

Business Continuity Plan CKMP

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Business Continuity Plan

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1. Background

BrisDoc must ensure that the highest level of service to patients is maintained regardless of what might happen to clinical/non-clinical procedures or the infrastructure or facilities at our GP Practice.

BrisDoc views its operational model and its operational bases, in terms of core functions, for example Information Management and Technology and Patient Access, in conjunction with plans for the restoration and support of utilities and services, without which the core business functions would not be able to continue. Examples of these are: Gas, Water, Electricity, Fire alarms, Security system, IT system, Telephone / Communications, Practice Buildings Services.

The Action plans defined in this document identify the risk of events and how they will be responded to.

Plans are distributed to supporting managers and key staff as required. Copies of this document are held at the practice and centrally at BrisDoc's Head Office and intranet GP Team Net. The plan is reviewed annually or as a result of a service change and amended and redistributed as described in the Plan Location section below.

2. Introduction

The purpose of this document is to define the actions plans that need to be carried in the event of one of the following scenarios.

- Limited Fire damage, building useable
- Total Fire damage
- Flood/Storm Damage
- Theft
- Failure of utility – phone, gas, water, electricity
- Failure of server or computer network
- Heating failure in winter
- Major disease outbreak
- Non-clinical data safety
- Or other event where the building becomes unusable for a period of time

3. Staff Training and Awareness

It is important that all staff members are made aware of the Plan and are familiar with the contents and their own related duties and responsibilities. The Plan should be tested by those persons who would undertake those activities if the situation being tested occurred in reality.

The test procedures should be documented and the results recorded. This is important to ensure that feedback is obtained for fine tuning the Plan. Equally, any changes or amendments to the Plan must be fully tested. Staff should also be kept abreast of such changes in so far as they affect their duties and responsibilities.

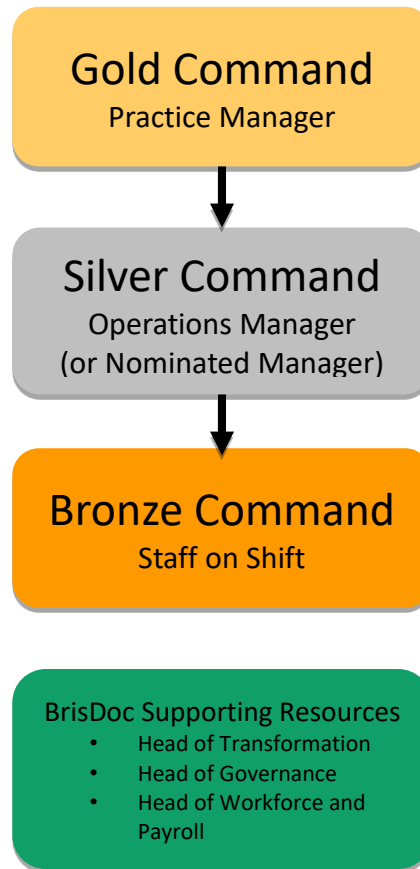
4. Responsibilities

The Practice Manager has overall accountability for continuity of all service provision reporting to the Managing Director, in line with contractual requirements. Accountability for overall service continuity may be delegated to the Operations Manager or Designated Lead.

All BrisDoc Staff are responsible for contributing to service continuity in the event of a disruptive event.

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BrisDoc will adopt the nationally recognised 'operational, tactical, strategic' command framework which corresponds to the emergency services' 'bronze, silver, gold' structure as explained below.



Operational (bronze) command refers to those responsible for managing the main working elements of the response to an incident. They will act on tactical command.

This Role will be taken by all staff on shift or additional supporting resources e.g. Head of Transformation, Head of Governance or Head of Workforce and Payroll during the time of the incident as required.

Tactical (silver) command is responsible for directly managing the organisation's response and/or health economy in response to an incident. They develop the tactical plan which will achieve the objectives set by strategic command utilising the content of this document as appropriate.

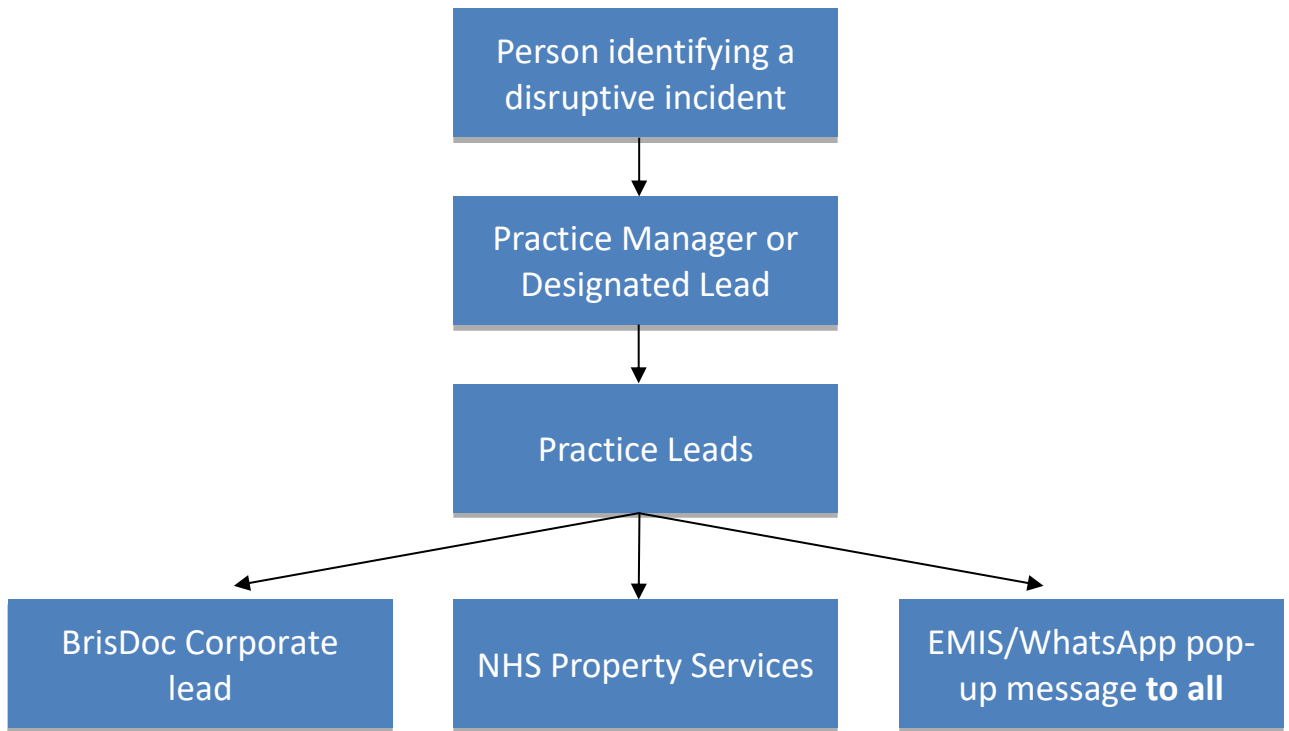
This Role will be taken by the Practice Manager or by the Designated Lead should the Practice Manager be unavailable (due to sickness, leave or training) during the time of the incident.

