Business Continuity Plan

Version:	Review date:	Edited by:	Approved by:	Comments:
V1.1	October 2018	Operational Manager	Clinical Director	

Table of contents

1 Introduction

1.1 Aim of the Plan

This Plan aims to provide a detailed framework within which Thanet Health Community Interest Company (TH CIC) and its partner GP Practices can continue to operate and provide services to local people in the event of any untoward or critical incident.Through the plan,Thanet Health CIC can demonstrate that they have planned for, and are capable of responding to, a variety of incidents which may affect patient care.

Understanding how to deliver a coordinated response to incidents will ensure that patient and staff safety is maintained whilst also reducing the impact that any adverse incident may have on the entitled population.

"The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and subcontractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR)."[1]

Thanet Health CIC is mindful of its need to recognise the diverse needs of its patient population and the people providing the services managed by the TH CIC. In activating the Business Continuity Plan the TH CIC will give due consideration to how different people will be affected by the critical incident.

1.2 Objectives and scope of the plan

Objectives of the plan:

- To provide a clear guide and process for all parties who may be involved in a critical incident
- To identify key personnel and reporting processes in case of a critical incident
- To assess risk and outline preventative and reactive measures to manage the potential impact of critical incidents, from outset to returning to business as usual

Scope:

Thanet Health CIC is a Community Interest Company created in 2011 by Thanet Clinical Commissioning Group (CCG) on behalf of the GP Surgeries in Thanet. The aim of this company is to be the delivery vehicle for any primary/secondary care services which impacts on the health and wellbeing of the residents of Thanet.

Since 2011 the TH CIC has provided assistance to all Thanet GP services with the Travax scheme, however since 2016, the TH CIC has co-ordinated a service called Complex Acute Response Team (C-ART), where local primary, secondary care services work alongside third sector organisations to try and prevent hospital admissions with the frail and elderly. This is a scheme which has received national recognition. In 2017 the TH CIC has also been responsible for delivering a Primary Care Service within the local Secondary Care

[1] NHS Commissioning Board Business Continuity Management Framework (service resilience) 7.1.2013

Hospital. This service is called the Enhanced Acute Response Team (E-ART). This was initially a pilot project for six months but has now been extended to 18 months based on the success of the service. This service has provided the TH CIC with excellent working rerlationships with all GP Practices, not only in Thanet but with our neighbouring Districts. Relationships have been built with the local Seoondary Care hospitals as well the Out of Hours provider, whom we support by offering them extra appointments in the E-ART service.

In partnership with Thanet Health CIC the local GP Practices are currently piloting the provision of additional GMS appointments from 6.30pm to 8.00pm from Monday to Friday (excluding bank holidays) and additional GMS appointments at the primary care hub on the Queen Elizabeth The Queen Mother Hospital (QEQM) site on Saturday and Sunday (including bank holidays).

The additional Monday to Friday 6.30pm to 8.00pm GMS appointments are provided in locations which mirror the cluster of GP practices (referred to by the commissioner as primary care homes – PCH) detailed below:

○ Margate PCH ▪ The Limes Medical Centre ▪ Bethesda Medical Centre ▪ Northdown Surgery ○ Ramsgate PCH ▪ Summerhill Surgery ▪ The Grange Medical Practice ▪ East Cliff Practice ▪ Dashwood Medical Centre ▪ Newington Road Surgery	○ BREX PCH ▪ Broadstairs Medical Practice ▪ St Peters Surgery ▪ Mocketts Wood Surgery ▪ Minster Surgery ▪ Birchington Medical Centre ▪ Westgate Surgery

The additional Saturday 8.00am to 8.00pm GMS appointments are being piloted in a central hub staffed by primary care clinicians which has ease of access to existing out of hours primary care services. Currently this aspect of the service is provided at QEQM by Thanet Health Community Interest Company.

The additional Sunday 8.00am to 12.00 midday GMS appointments are being piloted at QEQM by Thanet Health Community Interest Company.

The pilot will enable Thanet Health to test and refine the service and to continue the service delivery if awarded the full contract.

Weekday staffing will be the responsibility of the appropriate surgery providing the service, this includes annual leave and sickness cover.

Weekend and bank holiday staffing will be the responsibility of the TH CIC. The TH CIC utilise a rota system with different clinical staff providing the cover. If sickness was to occur, alternative cover is sought from a pool of clinicians.

Out of scope

Each GP Practice has its own detailed Business Continuity Plan which it will follow for an incident that occurs within – and is limited to – its particular practice. The TH CIC Operational Manager will be informed of any incident, who will assess the potential impact on the wider health community and whether the TH CIC Plan should be activated.

It should be noted that the nature of the relationship between the TH CIC and Thanet Practices means that there will be strong links between the TH CIC over-arching and the

individual Practice plans. We will assess the impact of any local incident on the TH CIC BC Plan and revise as appropriate.

1.3 Legal and regulatory requirements and associated guidance

This plan has been developed in accordance with the requirements and guidance in:

- HM Government – The Civil Contingencies Act 2004 (Associated Regulation and Guidance)
- The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) Framework
- The NHS Commissioning Board Business Continuity Management Framework (service resilience)

Other resources used in compiling this plan are referenced in Section 6.

1.4 Key plans linked to the business continuity plan

All of the partner GP Practices and East Kent Hospitals University NHS Foundation Trust (EKHUFT) and IC24 Out of Hours Services have their own Business Continuity Plans. Should a critical incident occur in any of the work programmes overseen/managed by Thanet Health CIC, the relevant BCP(s) will be followed, in tandem with the TH CIC BCP.

The weekend and hub service is delivered from the QEQM site which is managed by EKHUFT. Their BC Plan is in place and covers the site, its facilities and also the department. Thanet Health CIC will operate under the EKHUFT BC Plan and will amend its plan accordingly.

