

St Peter's Medical Centre

Business Continuity Policy

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2	20 th January 0222	Deborah Harvey	Deborah Harvey	Will need to be reviewed / updated, in the event of: Contract changes, amendment to Practice partnership

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1 Introduction

1.1 Policy statement

St Peter's Medical Centre must be able to demonstrate that it has planned for, and can respond to, a variety of incidents that may affect patient care. [The Civil Contingencies Act \(2004\)](#) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents whilst maintaining services.¹

GP practices need to plan for and respond to several wide-ranging incidents that could affect health or patient care. This policy should be read in conjunction with [CQC GP Mythbuster No 69 – Business continuity – arrangements for emergencies and major incidents](#)

When planning this business continuity plan, this organisation has collaborated with:

- **Sphere PCN**
- Other local practices not within the PCN
- Other users of these premises 'St Peter's Church premises where & when possible

This organisation has plans and arrangements that allow us to be responsive to incidents that have a short, medium or long term impact on the running of our services.

The following scenarios are the most likely risks and therefore have been considered within this business continuity plan:

- Significant numbers of staff are unable to come into work
- IT systems significantly disrupt the service
- The premises are not available for a period of time
- Paper (Lloyd George) records are destroyed or damaged beyond use
- Supply chain issues resulting in the organisation being unable to deliver an essential service

Further reading can be sought from the NHS England [webpage](#) on Business Continuity.

1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

¹ [NHS England EPRR](#)

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1.3 KLOE (England only)

The Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).²

Specifically, **St Peter's Medical Centre** will need to answer the CQC Key Questions on "Safe".

The following is the CQC definition of Safe:

By safe, we mean people are protected from abuse and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

CQC KLOE S5	<p>What is the track record on safety?</p> <p>The CQC will consider how well this organisation anticipates and plans for potential risks to the service.</p> <p>During any inspection, the CQC will look at what arrangements are in place to respond to emergencies and major incidents.</p>
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1.4 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).³

2.2 Why and how it applies to them

Understanding how to deliver a co-ordinated 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.

² www.cqc.org.uk

³ [Network Contract Directed Enhanced Service \(DES\) Contract specification 2021/22](#)

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The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

3 Overview

3.1 Responsibilities

All staff working at **St Peter's Medical Centre**, including contractors, agency and locum staff, must fully understand how to respond to any incident that may affect service delivery.

3.2 Escalation

The escalation process must be recorded within the continuity plan, outlining who is to be informed locally and regionally.

3.3 Communication

Effective communication will ensure that those who need to know are advised within an acceptable time frame. Communication methods and routes must also be documented in the plan.

3.4 Practice information

Building safety information must be recorded and links to plans of the practice and other key information are to be included.

3.5 Informing personnel

Should there be an event affecting the operability of services at the practice, the table below illustrates the contact cascade for incidents at **St Peter's Medical Centre**.

Name	Role	Contact Number(s)	Informing
Mohan Seevaratnam	Senior Partner	Mobile: 07975 973982	Christine Bushell Deborah Harvey All GP's
Christine Bushell	Advance Nurse Practitioner & Partner	Mobile: 07494 762856	Practice nurse HCA's
Deborah Harvey	Practice Manager	Mobile: 07805 137617	Louise Hewitt Administration Team St Peter's Church Harrow, PCN
Louise Hewitt	Receptionist Supervisor	Mobile: 07793 026019	Reception team Cleaner

The below can be utilised as a very quick alternative:

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Deborah Harvey Christine Bushell	Practice Manager ANP & Partner	All practice employees via the 'Employee's at St Peter's' WhatsApp group
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Depending on the severity of the incident, the organisation manager will also inform the following:

- Simon Young Harrow Borough simon.young12@nhs.net
- Rashida Rahman Sphere PCN Rashida.rahman1@nhs.net
- Samantha Sharkey GP Direct s.sharkey@nhs.net

3.6 Audit

St Peter's Medical Centre will determine the severity of the incident and prioritise the incident as follows:

