



**TURN TO PAGE 9 FOR ACTIONS TO TAKE IN AN INCIDENT**

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**‘This template is shared as an exemplar of good practice with regard business continuity plans ‘.**

**It has been designed for local adaptation by practices.**

**Any text in red highlights areas to amend/consider to ensure the plan is fully completed.**

# 1. Introduction

## 1.1. Aim and Objectives

The aim of this local business continuity plan is to ensure <insert name of service> is able to continue to deliver essential patient care and associated services in the face of a disruptive incident.

The key objectives of the plan are to:

- Provide basic information about the practice, including staff and core supplier contact information
- Provide an overview and prioritisation of essential services delivered by the practice to patients and associated supporting functions
- Outline and analyse known risks to delivery of these services, including reduction of risks where possible
- Provide a framework for responding to any disruptive incident the practice faces
- Identify some of the key actions staff can take in a disruptive incident

## 1.2. Overview of the Practice and services delivered

Provide details of the service including:

### Location

Include details of location of services

### Key services provided

Detail key services provided

e.g. GP services, nursing, dispensary, reception, administration, management

## 1.3. Notification

In the event of an incident the practice manager/deputy should ensure all staff are notified using the contact directory in the back of this plan. **If this is a complex undertaking it may be appropriate to include a cascade diagram to ensure this is completed in a timely manner. Contact in and out of hours should be addressed.**

## 1.4. Communications

In the event of an incident, the practice should ensure that any patients, stakeholders and staff are notified of any service changes. Thought needs to be given to the wider health system and ensuring the knock on effects of service changes are accounted for and any notification therefore includes addressing these impacts.

If services are affected, it is critical to ensure patients are notified of changes using a number of means. These may include a notice on the surgery door, use of local voluntary agencies, calling patients who have appointments during the incident, changing voicemail message, providing information on the practice website and briefing local media. Your local communications team / lead (CCG / NHS England) should be involved in this process and will be able to provide advice and support. If affected services will have an

impact on partner organisations, these should also be notified and advised of the likely impact on how long for. Contact details for these should be in the contact details at the back of this plan.

### 1.5. Risk Assessment

Organisations should assess the impact and likelihood of incidents disrupting the delivery of routine services in order to effectively mitigate the impacts of these.

This risk assessment can be a standalone corporate risk register or sit as part of the plan. The business continuity plan should ensure this is sign posted to if it is a separate document. An example is also given below.

For example:

- at flood risk
- having a small staff base,
- being in an old building with less resilient infrastructure

Risk	Impact (1-5)	Likelihood (1-5)	Risk Rating (Impact x likelihood)	Mitigating actions	Lead
Practice at risk of flooding from local river	4 Significant	2 Medium Low	8 High Risk	Sign up for environment agency flood warning service Ensure alternative premises in place	Practice Manager

#### LIKELIHOOD

		1	2	3	4	5
		Low	Medium Low	Medium	Medium High	High
		< 6 %	6% - 20%	21% - 50%	51% - 80%	> 80%
IMPACT	5 Catastrophic	5	10	15	20	25
	4 Significant	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Limited	1	2	3	4	5

Low risk, Medium Risk, High Risk, Very High Risk

### 1.6. Identification of Vulnerable Patients

An incident, whether internal to the practice or affecting the local area, has the potential to impact patients who may be deemed as vulnerable. There is a requirement on practices to make an assessment of vulnerable patients and consider relevant actions to mitigate the risk to them. How the vulnerability is defined will vary depending on the incident and should be a dynamic decision considering the impacts of the incident and how it will affect those considered vulnerable. Once patients are identified specific actions need to be considered to support, in conjunction with partners, those affected by an incident.

### 1.7. Major Incidents/System Escalation

If a major incident has been declared support may be required from primary care. NHS England will lead the NHS response and will coordinate primary care as part of this role. The on call manager can be contacted on using the number in the key contacts directory.

In periods of heightened pressure in the wider health system practices should be mindful of impacts on partner organisations and take relevant actions to support. The NHS England local office will communicate any specific actions as required.

### 1.8. Surge and Escalation

Practices should also be able to deal with incidents which may cause a surge in patient attendance/registration. Examples may include local infectious disease outbreak or a loss of services at a neighbouring/buddy practice.