Description	Location	Comment
Minster Surgery	Minster Surgery 75 High Street Minster Kent CT12 4AB	 Business continuity policy - Minster Surge
Birchington Surgery	Birchington Medical Centre Minnis Road Birchington Kent CT7 9HQ	 Major Disaster Plan - Current 2018 - Birchir
Bethesda Medical Centre	Palm Bay Ave, Margate Kent CT9 3NR	 Continuity_toolkit1 - Bethesda.doc
Eastcliff Practice	Dumpton Park Dr, Ramsgate Kent CT11 8AD	 East Cliff Practice Continuity Plan.doc
The Grange Medical Centre	Dumpton Park Dr, Ramsgate Kent CT11 8AD	 Disaster Planning 2016 - The Grange.dc

The Limes Medical Practice	Trinity Square, Margate Kent CT9 1QY	Business Continuity Plan - The Limes.rtf
Dashwood Medical Centre	158-160 Grange Rd, Ramsgate Kent CT11 9PR	disaster plan DMC July 2018.doc
Summerhill Surgery	243 Margate Rd, Ramsgate Kent CT12 6SU	Summerhill Surgery - continuity_toolkit 201
Newington Road Surgery	100 Newington Rd, Ramsgate Kent CT12 6EW	Newington Road - Business Continuity P
St Peters Surgery	6 Oaklands Ave, Broadstairs Kent CT10 2SQ	St_Peters_Disaster_ Continuity_and_recov
Mocketts Wood Surgery	Hopeville Ave, Broadstairs Kent CT10 2TR	continuityplan 2017 - Mocketts Wood.doc
Broadstairs Medical Practice	The Broadway, Broadstairs Kent CT10 2AJ	BMP Business Continuity plan 2018.
Westgate Surgery	60 Westgate Bay Ave, Westgate-on-Sea Kent CT8 8SN	Westgate Contingency Docume
Northdown Surgery	Northdown Park Rd, Margate Kent CT9 2TR	Northdown - Continuity and Recov
QEQM Hospital	Ramsgate Road, Margate, Kent, CT9 4BG	Strategic Buisness Continuity Plan v 1.2.

1.5 Status of the Plan

This document and any procedures contained within it will be reviewed and audited annually to ensure procedures, protocols and key leads are up to date and relevant. Changes in organisational structure/activity or personnel will need to be reflected in earlier reviews. Any changes will be shared with Thanet CCG, for approval.

The document will be shared with all practices. The TH CIC will convene a meeting in September. with Practice nominated leads for business continuity, to raise awareness and ownership. This meeting will be used to review and revise individual Practice Business Continuity Plans, so plans are standardised, with clear links to the TH CIC over-arching Plan.

All staff working at Thanet Health CIC including contractors, agency and locum staff, must fully understand how to respond to any incident that may affect service delivery.

2 Overview of the Plan

2.1 Roles and Responsibilities within the Plan

Should there be an event affecting the operability of services at the company, the table below shows the TH CIC Business Continuity Team and illustrates the contact cascade for incidents at Thanet Health CIC.

The first person to contact would be the Operational Manager, who will be responsible for managing any critical incident. The Operational Manager, in turn, will contact the responsible Clinical Director. Contact details (below) will be available at all related sites. Home numbers are included, to cover incidents occurring out of work hours.

The Clinical Director has ultimate responsibility for the response to the incident.

The Operational Manager and Clinical Director hold contact details of key people they may need to work with in an emergency situation, for example named contact/contact number for each Practice, EKHUFT, Thanet CCG, estates, IT, Out of Hours services.

Copies of the Business Continuity Contact list (see ***Appendix A***) is held by the BC leads, below, and each of the GP Practices.

Name	Role	Contact Number (s)	Informing	Back Up
TH CIC to appoint	Operational Manager	Home:	Clinical Director Assistant Operational Manager	Assistant Operational Manager
Ashwani Peshan	Clinical Director	Home: Mobile:07525 859537	CCG/EKHUFT	Operational Manager
TH CIC to appoint	Assistant Operational Manager		Administration Team	Operational Manager

2.2 Risk Assessment and Business Impact Analysis

Thanet Health CIC has carried out a risk assessment and the impact of the potential risks on its business. This in turn has led to a detailed plan, to be activated when any of the incidents occur. The Plan will only be activated when the disruption cannot be managed within existing resources and capabilities.

Examples of circumstances triggering activation of this Plan include

1. Personnel: unavailability/loss of staff through, for example: widespread sickness; severe weather conditions; travel and transport disruptions; industrial action
2. Premises: loss of premises through, for example: flood; fire
3. Technology: loss of access to electronic files/NHS data; NHS net; EMIS
4. Information: telephone failure
5. Supplies: loss/lack of equipment

A higher than usual level of demand on services – such as pandemic/seasonal flu – will also potentially trigger activation.,

Risks identified through the assessment have been prioritised againt the Business Impact Template below[2]:

HIGH PRIORITY Activities Class A **MPTD: 24hrs** Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	**MEDIUM PRIORITY Activities Class B** **MPTD: 48hrs** Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	**LOW PRIORITY Activities Class C** **MPTD: 72hrs+** Activities that could be delayed for 72 hours or more ***but are required*** in order to return to normal operation conditions and alleviate further disruption to normal conditions.
Flood or Loss of Water Supply	Loss of GP	Industrial Action
	Loss of Key Staff	Short Term Loss of Telephone System
	Long Term Loss of Telephone System	Short Term Loss of Access to Building
	Total Loss of Access to the Building	Damage to Building
	Long Term Loss of Computer System	Loss of Electricity
	Epidemic/Pandemic	Short Term Loss of Computer System
	Failure of Supplier	Infection

These risks have been categorised and prioritised in the table below. As stated previously, the nature of the relationship between the TH CIC and Thanet Practices means that there will be strong links between the TH CIC over-arching individual Practice assessments and plans and EKHUFT's BC and QEQM site Plan.

