



# Business Continuity Plan

[Document subtitle]

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## **Business Continuity Plan Scope**

### **The Requirement**

The SHPCA consider it to be in the interest of all stakeholders that they develop and maintain a Business Continuity Plan for clinical operations that meets the standards required of us as regards the provision of patient care and associated services and that will provide effective recovery from any serious business disruption.

SHPCA have developed the following Business Continuity plan, this is a working document and should be reviewed as such. The plan should allow for the unique circumstances, location and requirements of each clinical service and provide a framework that can be followed by all despite the differences in need and circumstances.

The Business Continuity Plan (BCP) must protect the assets of the SHPCA and its customers and provide the capability to resume effective operation at a level and in a time period that allows it to meet patient care, stakeholder, legal and regulatory requirements.

The BCP must include written procedures that:

- are based on an analysis of the potential impact to the business.
- are reviewed and tested six monthly and proved fit for their purpose.
- are accessible in an emergency; and
- all employees understand, including their respective roles in putting the plan procedures into action.

The BCP must ensure that suitable alternative facilities are available, that key staff are available (and possibly cross trained to serve in many roles) and that critical technology, external services, vital records and other items critical to resuming business are duplicated and available in another location.

### **Level of Acceptable Risk**

The BCP is designed to ensure Core Business Activities 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 to 'Normal Service Level'.

The BCP must understand the 'Normal Service Level' on a daily basis and ensure that SHPCA does not fall below a defined minimum service level, see table below, ensuring recovery to the normal level of service within the shortest time.

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 clinical services undertaken by SHPCA, and the maximum period these cannot function for.

	Essential Activities Undertaken	Maximum acceptable service disruption Red = up to 1 hour Amber = 1-2 hours Green = up to 2 hours	Responsible lead and nominated deputy	Minimum number of staffing required by role (e.g., GP, Nursing, Admin, Management)
2	Hub Consultations	Green	On Call Manager, Site Manager/GP On Site	1 x GP and 1 x Site Manager/Receptionist
3	CAS 111	Green	On Call Manager, Site Manager/GP On Site	2 x GP
4	Virtual Ward	Green	On Call Manager, HCA	1 * HCA

### **Critical Functions**

The core business functions required for the delivery of the services can be defined as:

- Patient Face-to-Face Consultations
- Patient Remote Consultations
- Patient Emergency Triage
- Patient Remote Monitoring and Early Diagnosis
- Patient Administration
- Infection Control
- Stock Management
- Clinical Workforce Provision and Management
- Measuring Performance and Auditing
- Revenue Generation

### **Statutory, Regulatory and Contractual Duties**

The Business Continuity Plan (BCP) must protect the assets and contractual obligations of the SHPCA and its customers and provide the capability to resume effective operation at a level and in a time period that allows it to meet patient care, stakeholder, legal and regulatory requirements.

The BCP must include written procedures that:

- are based on an analysis of the potential impact to the business.
- are reviewed and tested no less than six monthly and proved fit for their purpose.
- are accessible in an emergency; and
- all employees understand, including their respective roles in putting the plan procedures into action.

The BCP must ensure that suitable alternative facilities are available, that key staff are available (and possibly cross trained to serve in many roles) and that critical technology, external services, vital records and other items critical to resuming business are duplicated and available in another location.



## **Interest of Stakeholders**

A stakeholder in any particular organisation is any party that has an interest in the success and ongoing operation of SHPCA. Each stakeholder, while sharing a common interest in the ongoing health of SHPCA can and will have slightly different perspectives and interests.

The BCP denotes a duty to maintain a 'normal level of service' to stakeholders which include:

- Patients
- Patient Friends and Family
- GPs
- SHPCA Workforce
- SHPCA Directors
- Member Practices
- Community Teams
- Voluntary Sector
- IT Providers
- PHL
- SCAS
- CCAS
- Phlebotomy
- Safeguarding Teams
- Care-homes
- CCGs
- PHU
- Location Estates Team

SHPCA should not only look at the resilience of internal structures and processes, but also those of organisations they rely on, deliver services on behalf of and refer into with respect to the considerations of each stakeholder group.

## **Key Services Within the Scope and Exclusions from the Scope**

This scope is centred on operational level clinical services, focussing on continuity of service to patients with regards to:

- IPCAS Hub
- CAS 111
- Virtual Ward

The scope excludes strategic level business services:

- SHPCA Financial Strategy
- SHPCA Business Strategy
- SHPCA HR Strategy

### ***Aim and Objectives***

The aim of this local business continuity plan is to ensure that the SHPCA Clinical Services can continue to deliver essential patient care and associated services at the four existing clinical locations and call-handling services at the four existing services or remotely when required, in the face of a disruptive incident.