Priority	Descriptor	Recovery time frame (hours)
1	Essential services	4
2	High priority	24
3	Medium priority	48
4	Low priority	72

3.7 Incident levels

When assessing the impact of the incident, the following levels are to be applied:

Level	Descriptor and examples	Escalation required	Communication plan
1	Critical: Force majeure, fire, flood, building damage, prolonged IT outage	YES. Inform local practices, Borough, PCN	PM to contact: Stuart Davidson at St Peter's Church Harrow Borough PCN By phone. Confirm by email when possible
2	High priority: Damage to site or reduced service due to loss of utilities	YES. CCG to be advised	PM to contact: Stuart Davidson at St Peter's Church Harrow Borough PCN

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			By phone. Confirm by email when possible
3	Medium priority: Adverse weather, local disease outbreak, IT/ telecom issues (minor)	YES. CCG to be advised if additional support is required NO. Managed internally	PM to contact: Harrow Borough PCN By phone. Confirm by email when possible
4	Low priority: Minor issues with minimal or no impact to service delivery, e.g., broken window, leaking pipe, etc.	NO. Managed internally.	PM to contact: Stuart Davidson at St Peter's Church By phone. Confirm by email when possible

4 Key safety information

4.1 Practice specifics

The table below details the key safety information for **St Peter's Medical Centre**

Note: This list is not exhaustive:

Description	Location (name and room number)	Comment
Fire alarm panel	Corridor within Church. SPMC is zone 1	Instruction manual held in Church office
Fire extinguishers	Ground floor. Reception lobby	Hanging on wall in front of reception doorway
Fire extinguishers	Ground floor. Outside room 6	Hanging on wall
Fire extinguishers	Ground floor. Corridor on outside wall of room 2	Hanging on wall
Fire extinguishers	Between rooms 3 & 4	Hanging on wall

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Fire extinguishers	Ground floor. Next to church entrance and disabled toilet	Hanging on wall
Fire extinguishers	Ground to 1 st floor. Top of stairs	Hanging on wall
Fire extinguishers	1 st Floor. Outside toilets & next to room 8	Hanging on wall
Fire extinguishers	2 nd Floor. Lobby Outside of staff room	Hanging on wall
Fire extinguishers	2 nd Floor. Inside staff room next to main door	Hanging on wall
Fire alarm break glass point	Ground floor. Main front Lobby, next to front door	Between waist & chest level
Fire alarm break glass point	Ground floor. Main back door exit. Next to door	Between waist & chest level
Fire alarm break glass point	Ground floor. Entrance to church, next to disabled toilet	Between waist & chest level
Fire alarm break glass point	On stairs. Landing between ground & 1 st floor	Between waist & chest level
Fire alarm break glass point	1 st Floor. Outside toilet & opposite room 7	Between waist & chest level
Fire alarm break glass point	2 nd floor. Landing outside staff room	Between waist & chest level
Fire blanket	Kitchen / staff room	On wall next to microwave
Security alarm	Entrance foyer	Instruction manual held in PM office
Gas valve & meter	Cupboard / bunker perimeter of building, outside of room 5.	Bunker is locked, with Church having access
Water valve (stop cock)	Cleaners Utility room opposite disabled toilet	In cupboard under sink unit

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Fuse box	Electric storeroom opposite room 1	Open with master key held in key box in PM office
Medical CO2 gas	Gas storage trolley (Room 5)	Further supply chained in room 5
Phone system.drytex box	Under front desk in reception	Rectangle black box. Perched on top of control tower
Phone system open reach box	Under front desk in reception	Rectangle grey box perched on top of control tower
Egton encoder box 1	Black square plastic box	perched on top of control tower, blue light should be on at all times to ensure clinician call-in pager is operational
Egton encoder box 2	Black square plastic box	Fitted to wall below TV in waiting room. blue light should be on at all times to ensure screen is operational
Emis back-up tower	Staff room, next to pc on the floor	If emis not working in the morning. Switch power off, then on. This should allow disk to eject and emis to load
Docman main server	PC located in staff room	Must be switched on at all times
Mjog messaging system main server	PC in PM office	Must be switched on at all times
Gas Boiler	Located in room 6 above window desk in the left corner	Off / on switch / button in middle of panel. Press to restart heating
Colour printer	Admin office.	PC next to printer must be on for printer to work