[2] NHS England Business Continuity Management Framework: Resource B; Part 1 – Plan Business Impact Analysis Template

Category	Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
1. Personnel	Loss of GP	• Accident • Illness • Death • Resignation • Disappearance Jury service long term	• reduction in patient care • additional workload for remaining clinicians	M	M	M	Included within section 1.1 of plan
	Loss of key staff	• Accident • Illness • Death • Resignation • Disappearance Jury service long term	• Loss of continuity or essential functions / data / expertise	M	M	M	Included within section 1.2 of plan
	Industrial action	• Dispute	• Closure of premises	L	M	L	Not planned in view of low likelihood
2. Premises	Total long term loss of telephone system	• Long term failure due to macro premises events • Long term failure due to software faults / virus Long term loss due to BT / supplier system faults	• Urgent need to redirect calls • Patients unable to contact surgery • Need to communicate failure to patients Alternative arrangements required within hours	L	H	M	Included within section 2.1
	Short term loss of telephone system	• Short term crashes to system • Power fluctuation • BT / supplier system faults	• Patients unable to contact surgery	M	L	L	Included within section 2.1
	Total long term loss of access to building	• Fire, flood, terrorism, arson • Action taken by statutory authorities	• Major problem for practice continuance • Termination of patient care	L	H	M	Included within section 2.2, 2.5
	Total short term loss of access to building	• Fire, flood, fire alert	• Short term evacuation procedures	M	L	L	Included within section 2.2, 2.5
	Damage to Building Roofing Glass Brickwork Fencing Paving / Roadways	• Vandalism • Burglary • Weather • Terrorism • Accident • Vehicle impact	• Unsafe for patients and staff • Need to close	M	L	L	Included with section 2.2
	Loss of electricity	• Fault within building • Fault outside building • Wider / regional disruption to supply	• Loss of computer systems • Loss of lighting • Loss of fire alarm • Darkness •	M	L	L	Included within section 2.4
	Flood or loss of water supply	• Internal leakage • External pipe/ sewerage works • River • Underground damage	• Minor repair works may cause minor disruption • Total loss of water supply • Total loss of toilet facilities • Loss of hand-washing facilities	M	H	H	Priority risk included in section2.5
3. Technology	Full loss of computer	• Major theft (hardware) • Virus (software)	• Recent clinical electronic records	M	L	L	Included within

	system – short term (hours)	• Fatal error in server (hardware / software corruption) Failure of clinical software	lost • Patient care at risk • Unable to service patient requests / appointments • Patient dissatisfaction and complaints				section 3.1
	Full loss of computer system – long term (days / prolonged period)	• Fire • Virus (software) • Fatal error in server (hardware / software corruption) • Failure of clinical software • Natural occurrences – see premises sections	• Recent clinical electronic records lost • Patient care at risk • Unable to service patient requests / appointments • Patient dissatisfaction and complaints • Staff well-being	L	H	M	Included within section 3.2
4. Clinical	Infection	• Failure to follow sterilisation procedures. • Unsafe working and cleaning practices. • Inadequate laundry procedures. • Failure to isolate infectious patients adequately. • Inadequate procedures for the control of waste. • Lack of adequate training for staff on handling of samples. • Use of non-disposable towels and gloves • Inappropriate waste into ordinary bins	• Infection of staff and patients. • Death • Litigation or complaints • Failure to satisfy the requirements of the H&S Executive • Prosecution by H&S Executive • Publicity	L	M	L	Following a discussion with the Directors of te company it was decided that we would not plan for this eventuality given the procedures in place and the Low overall rating
	Epidemic / Pandemic	• National Alerts • PCO initiated responses • Public health incidents	• Priority call on clinical staff to the exclusion of routine patients • Disruption in day to day activity • Potential for cross-infection within the premises	L	H	M	Included within section 4.1
	Failure of a major or sole supplier to deliver essential clinical supplies e.g. Flu vaccines, yellow fever vaccines etc	• National shortages • Enforced cessation of manufacture • Unexpected increase in demand exceeds supply	• Patients unprotected • Reduced income • Staff time in resourcing	M	M	M	Included within SECTION 4.2

2.3 Business Continuity Plan

The purpose of this Continuity Plan is to provide both a first response and a framework under which the TH CIC and its partners will manage and continue to operate under exceptional and/or adverse circumstances.

Due to the inter-dependency between the TH CIC and Practices, this Plan includes the TH CIC response as well as some generic GP Practice responses to some key risks which have been identified which would impact on the delivery of this service.

The TH CIC has worked with local GP practices to create a schedule of GP cover 8-8 5 days per week from within the Primary Care Home locality. It is the responsibility of each surgery to provide the appropriate clinical and non clinical staffing of the service which abides by the the NHSE guidance/Specification.

Should a weekday practice be unable to provide the appropriate service on that day, the TH CIC Operational Manager will be notified by the Practice as soon as possible. The TH CIC Operational Manager will then contact a neighbouring Surgery from within the Primary Care Home to organise alternative cover. Should cover not be available then the service will be transferred to the hub at QEQM.

Should the service at the QEQM hub be affected by an incident in relation to QEQM, the Operational Manager will contact a neighbouring surgery with suitable room capacity from within the Primary Care Homes to relocate the service to this site. Patients will be advised by the TH CIC website/Phone call to
attend the alternative site and also a staff member will redirect patients should they still attend the QEQM site. The Operational Manager will also contact all Thanet Surgeries to notify them of the change of location and request that the surgeries contact their patients to advise them of the change.