Strategic (gold) command has overall command of the organisations resources. They are responsible for liaising with partners to develop the strategy and policies and allocate the funding which will deal with the incident. They delegate tactical decisions to their tactical commanders.

This Role will be taken by The Practice Manager during the time of the incident.

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Information cascade



In hours, staff will be notified as per the communications cascade detailed above:

In hours, where any member of staff becomes aware of (or the potential for) a disruptive incident this should be communicated immediately to The Practice Manager or designated lead, firstly ensuring that the incident is contained where possible and there is no risk of harm to other staff or patients. The same order of notification should be followed.

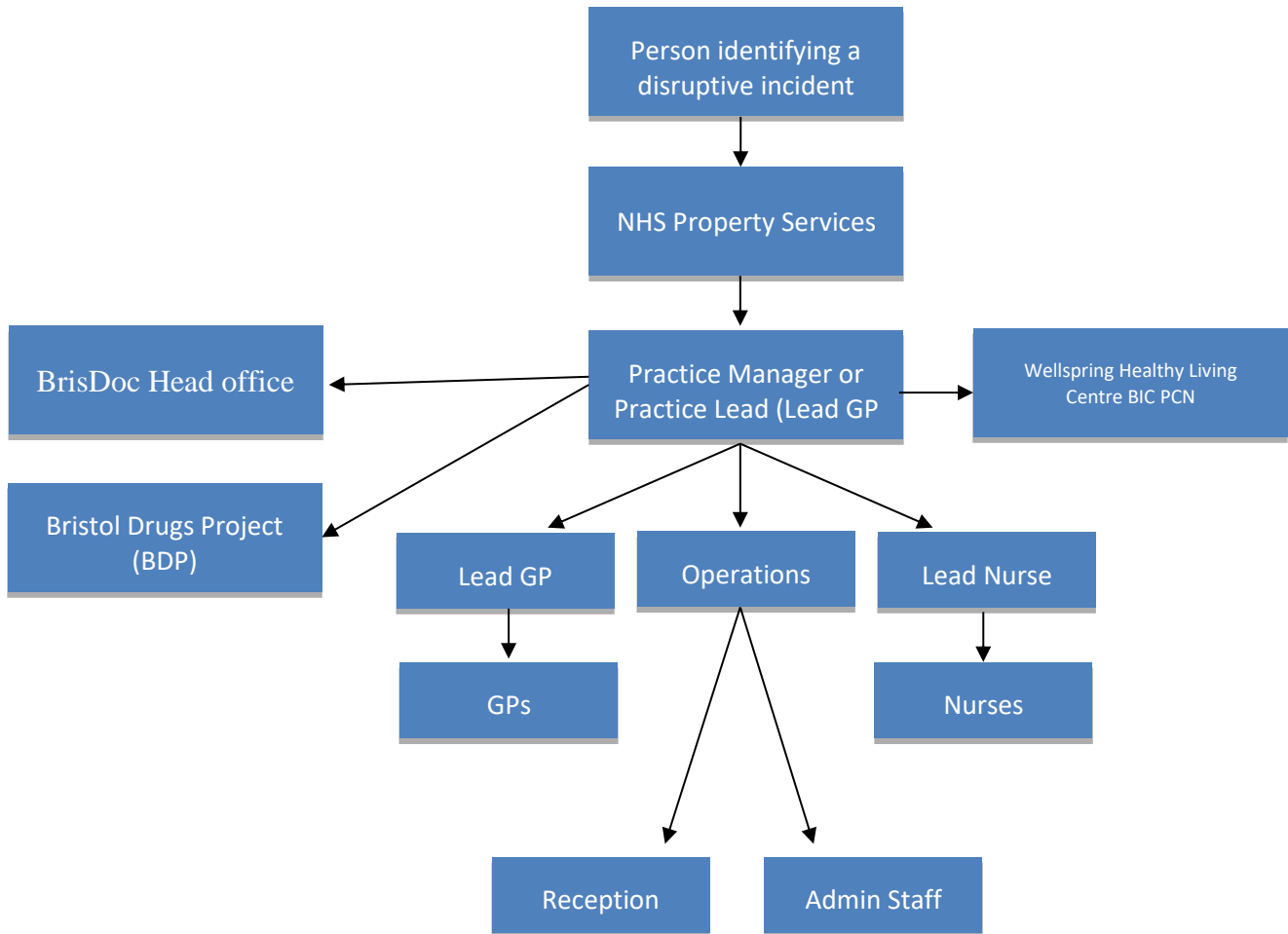
In the event of a disruptive incident occurring in hours, staff working will need to be notified of the incident and any alternative working arrangements. Any staff due to come onto shift will need to be notified of any alternative arrangements before they arrive or changes to working practices when they get to work.