The clinical locations are:

- Waterloo Health Centre
- Forton Medical Centre

The key objectives of the plan are to:

- Provide basic information about the service, including staff and core supplier contact information
- Provide an overview and prioritisation of essential services delivered by the services 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 service faces
- Identify some of the key actions staff can take in a disruptive incident

Disruptive incidents can be defined as “any unplanned event that results in the inability of the business to support operations in whole or in part”. A business is vulnerable to three different types of disruptive incident:

- Disruption due to a natural event
- Disruption due to wilful damage
- Disruption due to accidental damage

## Overview of the Host Sites and the services delivered

### Key services provided

There are four sites within the remit of the BCP. The physical information and contact details can be found below. The sites host a range of physical and remote services:

- Integrated Primary Care Services (IPCAS) - General Practice Extended Access (GPEA)
  - o Hub sites – General population, smears, phlebotomy
- CAS111
- Virtual Ward – Covid Oximetry at Home
  - o Remote Monitoring Service

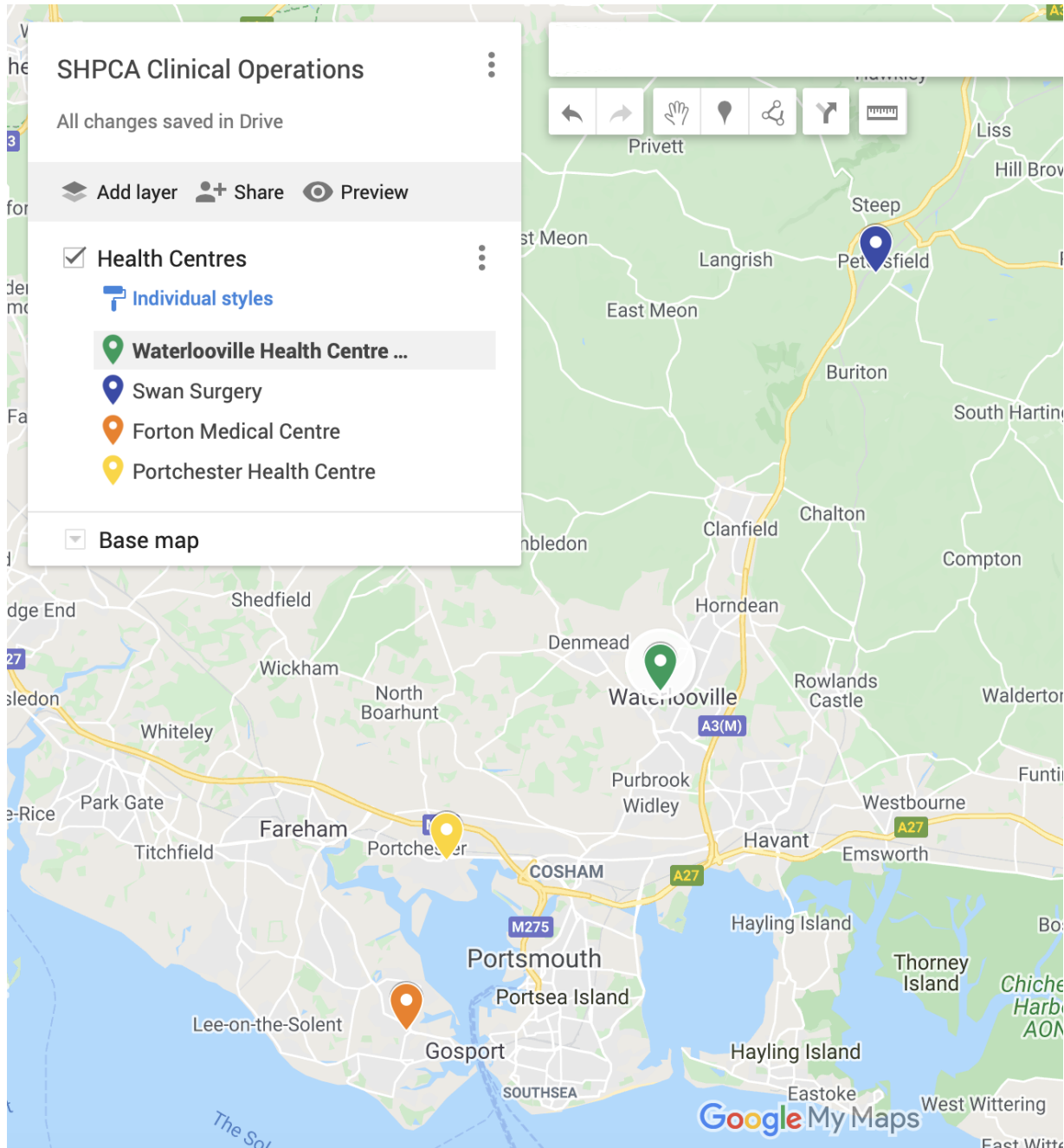
### Location Contact Details

Site	Service
Fareham and Gosport	
Forton Medical Centre Whites Place, Gosport PO12 3JP	IPCAS Hub – 02382 311042
Waterlooville Health Centre Dryden Close, Waterlooville PO7 6AL	IPCAS Hub – 07899 097302 CAS111 – 0300 033 8326
On-Call Manager	Via rota
Roving	02394 004679

## Clinical Location Site Map

The sites are spread throughout Southern Hampshire giving a wide range of coverage to patients and member practices. There is also resilience inbuilt to this geographical spacing for local disruptions.