Whilst the plan provides as much detail as possible for potential incidents, a fuller assessment will be conducted once a specific incident has occurred, tailoring actions to that specific incident to reflect, for example: the site in which the incident occurs, the staff involved, the related services that will need to be contacted and involved in managing the incident.

Category	Risk	Plan
1. Personnel	1.1 Loss of GP	If for any reason the GP(s) is unable to provide medical services due to incapacity or death, the CCG should be informed as soon as possible. If a GP is incapacitated through ill health from providing medical services to the patients, the remaining GPs will cover for a period of time to be agreed, after which a decision will be made whether to employ a substitue. In the event of the death of one of the GPs, the CCG should be informed as a matter of urgency. No prescriptions should be printed or written on prescription pads

		/ computer code for that GP. Any prescription pads, Med3s etc in that GPs name should be kept in a secure place until arrangements can be made to destroy them. Arrangements must also be made to suspend the prescribing details of that GP on the computer and then they should be deleted.
	1.2 Loss of Staff	In the event of a member of staff being incapacitated through ill health, no formal arrangements exist, except that other members of staff cover for the absent staff member. All clerical and management routine procedures are fully documented and can be found on the Protocol Folder.
2. Premises	2.1 Telephone System	**Short Term Loss** Ring Premier Choice 0208 300 9495 customer services for the fault to be investigated. Ring (by mobile) the other local surgeries and advise them that there is a fault. Use other mobile phones if extra outgoing lines are needed. **Long Term Loss** Initially, ring the OOH service (see contact list) to accept our calls. The OOH service may be advised of the nature of the problem, provided with our mobile (or other contact) number and advised that up to date information will be posted on the website for the information of patients. They must be kept advised of significant changes to our circumstances. Ring Premier Choice and arrange to have numbers diverted to the OOH service (check that the OOH service switchboard is operational at this time of day), or to the mobile phones. Premier Choice maintains the telephone system under contract and should be consulted immediately a problem arises and asked to attend if the property is still accessible. Lines are provided by BT. Arrange, via the telephony system supplier, for BT to temporarily suspend the fax number to prevent unactioned faxes from being received in the surgery premises (if evacuation necessary). A request may be made for phone lines to be provided into temporary accommodation and a transfer of all calls made to the doctors' mobile telephone until the telephone system is repaired or replaced. If the Emergency Control Centre is to operate this may be given as a contact number, but is not for patient use. Patient calls would normally be directed to the temporary accommodation which can be staffed by reception staff.

		The telephone system is dependent upon the electricity supply.
	2.2 Accessing the building	If for whatever reason a surgery building becomes unavailable for use, suitable alternative accommodation must be identified. The TH CIC will work with local surgeries to identify and assit in the creation of temporary accommodation. In the short term patients will be requested to telephone the appropriate surgery number and to listen to the recorded message which will give up to date instructions. This number may, in due course, be transferred to the OOH service for permanent monitoring, at which time the OOH service will be fully informed of the situation in order to update patients. In the longer term patients will be requested to monitor the appropriate surgery website which will be updated on a regular basis. Immediate Action to be taken or considered: • Evacuation of building if in working hours – staff to take personal belongings, essential records and contact information, if safe to do so. • Staff to remove their cars from the car park, if safe to do so. • Patients to remove their cars from the car park, if safe to do so. • Close off the car park permanently by locking gates shut, if safe to do so. • Staff to be instructed to access practice website on a regular basis for up to date information if sent home. Advise staff that the Cascade communication system may be initiated. • Ring the police and fire service if appropriate (see contact list). • Ring the gas board and the electricity board if appropriate (safety). • Ring the CCG and speak to a senior staff member (see contact list). • Ring Clinical Supplier (See contact list). • Ring telephone service provider (See contact list). Ensure surgery number is still available with the suitably recorded message. Re-record special message if appropriate and or divert calls to practice mobile telephone • Ring Alarm company. • Post signs on the door if appropriate • Turn off the gas, electricity and water, if safe to do so. (Electrical shut-down will affect the telephones and alarms) • Ensure building is locked. Set alarms if electricity still available. • Lock records room and remove keys from site

		• Allocate a senior staff member to remain close to the site if appropriate to guide and deal with emergency vehicles. Provide with a mobile phone. • Re-convene at remote "Emergency Control Centre" location (see below) • Instruct the Royal Mail to hold all mail at the sorting office until this can be collected by a staff member. **Evacuation of Building and the Emergency Services** A senior member of staff or GP will direct operations and the removal of equipment or records depending on the nature of the emergency. Staff will normally be instructed to return home and await further information. In the event of a bomb alert the fire bell will not be sounded and evacuation will be by word of mouth. Staff/patients are NOT to use mobile phones on the premises during this time as they are not intrinsically safe (ie, they could activate a bomb mechanism). **Establishing an Emergency Control Centre** For purposes of an emergency meeting and planning the GPs and the Operational Manager will work with the affected practice and convene at meeting as soon as possible following the event. This will be the command centre until suitable alternative accommodation has been arranged. A laptop or other suitable computer, printer and a telephone and fax machine will be available at that location. Any outstanding action from the evacuation points above may be taken at this time. The backup tapes, where available, should be used to immediately restore management data to the computer systems / laptop in the Emergency Centre in order to access insurance, contact details, staff details, details of suppliers etc. **Immediate Communication Issues** Staff should not make comments to the media and all enquiries should be referred to the nominated GP, Practice Manager or Operational Manager in the first instance, who may decide to issue a basic and standard statement to prevent misrepresentation of facts. Once the Control Centre has been established the following should be advised of the emergency, if not previously informed: • The emergency services