Emergency Company Contact/ Name & role	Contact details	For the purpose of...
Skandha Kanagasabai Frontline ICT Analyst Engineer	Phone: 07920 504958 Email: skanagasabai@nhs.net	Specific IT issues loss of emis / internet / PC equipment damage or breakage

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NWL Service Desk	Phone: 0203 350 4050 Email: nwlccg.servicedesk@nhs.net	Issues with broadband access, including server.
Phone Company Premier Choice telecom	Phone: 0208 300 9495	Disruption of phone lines
Emis / Egton (Egton service desk)	Phone: 0845 1255530 Email: support@egton.net	Check-in desk, TV screen, Blood pressure monitor. Loss of service, Loss or recovery of passwords to access NHS accounts
Stuart Davidson St Peter's Church operations	Phone: 07919 662108 Landline: 0208 422 6297 Email: stuart@stpetersharrow.org	Emergency Contact for St Peter's Church and Landlord
MRFS security alarms Site ID: EH2499	Phone: 020 8547 4333 Phone: 020 8547 4334 Email: service@mrfsgroup.com	Intruder alarms fault maintenance & and repairs
Docman (One Advance)	Phone: 01233 722707 Phone: 0844 9670967 Email: logistics@oneadvance.com	Docman failure
eConsult	Phone: 0207 062 5730 Email: support@webgp.com	Patient on-line consultation failure
AccuRx Ltd	Phone: 0207 099 2279 Email: support@accurx.com	If not working, go to flemming accurx.com & sign-in with your NHS email address.
Mjog Account: 22365	Phone: 0845 8641858	Unable to access patient text messaging
Superclean Commercial	Phone: 0208 427 3378 Phone: 07714 137855 Email: oliver@supercleancommercial.com	Any issues for cleaning company to increase or suspend operation.
Kevin Maintenance Man	Phone: 07753 631376	General non-emergency repairs
Phil House Plumber	Phone: 07981 843858	Problems with toilets or sinks
Adam Roche Electrician	Phone: 07947 024535 Email: info@ar-electrics.com	Issues with electrics & lighting
All staff contact details (both email and mobile phone)	See Practice manager who has up-to date-listing on her at all times	

For further listing of company contact, please consult Practice Manager's address book located on her desk.

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NB: It is essential that all practice partner's and management keep a copy of the list 4.1 with them at all times.

Site sharing

4.2 Local arrangement

In the event of an incident affecting the operability of **St Peter's Medical Centre**, it has been agreed that a reduced service will operate from **GP Direct. 7 Welbeck Road, South Harrow, Middx or St Peter's Church. Sumner Road, West Harrow**. The decision to close **St Peter's Medical Centre** and transfer services to **GP Direct or St Peter's Church**, will be dependent upon the severity of the incident the practice faces.

Additionally, **GP Direct** will use this practice should their practice be affected by an incident. This is reflected in the business continuity plan of **GP Direct**.

The contact details for **GP Direct & St Peter's Church** are:

GP Direct

Practice manager – Samantha Sharkey
Mobile Telephone 07539 837510
Business Line 0208 515 9305
Email: s.sharkey@nhs.net

St Peter's Church

Operations Manager Stuart Davidson
Mobile Telephone 07919 662108
Business line 0208 422 6297
Email: stuart@stpetersharrow.org

5 Considerations

5.1 Potential incidents

There are several incidents that may occur at **St Peter's Medical Centre**, which are detailed in the list below:

- a. Significant numbers of staff are unable to come into work (illness, security or weather)
- b. IT systems significantly disrupt the service
- c. The premises are not available for a period of time
- d. Paper (Lloyd George) records are destroyed or damaged beyond use
- e. Supply chain issues resulting in the organisation being unable to deliver an essential service

Given the severity of the impact that may arise because of these incidents, **both St Peter's Medical Centre & GP Direct** must be prepared to manage the situation effectively. Exercising

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potential incidents at senior management level will support the practice in maximising operational effectiveness during an incident.