Out of hours staff will be notified as per the communications cascade detailed below:

The Practice Manager is nominated as the first point of contact out of hours for any incident affecting the practice building – such as fire or flood – and will therefore be responsible for initiating the cascade. Each member of staff identified as being responsible for notifying other personnel will need to hold contact details for those for whom they are responsible. This will be

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done either by SMS text or phone call as necessary. All members of staff should ensure that the Practice Manager holds current contact details.



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5. Plan Location

This plan will be located on GP Team Net BrisDoc's Intranet and as a hard copy in a Business Continuity Box located in the practice manager's office on top the cupboard near the door, privately with the Practice Manager and at East Trees Medical Centre.

6. Incident Reporting & Post Incident Review

Business Continuity Incidents will be reported and followed up as described in Appendix B.

7. Maintaining the business continuity plan and Review

The business continuity plan is maintained by BrisDoc's Head of Transformation in conjunction with the Practice Manager. The plans will be reviewed and signed off by the Managing Director.

Plans will be reviewed annually or as a result of an incident of change in service areas of review with include;

- Validate compliance with the Business Continuity Management policies and standards when used;
- Review the Business Continuity solutions in light of use and current service;
- Validate the organisations Business Continuity plans in light of use and current service;
- Verify that appropriate exercising and maintenance activities are taking place;
- Highlight deficiencies and issues and ensure their resolution.

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8. Action Plans

It is the responsibility of all staff on duty on the day of the incident to follow and manage the action plans as below.

Responsibilities will be assigned as described in section 4 above. Lead responsibility will be assigned to the most senior person on duty. This will normally be the Practice Manager or their assistant in their absence. If the incident relates to clinical issues and concern the lead GP or Nurse should assume responsibility.

Other staff should take instruction as necessary but should use some common sense to issues relating to health and safety and security.

Each action plan is intended to be used by the command structure as appropriate and should serve as a reference point in light of the situation that has arisen that required activation of these plans.

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Limited Damage, Building Useable ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Limited Damage, Building Usable	Medium	<p>Cordon off the damaged area and re-site patient, staff areas as necessary. Consider using SMS facility if available to inform patients if there are any service-affecting issues.</p> <p>Inform BrisDoc Head of Transformation if this has affected the PC's and their use. Inform NHS property services. Inform the Insurance Company, see contacts section.</p> <p>Inform Head of Primary Care Services at the CCG (contact details in Appendix A)</p> <p>Reschedule booked appointments as necessary to reduce traffic into the surgery. Book home visits to accommodate frail, elderly, immediate and essential care.</p> <p>Place sign outside surgery (see Appendix H) to inform patients of best access point for practice and instructions and signposting to new operational area.</p> <p>BrisDoc Head of Transformation to inform Marketing to update website.</p> <p>Communications Checklist (see Appendix A for details)</p> <ol style="list-style-type: none"> 1) BrisDoc's Head of Practice Services 2) Patients possibly via SMS using EMIS 3) BrisDoc Head of Transformation 4) Insurance Company 5) Head of Primary Care Services see contacts 6) Referring and support services Bristol Community Health

Total damage, building unusable ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Total damage, building unusable	High	<p>The address of the main premises of CKMP is Charlotte Keel Health Centre, Seymour Road, Bristol, BS5 0UA.</p> <p>If the building becomes unavailable for use for any reason:</p> <ul style="list-style-type: none"> • All staff who are already at work, together with patients and visitors, should be evacuated in line with fire procedures • Immediate arrangements must be made to occupy suitable alternative accommodation, sending home staff as appropriate

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Practice Manager or Lead Nurse/Operations Manager as appropriate to contact East Trees Medical Centre (contact details in Appendix A) regarding use of premises.

The following options have been considered, negotiated and are available to the practice to use:

- J3 meeting room for administrative staff
- Clinical space in another GP practice in Bristol Inner City
- Home working for key personnel
- Longer term, Porta cabins in the car park at Charlotte Keel Medical Practice. This would have to be agreed with NHS England, with the Council and with insurers

All staff who are still due to come in on shift must be contacted immediately to advise them:

- Whether they should proceed to Charlotte Keel Medical Practice/agreed temporary premises
- Whether they should remain at home – if so, any instructions regarding home working should be relayed

As soon as it is possible to access the clinical system remotely, arrangements should be made to contact patients with outstanding appointments to either cancel them or advise them of the temporary premises as appropriate


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Theft ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Theft	Low/ Medium	Contact local police when discussed with BrisDoc. Communications Checklist (see Appendix A for details) <ul style="list-style-type: none">1) Police2) Avon SWCSU3) Insurance Company4) NHS Property Services5) BrisDoc Head of Transformation