		• The Out of Hours service • The CCG emergency planning officer • Staff not involved in the initial incident • All local surgeries • All local hospitals • All local pharmacies • Our insurers The phone number of the Control Centre should be given out to each. **Damage Assessment** The GPs, Practe Manager and the Operational Manager will liaise with the emergency services to conduct an immediate assessment of the situation and determine the extent and likely duration of the emergency. A decision will then be taken as to the duration of the event and the emergency steps to be taken. Staff will then be advised using the cascade system (see below). The Practice Manager will liaise with the practice insurers and other agencies to ensure that a swift and correct recovery is implemented; including contact with the possible sources of alternative accommodation. **Communication with Patients** In the event of a major communication need, liaise with the CCG and ask them to request the PCSE to write to all patients on the list, advising them of the nature of the incident and to watch the website, listen to the local radio and read local press for up to date information. Major Incident or Terrorism In the event of a major incident the Practice/Operational Manager will liaise with the Emergency Planning Officer at the CCG to ensure that the practice conforms and co-operates with the joint efforts being made across the region to respond to the emergency. The Practice/Operational Manager or a nominated person will secure immediate delivery of extra clinical supplies to include masks, gloves, gowns, vaccines as appropriate. The Practice/Operational Manager will arrange for the cancellation of all routine appointments and clinics and arrange, if appropriate, for the OOH service to provide immediate cover. Consideration will be given to the securing of locum services.

	2.3 Damage to Building	As 2.2 Above
	2.4 Electricity	In the event of a power failure within the building, the first thing to check is the main fuse box, which is situated in the electrical room. If the fuse box is not the cause of the problem, the electricity supply company should be contacted. **They need to be told that we have a phased supply into the building.** The service is reliant on electricity to power the building. In the event of a power failure, the following systems will not work: • Computer (the UPS system will supply very short-term power) • Telephone • Heating • Clinical Refrigerators (these should remain closed to retain the cold status) • Lighting (except emergency lights) If the power does fail, cancel all surgeries until such time as the power is restored. Building should be secured and deal with resultant issues as under Section 2.2 above. If the power is not going to be restored for some period of time, arrange to transfer vaccines from the cold stores to other local surgeries for storage. The computers in the consulting rooms and other parts of the building should be switched off at the sockets, to prevent damage when the power is restored. The server has a UPS attached and should not need to be switched off (the UPS will automatically power down the server if the UPS's power reserve is close to exhaustion).
	2.5 Flood or Loss of Water	Depending on the extent of the flood it may be necessary to implement the arrangements detailed under Section 2.2 above. *Internal Flood* In the event of an internal flood (burst pipe) turn off the water supply. The affected section of the building will be closed and essential surgeries will be held in the available rooms. The following activities will be cancelled if needed: • Meetings • Asthma / Diabetes / other chronic disease routine clinics

		While the water supply is off, water should be conserved. Toilet flushing should be reduced (disinfectant used rather than flushed where possible). Alcohol gel (which cleans hands without the need for water) should be placed beside all washbasins. Bottled water should be available for drinking. Contact the insurers Details of the local plumber is held on the contact list. *External Flood* In the event of an external flood the building will normally be part of a wider externally flooded area and will be closed. The procedures above relating to Loss of Building should be followed (Section 2.2 above) and in addition it will be necessary to liaise with the Environment Agency to ensure that the building is hygienically clean (overflow of drains and sewer system) prior to the building being re-opened.
3. Technology	3.1 Short Term Loss 3.2 Long Term Loss	*Short Term Loss* For short-term loss we will revert to a paper-based call system and a paper record of appointments will be maintained. Clinicians will revert to paper records if available and will implement paper notes recording individual consultations if not. Loss of hardware is covered by the insurance policy. The company will need to contact the NELCSU IT Service Desk Manager to arrange replacements (see contact List). *Long Term Loss* The company now has a hosted IT clinical system which would allow a full and complete back up to be installed at another site. Hand-write prescriptions if pads are available. If not ring the PCSE (see contact list) who will arrange the urgent supply of replacement pads.
4. Clinical	4.1 Epidemic/Pandemic	NHSE/PHE will provide the appropriate action plan which must be followed by all parties. This should be carried out in conjunction with the CCG.
	4.2 Failure of Supplier	Alternative suppliers must be contacted. Where a single supplier exists and the supplier is unable to deliver required supplies as expected then patients may be directed to other stockholders in the area. The CCG Medicines Management Tem must be notified as soon as possible.