- IPCAS Hubs – Waterlooille Health Centre and Forton Medical Centre



## Service Location and Hours

SERVICE PROVISION BY SITE					
Service	Location	Hours by Call Handler	Operater per Shift	Hours in Person	Operator per Shift
IPCAS Hub	Waterlooville	0800-2230 Mon to Sun	1 Supervisor	1330 to 1830 direct commissioning to SHPCA. 1830 to 2230 111 OOH and EA	1 GP
IPCAS Hub	Forton	0800-2230 Mon to Sun	1 Supervisor	1330 to 1830 direct commissioning to SHPCA. 1830 to 2230 111 OOH and EA	1 GP
Virtual Ward	Waterlooville	0800-2230 Mon to Sun	1 HCA		

CAS 111	Waterlooville	0800-1830 Mon to Fri till 14th Dec then 0800-2230 Mon to Sun	2 GP		
On Call Manager	Remote/Roving	1830-2230 Mon to Fri and 0800-2230 Sat and Sun	First line of contact 1 reception supervisor, if they are not on shift then the call goes to 1 Remote Manager (from a rota)		

## Roles and Responsibilities

### Notification

A business continuity event may be initiated from a single, contained incident that affects one location or service, or a large-scale incident that affects the entire region. With an effective response of a single incident, the hazardous ripple effect to associated processes can be minimized. With an isolated, contained incident, business restoration should happen at an accelerated rate if communication processes and continuity of operations planning has been tested and properly implemented.

If an emergency has spread from its initial source and affects two or more business processes, the incident has a greater potential for impact. An escalated emergency situation is potentially dangerous to business sustainability and requires a more expansive business continuity response. A multi-tier business continuity event can extend beyond the facility borders to affect personnel, multiple critical business processes, vendors or suppliers, and customers.

### *Internal Notification Process*

1. Business Continuity Plan is activated by the on-call manager, upon notification by the team, and should ensure, where applicable that all team members and relevant stakeholders are notified
2. A Business Continuity Coordinator is assigned and sends alert to directors and senior managers/leads, establishes initial meeting details, and reports details of situation.  
Clinical Lead: acts as a liaison for assigned Business Continuity Teams to Coordinator(s).  
Service Managers: facilitate all recovery activities.
3. Clinical Lead and Service Managers: Meet to assess critical processes impacts and determine availability of resources, communications, people, and facilities.
4. Clinical Lead and Service Managers reports impact analysis details to Directors and COO
5. Crisis Management Team Coordinator directs Crisis Management team based on Clinical Leads information.
6. Business Continuity Coordinator briefs Service Managers on Incident Action Plan (IAP).
7. Ongoing communications of status updates continue as necessary to implement IAP, potential relocation, and critical process recoveries.

### Communications

In the event of an incident, the host site 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. For example, a reduction in out of hours appointments could impact negatively of standard practice hours thus increasing the patient journey/interrupt continuity of care.

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 can be found in the contact details at the back of this plan.

### **Crisis Communication Strategies**

1. Spokesperson Response

SHPCA should assign a spokesperson to speak on their behalf, at present this is the COO. This makes the company appear human and plays a major role in maintaining stakeholder support.

2. Proactive Damage Control

Crisis preparation will make SHPCA proactive, reducing or preventing the effects of a crisis before it occurs. This includes malware detection, patient safety-netting, infection control process.

3. Case escalation

Some cases can be resolved on the individual level before they reach a tipping point, an escalation system will help diffuse these cases before they get out of hand. These can include complex or time sensitive cases and stakeholders whose needs require additional attention. These should be brought to the attention of the Service Manager or on-call Manager immediately.

4. Patient Feedback and Analysis

Systemic crises may be silently affecting your patients without you being aware, this causes churn and can be identified through SHPCAs internal processes of collecting feedback. This gives customers an opportunity to share negative criticism that can be used to improve other customers experience.

### **Identification of Vulnerable Patients**

An incident, whether internal to the service or affecting the local area, has the potential to impact patients who may be deemed as vulnerable. There is a requirement on services 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. It should be highlighted that identification of vulnerable patients can be particularly challenging in SHPCA services due to complexities of the Clinical System so every effort should be made by ALL members of the service team to ensure everyone is safeguarded appropriately. Once patients are identified specific actions need to be considered to support, in conjunction with partners, those affected by an incident. Member organisations have a responsibility to ensure that coding is up to date on clinical notes.