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Phone Failure ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Phone	Medium	<p>The surgery has telephone numbers as follows:</p> <ul style="list-style-type: none"> • Reception • Practice manager direct line • Outgoing telephone triage lines <div style="text-align: center;">  <p>Copy of Copy of F-100b - Charlotte K</p> </div> <p>The telephone system is supplied by BisTech, whilst the lines are supplied by Virgin.</p> <p>It has been agreed that the following will be made available at Charlotte Keel Medical Practice in the event of a disaster:</p> <ul style="list-style-type: none"> • The use of a mobile phone (07899 981466). Make urgent call to BrisDoc who has access to phone system. <p>Phone lines can be diverted to another line within ½ hour by means of a call to BisTech (contact details in Appendix A):</p> <p>For a short-term solution, calls to the practice can be diverted either to:</p> <ul style="list-style-type: none"> • Any alternative telephone in the surgery (see above) or to one of • The doctors' mobile telephones • Where it is necessary to use the temporary accommodation agreed with Eastville/ other temporary premises, calls to the practice can be diverted there <p>In the event of a simple fault on the system:</p> <ul style="list-style-type: none"> • This should be reported to first to Virgin in case it is a problem with their lines and then to BisTech case it is a fault with the telephones in the surgery • If the fault cannot be rectified quickly, arrangements can be made with Virgin/Bistech for calls to be diverted as set out above <p>If the electricity supply fails:</p> <ul style="list-style-type: none"> • There is a battery back-up for the answerphone • The telephone system is dependent upon the electricity supply • There is a "power fail" telephone socket in the boiler room to be used if the power does fail

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		<ul style="list-style-type: none"> Staff will need to use their own mobiles while working from home- Bistech can reroute the lines to other numbers if needed.
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Gas/Hot Water Failure ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Gas	Low	Failure of gas fired heating: <ul style="list-style-type: none"> Contact NHS Property Services The boiler supplies all the hot water as well as heating – antiseptic hand gel is available in the every clinical area/storage room for hand washing etc Electric heaters should be used as an alternative source of heat

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Water Failure ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Water	Medium	Contact NHS Property Services/MITIE <ul style="list-style-type: none">• The stop valve for the water can be found in the main car park as you exit in the ground square manhole marked water.• Antiseptic hand gel is available in the reception and clinical rooms for hand washing etc• The toilets should be deemed out of order

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Electricity Failure – ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Electricity	Medium	<p>In the event of a power failure within the building:</p> <ul style="list-style-type: none"> Check the main fuse box, which is situated In the main plant room Contact NHS Property Services for emergency assistance Consider cancelling all surgeries until such time as the power is restored, depending on circumstances <p>The following systems will not work:</p> <ul style="list-style-type: none"> Computers Telephones Heating Clinical refrigerators Lighting Door access Alarm system <p>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, but the file server will have UPS attached and should not need to be switched off.</p> <p>If the power is not going to be restored for some period of time, consideration should be given to finding alternative storage facilities for any vaccines in the refrigerators.</p> <p>There are extra cool box and freezer bags to accommodate vaccines.</p>

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Lighting Failure ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Lighting Failure	Medium	Clinical areas have secondary forms of lighting from mains circuit. Emergency lighting exists, comes on automatically. Short term lighting, used for evacuation not carrying on clinical work. Clinics may need to be cancelled depending upon time scale of power outage.

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Water or Sewage Leak ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Water or sewage Leak	Medium	<p>Should a member of staff identify a water leak, they should immediately advise (with as much detail as possible) the Practice Manager.</p> <p>The area should be cordoned off the area.</p> <p>The Practice Manager needs to identify whether the leak is likely to cause a danger to life or power failure i.e. if near electricity</p> <p>Subject to this evaluation either the Power failure or Evacuation Action Plan may need to be invoked as matter of urgency</p> <p>Contact NHS Property Services for urgent help</p> <p>Contact BrisDoc Head of Facilities and NHS property services</p> <p>Follow Action Plan for building unusable.</p>

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Heating in winter failure ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Heating Failure In Winter	Low/ Medium	Borrow electric heaters from staff if possible, purchase heaters as required from local store Contact NHS Property Services. If severe, burst pipes eg, follow unusable plan.

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Evacuation ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
<p>Any incident that requires evacuation</p>	<p>Medium</p>	<p>For suspicious package:</p> <ol style="list-style-type: none"> 1. If an item is received in the mail or is found on the premises which makes you suspicious* call the Practice Manager or CKHC security guard. If you are in any doubt about whether an item is suspicious or not, treat it as suspicious. 2. Avoid contact with the suspicious item and raise the alarm to evacuate the building. 3. Telephone the police by dialling 999. Please take the surgery mobile phone to ensure you are out of the building ASAP. You will need to explain to the police what you saw and why you think it is suspicious. 4. Any instructions given to you by the police must be relayed to the Practice Manager and followed exactly. 5. The building must not be re-entered until the police give permission for you to do so. <p>* your suspicions should be aroused if the item:</p> <ul style="list-style-type: none"> - is greasy - smells of marzipan or almonds - has protruding wires - is excessively heavy or thick for size - has lopsided balance - has a small hole that was possibly made when activating the device - has an inner envelope that is tightly taped or tied with string - comes from an unusual source or sender - contains white powder <p>For fire:</p> <ol style="list-style-type: none"> 1. The action employees should take if they discover a fire - Immediately operate the nearest alarm call-point. Attack the fire if possible, with appliances available, without taking personal risks provided you know what to do and have had the correct training. 2. How will people be warned if there is a fire - The electrical fire alarm system will sound on operation of the manually operated alarm call-point. 3. How the evacuation of the building will be carried out - Everyone in the building should leave the building by the nearest exit and report to the assembly point at the front of the building on Seymour Road. 4. Identification of escape routes - All exit doors can be used as escape routes. 5. Firefighting equipment provided - Fire extinguishers are located in circulation areas and near fire exit doors. 6. Duties and identity of employees with specific responsibilities in the event of fire - On hearing the alarm: All staff will usher visitors out of the building and assemble at the muster point. Fire wardens will ensure: * Their areas are cleared of people *

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The Fire Brigade is called. * Report to the lead Fire Warden to confirm areas are clear or not * Take the visitors book out to check all visitors are out * Wear the high visibility vest to identify themselves as Fire Wardens

7. Arrangements for the safe evacuation of people identified as being especially at risk, such as contractors, those with disabilities, members of the public and visitors. * Visitors: The host / employee must take responsibility for any visitor they may have and ensure they leave the building by the nearest exit. * Contractors: must be given information about fire procedures and leave the building at the nearest exit. * People with disabilities: Specific arrangements may need to be made for those with disabilities. These arrangements may be made with the assistance of the Area Health and Safety Adviser.