### 1.9. Staff Roles in an Incident

List key staff responsibilities in both planning for and responding to incidents?

<b>Position</b>	<b>Role in an Incident</b>
Practice Manager	<i>Practice Managers are responsible for ensuring a business continuity plan is in place for the practice and that it is kept up to date and reviewed.</i>
Receptionists	
Doctors and/or Partners	
Nurses	
Admin Teams	
All Staff	<i>All staff are required to familiarise themselves with arrangements to deal with an incident</i>
<b>Practice Incident Lead</b>	<i>This should be a role within the practice who will lead the practices response.</i>

## 2. Keeping Essential Services Functioning

This plan is designed to ensure essential services continue to function in an incident. These are time critical services which must continue to ensure the delivery of patient care and other associated functions. Priority for restoration of these services is designated by the maximum acceptable period of disruption.

A key part of this is identifying essential activities, the impact of a disruption and the resources required to maintain/restore them. Below are listed the essential activities undertaken by a practice, focused on patient services, and the maximum period these cannot function for. The tables on the following page list what resources are required to ensure these continue to function.

	Essential Activities Undertaken	Maximum acceptable service disruption Red = up to 24 hour Amber = up to 72 hours Green = up to 5 days	Responsible lead and nominated deputy	Minimum number of staffing required by role (e.g. GP, Nursing, Admin, Management)
i:	<insert name of activity e.g. urgent consultations>			
ii:				
iii:				
iv:				
v:				
vi:	<i>Insert more if required</i>			

**1. Minimum Premises Requirements**

*What are the key utilities and how are they contact/backup options if they go down.*  
*For Example:*

- *Key requirements to operate out of main premises (consider utilities, IT, clinical equipment etc)*
- *Alternate possible premises*
- *Equipment requirements*
- *Consider short, medium and long term alternatives*

**2. Minimum Information Requirements**

*How is information stored and what alternative ways are there to store information (e.g. patient notes)*

**3. Minimum Technology Requirements**

*Include key specifics on both physical requirements and software as well as back up options if these fail*  
*For Example:*