Under these circumstances and depending upon the severity of the incident, **St Peter's Church** would act as a short term solution, whilst **St Peter's Medical Centre & GP Direct**, consider operational processes to ensure continuity of service for patients with minimum disruption for both practices.

5.2 Supporting resources

NHS E has provided the following PowerPoint presentations to help organisations to prepare for a range of incidents. These presentations will be used by **St Peter's Medical Centre** to aid the planning process for business continuity.

[Loss of premises](#)

[Loss of services](#)

[Loss of IT systems](#)

[Loss of staff](#)

Public Health England has produced [off the shelf exercises](#) (OTSE) that are available to be used as exercise frameworks to enhance emergency preparedness, resilience and response within healthcare.



Tabletop exercises (TTX) – An Introduction is also available upon the [HUB](#).

5.3 Pandemic scenarios

This organisation conforms to the NHS E requirement as detailed within the Primary care/ Coronavirus [webpage](#).

When managing a pandemic, this organisation has detailed supporting policies that have been established to manage specific scenarios including:

- Disruption of services from **St Peter's Medical Centre**
- Service challenges
- Significant staffing absences
- Alterations of working patterns, working from home and redeployment
- Self-isolation and quarantine
- Cleaning
- PPE requirements

Further supporting reading can be sought within:

[Pandemic Management Policy](#)

[Pandemic Staffing Policy](#)

[Cleaning Standards and Schedule Policy](#)

[Infection Prevention and Control \(IPC\) Policy](#)

5.4 Guidance from external organisations

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Depending on the nature of the incident, it may be necessary to liaise with external organisations to request additional guidance, for example:

- Drugs companies if there is a power/fridge failure
- Health and safety experts regarding building damage or if sanitation is affected
- Public Health England if there is a widespread outbreak of illness (staff and patients)
- NHS Digital regarding local, regional or national IT issues

5.5 Attacks on members of staff

Violent attacks on key workers are not uncommon and have been increasing worldwide⁴. It is therefore imperative that **St Peter's Medical Centre** is prepared to deal with such events. In accordance with the [Assaults on Emergency Workers \(Offences\) Act 2018](#), individuals who assault an emergency worker will be liable for prosecution under the Act. An emergency worker includes NHS members of staff who interact with the public which is defined as:

- A person employed for the purposes of providing, or engaged to provide:
- NHS health services
- Services in the support of the provision of NHS health services and whose general activities in doing so involve face-to-face interaction with individuals receiving the services or with other members of the public

Violent attacks on staff at **St Peter's Medical Centre** will be classed as an emergency which is defined in the [Civil Contingencies Act \(2004\)](#). This is defined at Section 6.4 of the EPRR Framework as:⁵

“...an event or situation which threatens serious damage to human welfare in a place in the United Kingdom”

The management of violent attacks is to be in accordance with the practices Zero Tolerance Policy, alongside the patient registration policy, in order to determine a correct course of action.

5.6 Sudden loss of numerous key members of staff

Consideration within any plan must be given to an incident where there could be numerous members of staff unable to attend work on a short or a longer-term basis. This could be due to a major weather event, a pandemic health crisis or even a lottery winning syndicate.

