in relation to the policy?
NHS Kernow business continuity leads, directors on call and incident commanders and all staff.

Who implements the policy, and who is responsible for the policy?
Implemented by the incident commanders and business continuity leads and plan responsibility rests with the EPRR team.

Differential impacts

Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impact be mitigated?
The plan reflects the current national guidance and best practice and is designed to protect the rights of all, irrespective of racial groups.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?
The plan reflects the current national guidance and best practice and is designed to protect the rights of all, irrespective of sex or how they identify themselves. There are no sections within the policies that distinguish between sexes.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
This plan is designed to protect all staff and it is anticipated that this should not impact on any one group of people over another, however it is acknowledged that the detail of the policy may prove difficult to understand and monitoring of the number of queries raised by this group of staff to ensure that they are not disproportionately affected will be undertaken. Information can be made available in alternative formats so that staff are able to access the policy. Adjustments will be made for any member of staff with a disability requiring assistance to enable them to understand how to implement incident response to the necessary standards

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
None, this plan provides guidance to staff regardless of marriage or civil partnership.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

Does this have a positive or negative impact on people who are pregnant, breast-feeding mothers, or those on maternity leave? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

Are they any other identified groups? How will any negative impact be mitigated?
This plan is designed to protect all colleagues and does not impact on any one group of people over another.

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
The plan gives guidance to staff in implementing and in support of these values.

Which of the human rights articles does this document impact? None of these values are impacted.

☐ To life
☐ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☐ To respect for home and family life, and correspondence
☐ To freedom of thought, conscience, and religion
☐ To freedom of expression
☐ To freedom of assembly and association
☐ To marry and found a family
☐ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
The plan gives guidance to staff in implementing the on-call function and its support of these values.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
Human rights training is available and there is organisational guidance.

Public Sector Value Act 2020

NHS Kernow is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services

commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
This plan details how we will plan for, respond to, and recovery from incidents to enable a return to business as usual with minimal disruption.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
Not applicable.

Describe how the policy contributes towards advancing equality of opportunity.
Not applicable.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
Not applicable.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
Not applicable.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
Not applicable.

Signed (completing officer): Claire Penellum

Date: 19 August 2021

Signed (head of department or section): Jess Child

Date: 20 August 2021

Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.