- *IT equipment*
- *Phone/fax*
- *Other online systems*

**4. Minimum Clinical Equipment Requirements**

*Include clinical equipment/consumables required to operate essential services*

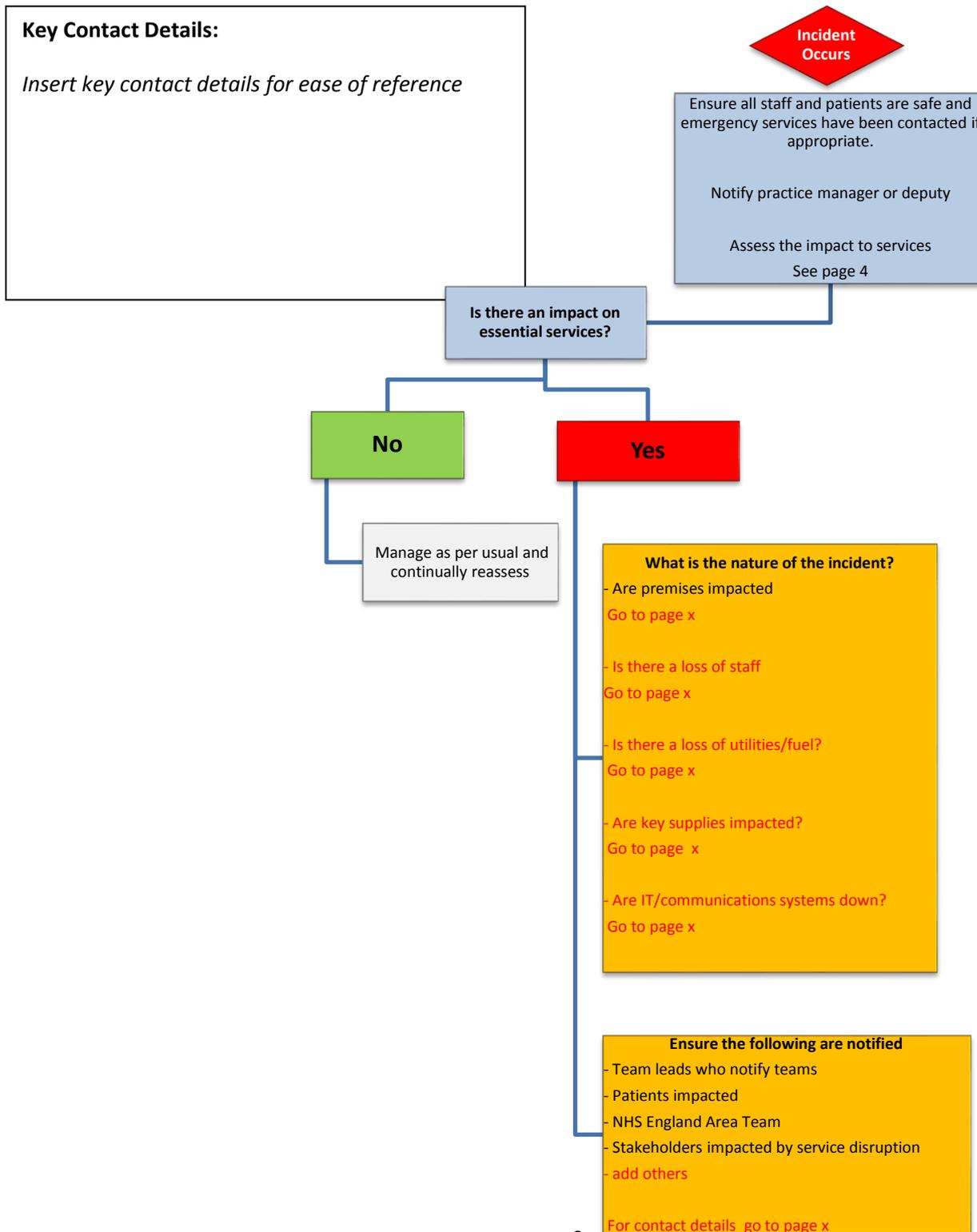
<b>5.</b>	<b>Minimum Supplies required to maintain/restore the service</b>
<i>Include key supplies, contact details and back up options</i>	
<b>6.</b>	<b>Stakeholders required to maintain/restore the service</b>
<i>Include key partners and other interested parties</i>	
<b>7.</b>	<b>Staff required to maintain/restore service</b>
<i>List the staff required to ensure essential services can be undertaken</i>	
<b>8.</b>	<b>Seasonal variation in priority activites</b>
<i>Highlight any seasonal variation in activities which needs to be recorded</i> <i>For example:</i> <i>- Year end activity</i>	

***The action cards in chapter 4 should identify how the resources described above will be secured during an incident.***

### 3. Initial Actions to take in the event of an incident

When an incident occurs there are a number of key initial actions which should be taken to assess the incident, its impact on essential services and ensure the correct stakeholders are notified.

The diagram should be followed in the event of an incident which could potentially impact on essential services and patient care.



## 4. Response Action Cards

This section provides action cards designed as a prompt for those managing a response to a business continuity incident and to boost confidence in decision making.

### Key Premises Details

Type of information	Location of items within building	Brief details or comments of initial procedures or contingencies:
Key holder details		
Gas shut off		
Water stop cock		
Fuse box		
Alarm panel		
Asbestos register		
Medical gas storage and shut off		
Fire-fighting equipment		
<u>Add as required</u>		

# Moving to Alternative Premises

These action cards should be altered to fit local arrangements and include timescales for alternative arrangements to be active.

Alternative premises arrangements	
Contact details:	
Actions required to move services to new location	Complete?
Resources Required	Complete?
At Practice Site	
At Alternative Premises	
Resources Required in Consulting and Treatment Rooms	
Communications Requirements	

## Loss of Utilities/Fuel

### Water Supply - Key actions and contacts

**Water supplier** for this practice is: (insert name of supplier and emergency number)

For internal plumbing emergencies contact (insert name and contact).

In the event that water supply fails assess the impact on the practice. Consider:

**Toilets:** Portaloos to be hired from (insert name and contacts of hire companies).

**Hand Hygiene:** Anti-bacterial handwash/disposable gloves are located (insert location)

**Drinking Water:** The practice has a store of bottled drinking water located (insert storage location).

### Power Loss - Key actions and contacts

**Electricity supplier** is (insert name of supplier, insert emergency contact).

The emergency torches if required are stored in (it is recommended that you have a store of torches with spare batteries)

In the event of a **power failure**:

- first check the safety switch in the fuse box
- then contact the supplier and report the failure. Ask if they are able to give an estimated length of time the power will be off, for planning purposes.