8. How will the Fire Brigade and any necessary emergency services be called and who will be responsible for doing this - * On hearing the alarm the SIRONA helpdesk will get a call from Mitie who will ring 999 if SIRONA don't pick up and ask for the Fire Brigade or other emergency service as appropriate. Or anyone who spots a fire. All staff are encouraged to ring 999 if they spot a fire.

9. Procedures for liaising with the Fire Brigade on arrival and notifying them of any specific risks, e.g. the location of highly flammable materials. * Main Fire Warden or other member of the Fire Warden team will liaise with the Fire Brigade on their arrival.

10. The following arrangements and training is given to staff at the centre: * All staff: Fire Drills once a year * All staff: Fire briefing once a year (may be in conjunction with fire drill or on line. * Fire Warden training: for designated fire wardens

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Failure of server, computer network or n3 service ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
<p>Failure of Server, Computer Network or N3</p>	<p>Medium</p>	<p>The loss of either computer hardware or the core software must be notified immediately to NHS England and/or the CSU by the Practice Manager</p> <p>NHS England-owned IT hardware, including scanners and printers etc, are not covered by the practice insurance policy, they are covered by NHS England.</p> <p>The equipment and software will ultimately be replaced through NHS England/CSU</p> <p>Computer back-up tapes are made daily to safeguard essential data and are kept off site by CSU.</p> <p>A template for hand writing clinic notes is held in the business continuity box which can be copied.</p> <p>Prescriptions will need to be hand written for a day or so and adequate prescription pads will need to be obtained from NHS England or taken from the Business Continuity Box which is kept in the practice manager's room on a cupboard near the door. The blank scripts are locked away in the practice manager's office and will be added into the business continuity box when needed.</p>

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Major disease outbreak ACTION PLAN

Threat	Impact On Organisation If Threat Occurs	Action
Major Disease Outbreak	Medium/ High	<p>There are several problems to contend with: high demand for appointments; low staff numbers due to sickness; shortage of medical supplies due to deliveries being affected</p> <p>Non urgent appointments to be cancelled, patients who report flu like symptoms should be given a telephone consultation with the GP and not asked to attend surgery.</p> <p>Notices to be put on the door asking people only to attend the surgery if necessary. If they are suffering from flu like symptoms then to telephone the surgery.</p> <p>Pandemic box to be distributed amongst clinicians and staff i.e. Masks, aprons, alcohol gel etc.</p> <p>Try to separate streams of patients by utilizing the two different floors for contagious and non-contagious symptoms.</p> <p>Advise patients telephoning the practice to remain at home and arrange a clinician call back rather than inviting them into the surgery where they can spread infection.</p> <p>After any infectious disease outbreak where contagious patients have attended the surgery, arrange a deep clean from our cleaning services (Contact NHS Property Services) Tel: 08081962045</p>

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9. Manual operation and data safety

There is much data necessary for the smooth running of the practice e.g. forms, standard letters, guidance and advice documents etc. Wherever possible, users should be encouraged to keep these on a 'shared folder' on the server rather than on individual PCs. This has the advantages of being backed up every night, being available to the user at every PC, being available to others, and still being there if their PC is replaced either at routine or breakdown replacement.

1. In the event of EMIS web access being unavailable, a backup appointment list is printed
2. These lists should be used to pull notes for the surgeries.
3. Copies of the surgery lists should be given to the session holders
4. Patients phoning in for appointments should be advised of the situation and that only patients requiring immediate and necessary care by a doctor on the day will be seen.
5. Patients wanting to book a routine appointment for a later date should be asked to call back in 48hours
6. Patients phoning in the morning requiring a same day appointment should be asked to come to the surgery to be assessed or be put on the manual telephone triage queue.
7. Reception should agree with the afternoon duty Doctor, what time patients should be told to come to the surgery and an afternoon surgery list created.
8. Patients requesting advice or a visit should be told a Doctor / Nurse will phone them back. Patient details should be recorded on the attached form and passed to a Doctor.
9. Patients attending the Surgery will be put on the surgery list as they arrive with the time of arrival and given a number ticket. The ticket number will be noted on the surgery list. When the Nurse/Doctor is ready to call a patient in they call in number '1'. That patient hands the Nurse/Doctor their ticket. When the consultation has finished the Nurse/Doctor will call the next number in until all patients have been seen.
10. If possible patients need to have their manual notes pulled from the patient data cupboard and given to the doctor prior to their appointment time, if needed. These need to be filed after use.
11. All manual notes need to be entered onto EMIS when up and running
12. Patients requesting a repeat prescription should be advised of the situation and be asked to call back in 48hours. Patients who insist they need their prescription earlier should have the details completed on the prescription request form, making sure a contact phone number is available. The doctor should ring the patient to discuss with patient and prepare a hand written script as necessary. Where patients already have a prescription linked in with a pharmacist under EPS, they can be directed to the pharmacist to issue items on existing scripts.