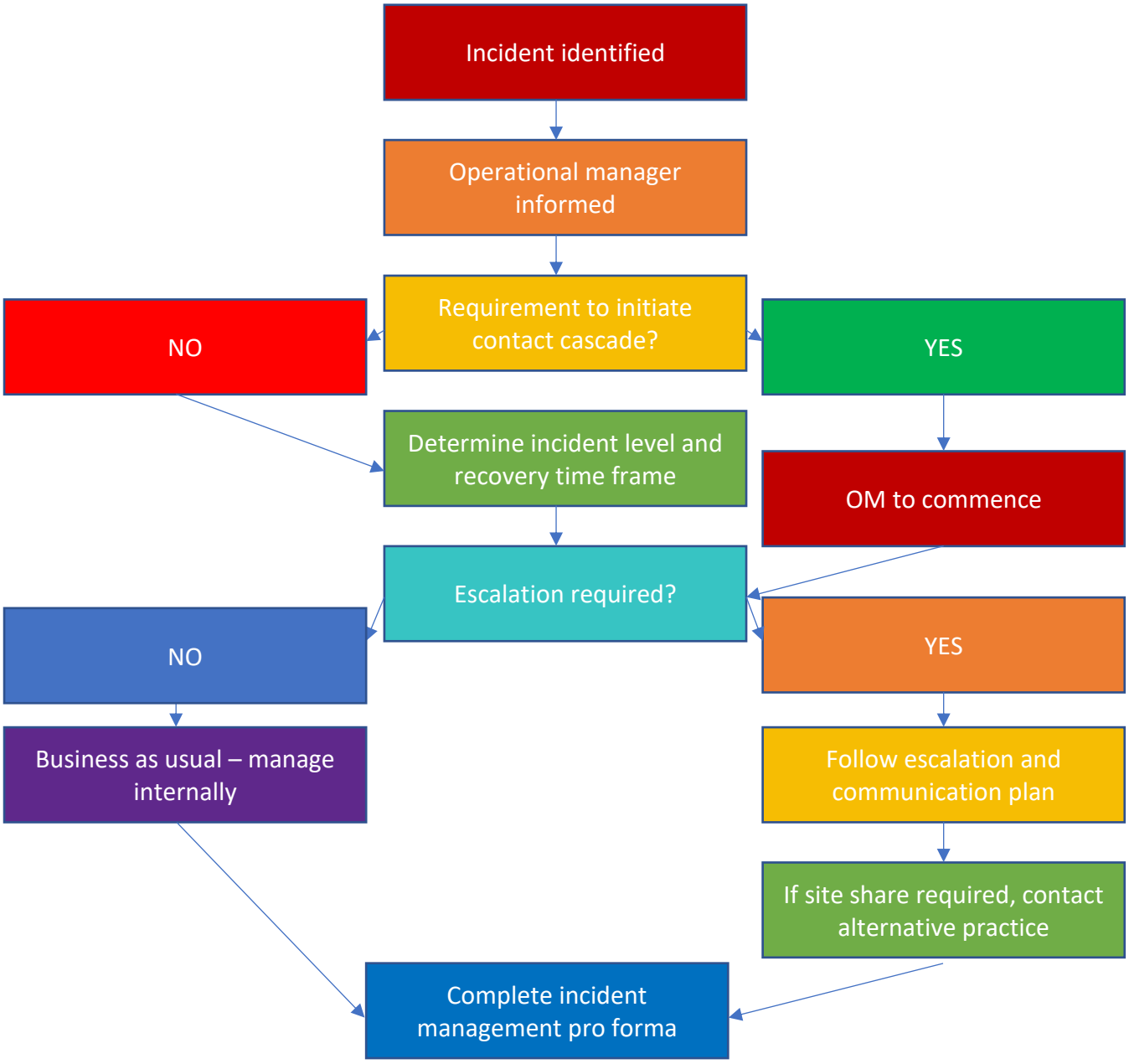
2.4 Escalation Plan

When assessing the impact of the incident and when and how to escalate, the following levels were applied:

Level	Descriptor & examples	Escalation required	Communication plan
1	**Critical**: Force majeure, fire, flood, building damage, prolonged IT outage	YES. Inform local practices, CCG, EKHUFT	OM to contact: Surgery Practice Manager CCG Contract Manager General Manager – Emergency Care – EKHUFT By Telephone
2	**High priority**: Damage to site or reduced service due to loss of utilities	YES. CCG and or EKHUFT to be advised	OM to contact: CCG Contract Manager General Manager – Emergency Care – EKHUFT By Telephone
3	**Medium priority**: Adverse weather, local disease outbreak, IT / telecom issues (minor)	YES. CCG and or EKHUFT to be advised if additional support is required NO. Managed internally	OM to contact: CCG Contract Manager General Manager – Emergency Care – EKHUFT By Telephone
4	Low priority: Minor issues with minimal or no impact to service delivery, e.g. broken window, leaking pipe, etc.	NO. Managed internally.	OM to contact: Local contractors

2.5. Incident Response

In response to any incident that may affect service output, Thanet Health CIC will follow the processes shown in diagrammatic form below:



It is anticipated that the majority of incidents will be assessed as having a minor impact and will be managed as 'business as usual'. The Business Continuity Plan should be activated where it is considered there will be:

- Discruption to or inability to deliver contracted services
- Reputational damage
- Financial impact
- Failure to comply with legislation (for example, safeguarding/health and safety legislation)

- Failure to meet professional standards

If a critical incident occurs, the leads will call an emergency meeting, to agree and instigate actions specific to the incident, as outlined in the plan. This may be held on site, if at a Practice, remotely if it involves more than one Practice or at QEQM if the incident is related to activity there. The Clinical Director's home will be the contact centre if the incident is managed remotely.

The TH CIC will be operating a partnership with EKHUFT to deliver an Urgent Care Centre by September 2018, and moving to be able to take on a UTC in the future, so the QEQM will become the central facility to hold emergency meetings. A laptop, printer and telephone will be available at every location where the service is delivered from.

The BC Team will co-ordinate the meeting and will include key leads, or their nominated representatives, from the relevant Practices and other organisations, to explore the issue and jointly plan the response.

This meeting will be used to:

- Risk assess the incident and its impact/potential impact on business continuity
- Develop a bespoke plan, reflecting the key actions in the plan above, to mitigate the issue, including whether additional staff are needed, what support is needed from other organisations/agencies (for example Out of Hours, fire services, police), whether any equipment or other facilities are needed
- Create and initiate a bespoke communication plan, to be cascaded swiftly to staff, public, patients and other organisations
- Establish an agreed monitoring and reporting process, to keep all parties updated on progress

All incidents will be recorded from the point of the Operational Manager being alerted to the situation, to final conclusion. The Incident Management Form is at ***Appendix B.***

All documentation (risk assessments, meeting notes, internal and external briefings, media releases, plans and incident reporting) will be saved at, to be used in writing the post-incident report and will be available for audit purposes.

2.6. Communication

Effective communication will ensure that those who need to know are advised within an acceptable time frame. When an incident occurs all communications will be co-ordinated by the TH CIC's Operational Manager who will have overall responsibility for all internal and external communications and will liaise with other relevant communication leads or representative - for example Thanet CCG communications lead, EKHUFT Director of Communications or nominated representative, Practice and Out of Hours named links – to ensure that messages are consistent and shared within agreed, complementary timeframes.