A decision should be made as to whether the surgery business can be continued safely, or if relocation to an alternative site will be required to maintain business.

### Loss of Telephones - Key actions and contacts

**Telephone system provider** is (insert name of communications company and contact)

In the event of a fault with the line it should be reported to (insert name of network telecom etc) if there is no fault on the line then contact the system provider if different to network.

If the land line fails redirect all calls into the practice to (insert nominated mobile phone). This will require manning. This can be done by BT.

Line numbers for the practice are (insert other practice numbers eg. reception desk, treatment room, fax, EFTPOS, ADSL)

### Loss of Gas supply

**Gas provider** is (insert name of gas company and contact).

Contact the supplier to ascertain the issue and the estimated timeframe for repairers to occur.

In the event of a **gas leak**:

- Shut off the valve located (insert location)
- Contact British Gas for emergency assistance

If there is a **failure of gas fired heating**:

- Contact (insert contact details for repair company)
- Source electric heaters if required

A decision should be made as to whether the surgery business can be continued safely, or if relocation to an alternative site will be required to maintain business.

### **Inability to access Fuel - Key actions and contacts**

In the event of industrial action within the fuel supply chain there may be fuel shortages impacting on the delivery of services. Practices should have 10 days' notice of any planned action with strikes lasting 4 days with a potential further 4 days after a 2 day hiatus.

There is no expectation that there will be a resupply of fuel in this time so good practice is to plan for 10 days without access to fuel. There are currently no plans to implement national fuel priority measures therefore NHS services cannot rely on being given prioritised access to filling stations in this time and must make local arrangements to access fuel.

List services impacted if fuel is not available

List contingency measures if there is no access to fuel

## Loss of Staff

Undertake the following actions in the event of a loss of staff able to attend work. This may be an acute incident such as pandemic influenza/severe weather or over the longer term for example recruitment issues or staff sickness.

- Refer to section 2 for minimum staffing required to ensure a minimum level of essential services
- In the short term allocate available staff to ensure essential services can be delivered within the agreed timescales.
- If unable to source staff internally seek from relevant locum agency. **Contacts details are listed in the contacts directory.**
  - General Practitioners: registered with General Medical Council on the medical performers list as well as suitable medical protection in place.
  - Nursing: hold relevant qualification in line with CQC registration and hold additional training as required e.g. to manage long term conditions.
  - Dispensary: recognised dispensing qualification as well as knowledge of relevant systems
  - Reception and Administrative staff: knowledge of relevant systems.
- Liaise with other local practices to negotiate assistance/mutual aid as appropriate
- Approach NHS England for assistance with short-term staffing if required.

# Ensuring Continuity of Supplies

Essential Supplies	Supplier	Delivery Method/Time	Payment Method/Details

# IT, Patient Records and Information Management

Critical IT software/hardware or information system	Where is it located?	What is it used for?	IT support contact details in and out of hours	Work around/mitigating actions if unavailable

## Key Contact Details

Please amend to fit local requirements

Organisation	In Hours Contact	Out of Hours Contact if applicable
<b>Practice contact numbers</b>		
Reception		
Practice Manager		
Deputy Practice Manager		
Fax Line		
Secretaries		
Practice Mobile/out of hours contact		
<b>Key Stakeholders</b>		
NHS England Area Team		
Secondary Premises contact		
CCG		
CQC		
PCSA		
Local Surgeries		
Local Pharmacies		
Out of Hours GP		
LMC		
<b>Utilities</b>		
Gas		
Water		
Electricity		
Telecoms		
<b>Insurance</b>		
< insurance provider >		

<b>Supplies</b>		
<b>Other useful numbers</b>		
Bank		
Accountant		
Cleaners		
Electrician		
Boiler repair		
Computers		
Security Alarm		
Agency staff contact details		

## Staff Contact Details

Staff name and role	Work Phone Number	Email Address	Out of hours emergency contact

In the event of staff incapacity services may need to be prioritised to ensure critical functions can still be delivered.

## Codes

Code Location	Code