Policies to support this include:

Key Holder Policy

[Adverse Weather and Major Travel Disruption Policy](#)

[Pandemic Staffing Policy](#)

5.7 Death or sudden loss of a key member of staff

⁴ www.frontiersin.org

⁵ [NHS E Emergency Preparedness, Resilience and Response Framework](#)

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Planning for a crisis can help to reduce stress and anxiety as well as boost the confidence of staff and stakeholders at **St Peter's Medical Centre**. A prompt response can reduce staff absences and can expedite a return to normal levels of productivity as well as minimising the impact on staff morale.⁶

The following are essential in ensuring the response to a loss of a key member of staff is appropriate:⁴

- Prepare and encourage individuals and teams to respond to the unexpected
- Ensure regular exercises are carried out to test the response to such incidents
- Ensure communication is effective (including internally and externally)
- Recognise the significance of engagement with the families of those involved

Maintaining an acceptable level of service delivery is essential. It is therefore necessary to determine who is defined as a key member of staff. At **St Peter's Medical Centre**, the following have been identified as key members of staff:

- Dr Mohan Seevaratnam Senior Partner
- Christine Bushell ANP & Partner
- Deborah Harvey Practice Manager & Partner
- Ellie Worthington Salary GP & Partner

In the event of the loss of a key member of staff, the practice manager will convene an emergency management meeting. This will involve the following:

- Dr Mohan Seevaratnam
- Dr Ellie Worthington
- Christine Bushell
- Deborah Harvey

The meeting will determine the impact on both staff and patients and, in the short term, discuss the actions required to ensure an optimal level of service delivery is offered to patients whilst also ensuring practice staff receive the necessary well-being support to overcome the loss of a colleague. The meeting will follow a short agenda:

- Immediate impact and risks identified
- Remedial actions required
- Communication strategy
- Staff support
- Support to the family

Should the loss/death result in the absence of a registered person, the CQC must be notified. This is only applicable to registered providers who are individuals (not partners, partnerships or organisations) and registered managers.⁵

Section 6.6 explains how **St Peter's Medical Centre** is to notify the CQC.

All staff will be advised of the loss or death of a member of staff including external HR staff where applicable.

⁶ [BCI Why people should be at the heart of business continuity planning](#)

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5.8 Notifying the CQC of an incident

In accordance with Regulations 12, 14, 15, 16, 18, 20, 21 and 22 of the [Care Quality Commission \(Registration\) Regulations 2009](#), registered providers are required to notify the CQC about incidents or events which impact upon service delivery.⁷

Specifically, **St Peter's Medical Centre** must notify the CQC if an incident takes place whilst an activity is actually being provided and will notify the CQC about any relevant infrastructure, equipment, premises or other problem which impacts or is likely to impact the organisation in carrying out the regulated activity safely.

Deborah Harvey, Practice Manager, will use the notification section on the CQC website, accessible [here](#), and ensure that the CQC is notified in a timely manner. Additional guidance relating to notifications is available [here](#).

6 Incident management

6.1 Response to an incident

In response to any incident that may affect practice output, **St Peter's Medical Centre** will follow the processes shown below in diagrammatic form:

⁷ [CQC Statutory Notifications](#)

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6.2 Incident management pro forma

The following is intended as a guide to ensure the effective management of an incident affecting **St Peter's Medical Centre**:

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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):		Harrow Borough & PCN CD: 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:			

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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 and time pro forma completed:		Review required (yes or no):	
Planned review date and time:		Outcome (incident over or ongoing):	
Additional review (if necessary):		Date and time incident ended and services resumed:	
Practice manager signature:		Name:	
Senior partner signature		Name:	

6.3 Post-incident actions

St Peter's Medical Centre, will liaise with those external agencies involved with the incident and management will determine what "after actions" are required and who is responsible for completing any actions.

7 Prolonged disruption

7.1 Long-term recovery

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In instances of prolonged disruption, the **St Peter's Medical Centre's** management team will need to determine the impact and how care can 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.

In addition, arrangements must be made to communicate the closure/partial closure to the patient population via Mjog / AccuRx / Website. 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.

8 Summary

It is inevitable that **St Peter's Medical Centre** 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 **St Peter's Medical Centre** to manage situations effectively and minimise the disruption until normal services are resumed.