Regular communication between the nominated leads/representatives will be agreed and enacted – determined by the nature and severity of the incident - and will be conducted via telephone, telephone conferencing, group email, incident update reports and, if necessary, face to face meetings.

The Communications Lead (the Operational Manager) will be responsible for liaising with the CCG and other relevant communication leads to ensure a consistent message is cascaded, internally and externally, through agreed communication routes, such as media and social media.

Internal communication

The TH CIC Operational Manager is responsible for ensuring regular status upates on the issues and requirements at the incident site(s) and will liaise with relevant leads/representatives to ensure all staff affected by the incident are kept fully informed of the incident and any related updates. This will be via email in the first instance. Depending on the breadth and severity of the incident and the number of staff involved this may also be by telephone or face to face meetings.

External Communication

When a critical incident occurs it is imperative that information is distributed to patients and public swiftly, clearly and accurately. The nature of the incident will determine the level of communication required, where and how often. For example, if the incident occurs at a Practice Level, that Practice's communication plan will be instigated, working with the TH CIC nominated Communications Lead. If the incident occurs at QEQM, the Communications Lead will liaise with EKHUFT's Director of Communication.

The TH CIC will be guided by the CCG in incidents deemed to be severe and of high impact.

Messages will be communicated externally through:

- Press contacts, as appropriate, guided by the CCG
- Social media – GP Practice and other relevant websites; facebook; twitter
- The CCG's health network
- The GP Practices' Patient Participation Groups

3. Post Incident Actions

3.1. Debrief

The Clinical Director is responsible for deciding when an incident has concluded and can be stood down.

A debrief session will be held as soon after the incident as can be arranged, attended by all staff that were involved in the response, to review what went well, did not go so well, what needs to be changed. This will inform the report outlined above.

The debriefing process will also provide a support mechanism through which individual and collective staff welfare needs are considered and addressed. These will be provided by staff with the relevant supportive and facilitation skills.

Staff will be proactively encouraged to contact the operational manger /clinical director via telephone or email to discuss the incident. Their feedback will be taken into account and steps taken to prevent future incidents if possible. Thanet Health CIC will access support for any member of staff involved in any distressing incidents.

Within two weeks of the incident Thanet Health CIC will collate all incident detail, related paperwork and experiences/views shared from the initial debrief and complete a post-incident report that will include:

- how successful the plan was in practice
- any outstanding issues/actions that need to be addressed
- who will complete the actions and timescales
- any changes needed to the BC Plan, to respond more effectively to future incidents responses
- any training or exercise testing required
- further recommendations

Other debriefs will be arranged where an incident has involved other agencies, to share views, lessons learned and involve them in future planning.

3.2. Prolonged disruption

In instances of prolonged disruption, the Company management team will determine the impact and identify a plan for how care will be transferred to ensure that patient care is not affected. Consideration will be given to what elements of service provision can be postponed without health implications for the patient population.

The BC leads will ensure arrangements are made to continue to communicate with and information patients and public of any ongoing closure / partial closure of premises or disruption/movement of service(s). Additional support may be required, and it may be appropriate to utilise local media to advise the patient population of the incident and the estimated duration of the disruption, advising patients where to go for their appointments and of new contact numbers, etc.

Partnership working with both local primary care, EKHUFT and other primary care providers will be undertaken to manage any prolonged disruption.

4. Testing the plan

It is inevitable that Thanet Health CIC will at some point be affected by an incident that is out of their control. Such incidents will require effective, timely control if the expected level of service is to be provided to the entitled patient population. Ensuring that staff understand the potential impact and exercising the scenarios with staff will enable the team at Thanet Health TH CIC to build their confidence and skills in managing situations effectively and minimise disruption until normal services are resumed.

The outcome of any tests/exercises will be recorded, identifying what went well and what needs changing. This will be a key audit tool, should there be an inquiry at any point and evidence is required.

Where relevant, exercises will involve relevant agencies and contracted services.

Exercises will include:

- Testing the TH CIC's ability to contact key staff, partners and organisations, through the names and contact details in the Contacts List and via the routes outlined in the Communications plan. This will be conducted both in and out of service hours, every 6 months
- A table top exercise with relevant staff and partners, to discuss the planned response to a specific incident to understand each others' roles and test the plan in more detail

5. Supporting resources and references.

The following supporting resources and information has been used to formulate this plan.

NHS England Emergency Preparedness, Resilience and Response Framework:
https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pd

Data Protection and Sharing Guidance for Emergency Planners and Responders:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/60970/dataprotection.pdf.

Guidance on the equality and health inequalities legal duties:
https://www.england.nhs.uk/wp-content/uploads/2014/12/hlth-inqual-guid-comms.pdf

NHS Commissioning Board Business Continuity Management Framework (service resilience)
https://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf

Business Continuity Plan Checklist
https://www.england.nhs.uk/wp-content/uploads/2016/09/prt1-plan-resrc-c-bus-cont-chcklist.pdf

Business Continuity exercise: Staffing – reduced availability
http://www.england.nhs.uk/ourwork/eprr/

Business Continuity exercise: Premises Unavailable
http://www.england.nhs.uk/ourwork/eprr/

Business Continuity exercise: Services and suppliers
http://www.england.nhs.uk/ourwork/eprr/

Business Continuity exercise: Information (Unobtainable) and Information Systems (unavailable)
http://www.england.nhs.uk/ourwork/eprr/