At the end of each morning all Lloyd George notes, details of phone calls and prescription requests should be returned to reception. These will be filed in date order and locked away.

When the system is repaired all contacts will be recorded from the documentation. The hard copies will be filed in the patients paper records.

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10. Civil Unrest

INTRODUCTION

Charlotte Keel Medical Practice (CKMP) is a GP surgery with a registered list of around 19,000 patients. The GP surgery is located close to Stapleton Road, off junction 3 of the M32, Bristol. CKMP is a service under the umbrella of BrisDoc Healthcare Services Ltd who also has contracts for BNSSG Out of Hours Service (OOHS) and the GPSU (GP Support unit) in the BRI. Resilience planning is managed in conjunction with the local Public Health team, Bristol Community Health. NHS Bristol, ICB, BrisDoc and ourselves.

SCOPE

During a situation of civil unrest, CKMP would always try to support the local community in providing medical support for minor illness or injury. We also have valuable links with the local OOH Service.

OPERATIONAL PLAN

- Public Health will engage with CKMP should any planned event be scheduled that may cause additional demands on the urgent care services in Bristol.
- CKMP will be aware of the situation and risks assess the anticipated impact on the service.
- CKMP will communicate with service users / stakeholders if any significant impact expected.
 - Service users will be contacted via an SMS messaging campaign and posters within the surgery and on doors.
 - Stakeholders will be contacted via email, and telephone as appropriate.

ZERO TOLERANCE

CKMP will always make every effort to protect their staff. We will be happy to see service users who respect our staff and behave in a civil and respectful way. Any incidents of aggressive behaviour, whether this be physical or verbal, racial or discriminatory will be handled under our zero tolerance policy and security and / or police will be called.

Should the civil unrest be such that our staff are felt to be danger, the practice will be closed with notices put on main doors to notify service users to this effect. The cascade communication should be enacted as in the Action Plan for Limited Damage, Building Useable.

11 Severe Weather Procedure

What is Inclement Weather?

'Inclement weather' covers conditions such as snow, ice, fog, floods which render extremely hazardous journeys by road, by both public and private transport. 'Extremely hazardous' is defined as those conditions in which the police and/or appropriate motoring organisations advise people not to make unnecessary journeys or indeed travel at all.

What if I can't get to work because of the weather?

If there are extreme weather conditions you are expected to make every reasonable effort to get to work, adapting your means of travel if necessary, even if this means you will arrive late. If you really are unable to attend work because of the weather conditions you must notify your line manager within one hour of your usual start time. In this case you would normally be expected

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to take the time as annual leave, at your request, to cover the time lost. Any exceptions to this would be at the discretion of your manager.

Please note that failure to notify an appropriate manager that you are unable to attend work would count as unauthorised absence and therefore be unpaid. You may be able to work at a Practice nearer to home or it may be possible for some staff to work from home in cases of inclement weather. These options should be discussed and agreed with your manager.

What if the weather means I am late for work?

If you do arrive late because of inclement weather you will not normally be expected to make up the time lost. Likewise, if you wish to leave work early because of the weather you should consult with your manager. In the case of worsening, or particularly hazardous conditions you should be able to leave work earlier than usual without having to make up any time lost. Normally all staff that attend work during such hazardous conditions, but work a shorter day than normal because of the weather, will be granted their standard day.

What if I need to leave work early?

Your manager will be responsible for deciding whether any request to leave early (as a result of adverse weather) is warranted, bearing in mind all available information including the home circumstances, distance to be travelled and mode of transport of the employee concerned.

In circumstances where the manager is satisfied that early release is justified, arrangements will be made for the staff member to go home as soon as practicable, ensuring that adequate cover is in place to maintain core working.

What if the Practice is closed due to bad weather?

In exceptional circumstances, a decision may be made by the management of CKMP or other nominated individual, to close the buildings and either send all staff home or tell them not to arrive for work. In this instance you would not be required to make up lost hours.

What if the bad weather continues?

The nature of this policy is to cater for initial, emergency situations. However it is recognised that in some instances bad weather may continue and other services may be affected. In this situation other policies may need to be referred to – for example if schools are closed and you need to take time off to look after your children. You should discuss your individual situation with your manager.

What if inclement weather prevents me returning to work from a holiday destination?

You should make contact with your manager at the earliest opportunity to let him/her know that your return to work is delayed and when your likely return date will be. On your return to work your manager will discuss with you how this leave can be best managed e.g. making up the hours, holiday, or unpaid leave

*** It is acknowledged that individual circumstances will vary greatly and therefore it is unlikely that this policy will cover all eventualities. Management discretion may be necessary if there are exceptional circumstances.*

What to do on the day:

- Ensure all default appointments are set to embargoed for 'on the day' only booking.

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- All reception/ admin staff to run the front desk and telephones as a priority
- Request local staff not on duty, to attend in the event of a severe crisis if possible.
- Consider any elderly / disabled patients who are due to come in and whether to reschedule their appointments
- Check with local pharmacies re opening hours and whether able to make urgent deliveries of medication to patients if needed
- Identify staff that might have a suitable vehicle (4x4) to assist others into work and/or home; or for patient visits – only if it is safe to do so.
- Check whether path lab services are running as normal
- Review weather situation at routine intervals through day. Review staffing levels and revise service provision arrangements for the afternoon session/s if needed
- Revise telephone message to advise patients of the altered surgery arrangements
- If service is to be closed early, send out a chain SMS message.
- Add a 'newsflash' to our website to advise patients.
- Ring South Bristol Urgent Care Centre and the BRI A&E dept to advise (see below), Brisdoc, CCG.