Appendix A. Business Continuity: Key Contacts List

Description	Location	Contact	Tele/Email
GP PRACTICES			
Minster Surgery	Minster Surgery 75 High Street Minster Kent CT12 4AB	Graeme Haggerty Practice Manager	01843 821333 Graeme.haggerty@nhs.net
Birchington Surgery	Birchington Medical Centre Minnis Road Birchington Kent CT7 9HQ	Hannah Price Practice Manager	01843 848818 Hannah.price@nhs.net
Bethesda Medical Centre	Palm Bay Ave, Margate Kent CT9 3NR	Rachael Cousins Practice Manager	01843 209347 Rachael.cousins@nhs.net
Eastcliff Practice	Dumpton Park Dr, Ramsgate Kent CT11 8AD	Gerald Bassett Practice/Business Manager	01843 855800 Gerald.bassett@nhs.net
The Grange Medical Centre	Dumpton Park Dr, Ramsgate Kent CT11 8AD	Julie Hill Practice Manager	01843 572761 Juliehill4@nhs.net
The Limes Medical Practice	Trinity Square, Margate Kent CT9 1QY	Julie Sandum Practice Manager	01843 222788 Julie.sandum@nhs.net
Dashwood Medical Centre	158-160 Grange Rd, Ramsgate Kent CT11 9PR	Louise Pilcher Practice Manager/Administrative Partner	03000 427007 Louise.pilcher@nhs.net
Summerhill Surgery	243 Margate Rd, Ramsgate Kent CT12 6SU	Lisa Hardaker Practice Manager	01843 591758 Lisa.hardaker@nhs.net

Newington Road Surgery	100 Newington Rd, Ramsgate Kent CT12 6EW	Ausra Grace Practice Manager	01843 595951 Ausra.grace@nhs.net
St Peters Surgery	6 Oaklands Ave, Broadstairs Kent CT10 2SQ	Helen Downer Practice Manager	01843 608860 Helen.downer@nhs.net
Mocketts Wood Surgery	Hopeville Ave, Broadstairs Kent CT10 2TR	Melanie Oliver Practice Manager	03000 426142 Melanie.oliver@nhs.net
Broadstairs Medical Practice	The Broadway, Broadstairs Kent CT10 2AJ	Meena Bukhari Practice Manager	01843 608836 Meena.bukhari@nhs.net
Westgate Surgery	60 Westgate Bay Ave, Westgate-on-Sea Kent CT8 8SN	Nicky MacDougald Practice Manager	03000 426060 Nicky.macdougald@nhs.net
Northdown Surgery	Northdown Park Rd, Margate Kent CT9 2TR	Wendy Blake Practice Manager	01843 231661 Wendy.blake@nhs.net
OTHER KEY CONTACTS			
Queen Elizabeth the Queen Mother Hospital	Ramsgate Road, Margate, Kent, CT9 4BG	Melissa Blinston General Manager Emergency Care Lesley White Site Director Natalie Yost Director of Communications & Engagement	01843 234454 melissa.blinston@nhs.net 07881 952795 lesley.white@nhs.net

Thanet Clinical Commissioning Group	PO Box 9 Cecil Street Margate Kent CT9 1XZ	Ged Timson ART & IACO Delivery Lead	07900 051398 gedtimson@nhs.net
		NEL CSU Communications Team	03000 424246 communications.KMCS@nhs.net
Integrated Care24 (IC24 – OOH Provider)	Kingston House The Long Barrow Orbital Park Ashford Kent TN24 0GP	Sophie Austin Operations Manager – East Kent	01233 505450 Sophie.Austin@ic24.nhs.uk

Other contacts

Local Council	01843 577000
Local Planning Authority	01843 577591
Local Police (direct number)	01843 231055
Royal Mail Sorting Office (local number)	01843 222370
Van Hire – Compass Holdings	01843 582324
Local Paper – Adscene and Isle of Thanet	Tel 01843 221313 Fax 01843 292535
Local Radio – KMFM	Tel 01843 223344 Fax 01843 299666
NELCSU	03000 424242
PCSE	0333 014 2884
Health Protection Agency	0844 2257968/01233 639747
Health Visitors Office	01843 282248
Thanet CCG	03000 424711
Thanet CCG - Estates	03000 424727
Local Hospital Switchboard	01843 – 225544
Local Practice Bethesda	01843 - 209300
Local Practice The Limes	01843 - 222788
LMC	01622-851197
EMIS	Support 0845 122 2333
Standfast	01843 221035
Premier Choice	0208 3009495
Southern Water	0845-278-0845
GMC	0845 357 3456

Appendix B: Incident Management Pro Forma

The following is intended as a guide to ensure the effective management of an incident affecting Thanet Health Community Interest Company:

Date:		Time:	
Person reporting incident:		Role:	
Overview of incident:			
Services affected:			
Cause (if known):			
Incident level:		Recovery time frame:	
Emergency services required (yes or no) and state which services required:		Time called: Time arrived:	
Evacuation necessary (yes or no):		All personnel accounted for (time achieved):	
Key safety implications (yes or no):		Information passed to relevant authorities: Time achieved:	
Cascade required (yes or no):		Escalation required (yes or no):	
Time cascade completed:		Time escalation made:	
Site share required (yes or no):		Practice contacted and advised:	
Determine available space at site share and decide what resources will be sent to that site:			
If site share not required, determine which areas are affected and which are			

operable:			
Review service provision in line with above:			
Communication: Advise internal and external stakeholders appropriately		Time achieved:	
Health & Safety implications:			
External agencies that need to be involved as a result of any H&S implications:			
If applicable, inform the landlord / building owner:		Time notified:	
Is patient confidentiality compromised (yes, no, maybe):		How is it compromised:	
Impact of confidentiality breach:		Actions to reduce impact:	
Date & time pro forma completed:		Review required (yes or no):	
Planned review date & time:		Outcome (incident over or ongoing):	
Additional review (if necessary:		Date & time incident ended and services resumed:	
Practice manager signature:		Name:	
Senior partner signature		Name:	