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12 Recovery Time Objective for Essential Services

In a disruptive incident (an event affecting the operation of the practice) it may not be possible to maintain/restore all activities immediately. The practice therefore needs to identify in advance what are its critical functions which must be maintained in order to ensure that resources for the response and recovery are targeted and used effectively.

In the event of a disruptive incident Charlotte Keel Medical Practice will endeavour to maintain its critical functions as listed in the **Table below**. The practice will seek to restore all other services according to the order of priority detailed in the table. Where it is likely that services will have to be reduced or suspended, the Practice Manager will communicate this to the relevant CCG contact as listed in Appendix A.

The decision to reduce or suspend services will be taken by the practice's Incident Management Team, in consultation with the CCG.

Priority	Service	Recovery Time Objective
H	Operations – Clinical Services comprising: <ul style="list-style-type: none">• Telephone Answering• Triage• Face-to-Face Appointment• Home Visiting	2 hours
H	Information Storage	4 hours
H	Clinical and staff rotas	1 day
M	Legal / Contractual	1 week
M	Finance	1 week
M	Medicines Management	1 day
L	Essential (mandatory) Training	1 week
L	Alternative Premises within NHS infrastructure	1 week ¹

¹ Needs to be reviewed in the context of the move to new premises and the collocation with other services

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13 Local Bus Service arrangements to alternative urgent care facilities

SERVICE	BUS ROUTE	WHERE TO CATCH
SOUTHMEAD HOSPITAL	24	<i>KENSINGTON BAPTIST CHURCH</i>



Business Continuity Plan

Appendix A - Contacts

Balmoral Alarms	0845 4503 366	Alarm maintenance/problems (please call MITIE in the first instance)
Virgin Media Telephone Lines	0800 9538 801	Press 1 for faults
BisTech	01202 33 22 99	Cloud base system
British Telecom Faults	0800 800 154	OOH no: 0330 124 4447
MITIE Estates	0117 9579 452 0797 9702 503 (Mobile)	
Electricity	0800 365 900	Western Power Distribution
Water	0845 702 3797	Bristol Water
Gas	0800 111 999	National Grid
Tradebe	0117 9802 990	Clinical Waste
NHS Property Services HQ	01823 361 104 020 3688 2244 0808 196 2045	
South Plaza (ICB)	0333 1035755	
NHSPS Cleaning	0808 196 2045	
Suez &SITA (biffa)	08704211122/0800601601	Domestic and Recycling Waste
Primary Care Services England	0333 0142884	
NHS111	0117 240 1111	NHS111 Supervisor
Directory of Services (DOS)	0117 2401115	Pathways update
BRI A&E	0117 3422710	
BrisDoc Head of Transformation	07753 447068	Deb Lowndes
BrisDoc Head of Governance	0117 9370906	Clare-Louise Nicholls
BrisDoc Head of Facilities	0117 937 0904	
Head of Primary Care at Bristol CCG	0117 976 6600	
SWCSU IT Helpdesk	0300 561 0400	

Appendix B – BC Incident Reporting & Post Incident Review

Location of the incident	
Date & Time of the incident	
Specific Service Areas disrupted	

Business Continuity Plan

Duration of Incident	
Reported By (inc contact details)	
Incident Details.	
Summary:	
Severity:	
Known Causes:	
Injuries/Personnel Evacuated/Infrastructure Damage/Environmental Impact/Records Damaged	
Action Plans	
Immediate Actions Taken:	
Actions Plans Utilised:	
Resumption/Continuity Actions:	
3 rd Party Contacts/Involvement	
DAC Incident Reporting started	
Incident Review Summary/Lesson Learnt	
Follow Up Actions/Contacts	
DAC Incident Reporting Completed	

Appendix C – Manual Process Form

DETAILS OF VISIT OR ADVICE REQUEST IN EVENT OF A SERVER FAILURE (form)

Patient Name:

Patient DoB:

NHS number if known:

Patient Address

Patient Phone Number

Date & Time patient phoned surgery

Business Continuity Plan

Advice or Visit request?

Time passed to Dr and name of Dr:

Passed by:

Time Dr called patient

Details of consultation:

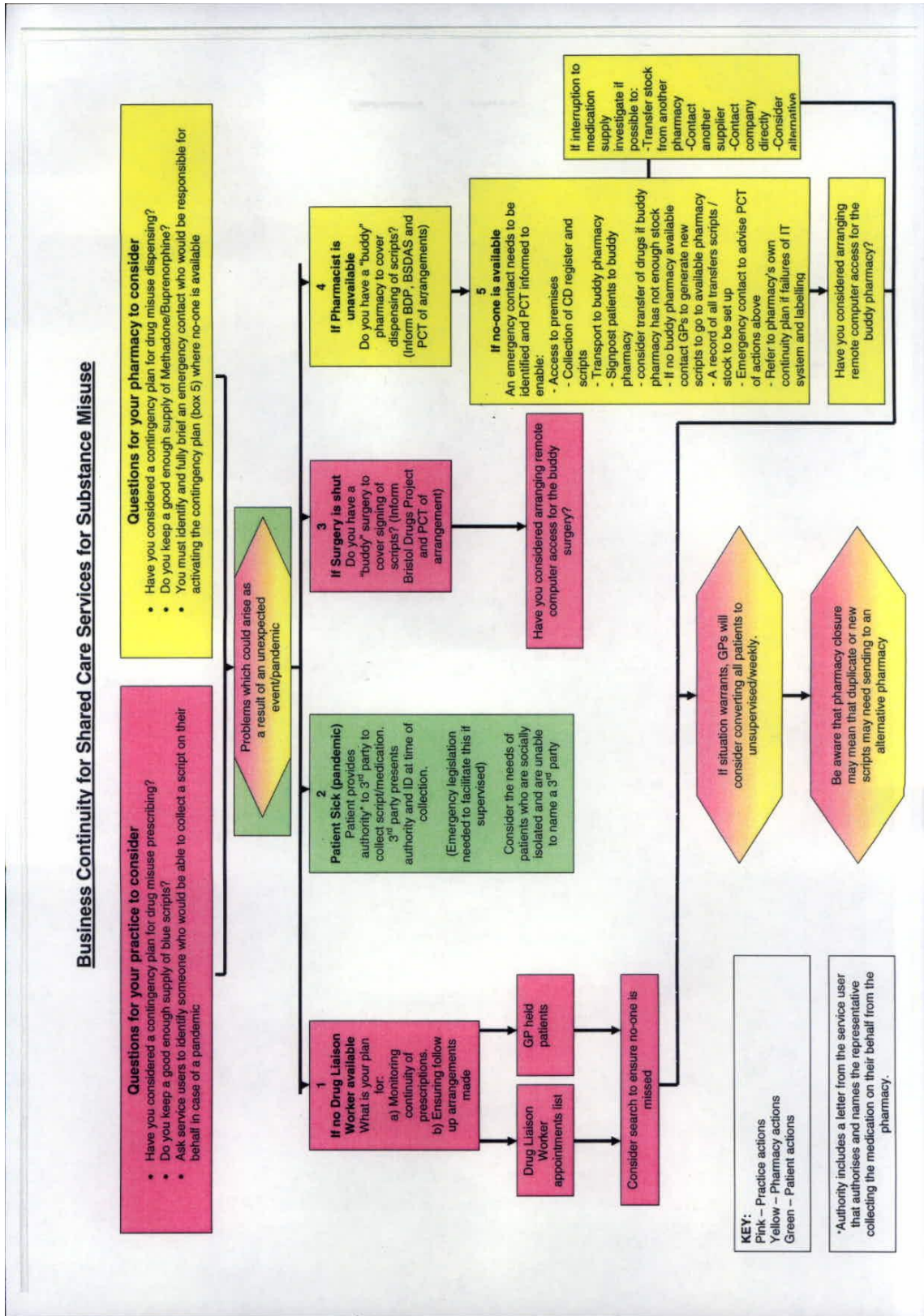
Treatment received:

Prescription issued:

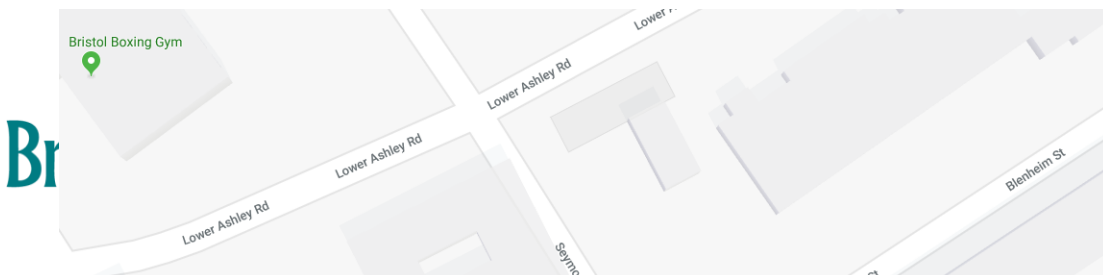
Dr name and signature:

Appendix D -Business continuity for shared care services for substance misuse

Business Continuity Plan



Appendix E – Assembly points for evacuation



Appendix G – Practice closure notice

Charlotte Keel Medical Centre

TEMPORARY CLOSURE

There has been an incident that makes it impossible to use this building.

All booked appointments are cancelled. If you have an urgent medical problem please

call:

111

Alternative Urgent Care Services:

Bristol Royal Infirmary A&E department

South Bristol Community Hospital
Hengrove

Southmead Hospital A&E department

Yate Minor Injuries Unit

Appendix H – Practice changed access notice

Charlotte Keel Medical Centre

This entrance is temporarily closed.

Please access the Surgery using the entrance on >Seymour Road/Claremont Street<

Appendix I – Action Plan Tests

Date	Action Plan	Staff Member	Comments
16/11/2018	BCP walk through	JXI . LDT. HJF	All fine
16/11/2018	Staff made aware of BCP via email	JXI, LDT & HJF,	Emailed out to all staff so they are aware also to be discussed at the next team meetings and minuted. Leads to add onto agendas
8/11/2018	East Trees practice	JXI	Confirmation received verbally from Val Denton at East Trees HC that ok to use space if needed.

Business Continuity Plan

	mgrs. Confirm ok to use their clinical space if needed		
9/11/2018	BCP folder held in PMs office	JXI	BCP folder held in PMs office (green folder) locked away at the end of each day in cupboard no. 3 HJF, LDT are aware to find the key to cupboard no. 3 if JXI not in CKHC.
16/11/2018	HJF, JXI & LDT know how to contact staff have their numbers in their personal mobiles	JXI.LDT,HJF, STN	Everyone is aware how to contact correct people if needed as part of the BCP.
9/11/2018	BCP review date put into main CKMP calendar as a reminder each year	JXI	Practice Manager to put a reminder in the calendar year however if anything changes during the year this BCP will be updated when needed.

Business Continuity Plan

1. Tables

Date	Reviewed and amended by	Revision details	Issue number
05/11/2018	JI/DL	To replace existing CKMP partners BCP	1.0
01/02/2020	CP/JI/DL	Annual Review	1.1
29/03/2021	JI/DL	Annual Review	1.2
29/10/2021	JI	Annual Review	1.3
15/12/2022	JI	Annual Review	1.4