## 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 using the number in the key contacts directory.

In periods of heightened pressure in the wider health, such as the current chronic coronavirus emergency, system practices should be mindful of impacts on partner organisations and take relevant actions to support. In these situations, NHS England local office will communicate any specific actions as required and act as gold commander/lead for incident.

## Surge and Escalation

Services 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. Within the service locations all host sites have more rooms than are used daily in order to facilitate diversions in the event an incident takes place.

On-Call Managers are primed to contact PHL in the event of surges so that management of 111 appointments can be re-routed depending on need.

The responsibility lies with the On-Call Manager to ensure that HR is also managed correctly and where appropriate, short notice staff will be contacted and asked to come in.

On-call managers are required to notify host practices of the requirement to relocate, they must be sensitive to the fact that the host practice may also be experiencing a surge in attendance.

## Service Re-location

**Hubs** – Clinicians and cleaners can relocate from Forton to Waterlooville and vice versa, service managers and call handlers can work remotely using SHPCA laptops

**CAS111** – Clinicians and service managers can work remotely using SHPCA laptops

**Virtual Ward** – HCAs can relocate from Waterlooville to Swan Surgery or work remotely using SHPCA laptops

**On-call Managers** – can work remotely using SHPCA laptops



## Staff Roles in an Incident

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

Position	Role in an Incident
On Call Manager	On Call Managers have a facilitative role during an incident and need to ensure that Service Managers/Practice Managers are notified if they are required to help implement actions from a local operations policy. They will also ensure that the business continuity plan for the service is implemented by liaising with all relevant parties. The responsibility of communicating with staff, ICB, PMs and Clinical Ops Manager lies with the On-Call Manager. In the event that there is likely to be incoming traffic on On-Call Managers phone, it has been suggested that On-Call Managers switch to using personal mobiles for outbound calls.
Service Managers	<p>Service Managers play a key role in identifying and dissipating incidents before the escalate. Incidents out-with their control need to be escalated to the on-call manager as soon as the potential for escalation is identified.</p> <p>Service managers work alongside the on-call manager to manage the situation within their service, reallocate resources and workforce and work towards the resumption of normal service.</p> <p>Their role in debriefing and learning from the incident alongside the on-call manager is crucial to the post-incident revision of the BCP.</p>
Practice Managers	<p>Practice Managers are responsible for ensuring robust local policies are maintained as well as Service Level Agreements. These will need to be kept up to date and reviewed regularly.</p> <p>In the event of a serious incident, Practice Managers will be notified out of courtesy but it the responsibility of the On-Call Manager to ensure site specific protocols are implemented. This may include contacting utility providers, liaising with police in the event of a security breach or ensuring systems such as telephony/IT are reinstated.</p>
SHPCA Team	<p>The SHPCA Team, particularly those involved with operations and quality will have a key role in developing, maintaining and reviewing the business continuity plan in order to ensure smooth running of services.</p> <p>In the event of an unprecedented emergency, the Operations Manager, Directors and COO may be contacted to provide support and coordination for the team.</p>
Receptionists	Receptionists have a crucial role in alerting the On-Call Manager in the event of an incident. Receptionists are the front of house and there is an expectation that they will be the eyes of the service and alert – where relevant – issues to a clinician or On Call Manager. Receptionists will also act as the evacuation leads/Fire Marshall in the event of incidents requiring urgent exit of the building.

<p>Doctors and/or Directors</p>	<p>Clinical at SHPCA will be expected to have reviewed BCP during both draft phase and reviews in collaboration with author/Mobilisation Manager</p> <p>Whilst every effort is made to try and predict potential issues that may arise, it is hoped that GPs/Directors will take the lead in the event of any incidents that occur on the host premises. GPs will be expected to help make decisions about when it is appropriate to evacuate a building in order to maintain the safety of patients, relatives and staff.</p>
<p>Nurses/HCAs</p>	<p>Nurses will be expected to use their professional judgement to assist patients and other staff members in the event of an incident. Where possible, and not at the cost of safety, nurses will ensure access to emergency kit and salvaging any stock where possible. If first aid is required, Nurses and HCAs will be expected to administer this as well as ensuring any relevant logs kept.</p>
<p>All Staff</p>	<p>All staff are required to familiarise themselves with arrangements to deal with an incident, sign SOPs and have access to staff portal in order to be able to see all protocols centrally. This shall be done during the induction phase of commencing work and the expectation will be that staff keep themselves up to date with changes in SOP through email and staff portal communication wall. In the event of loss of electrical power, these can be accessed through SMART phones using the regular passwords.</p>

## Risk Assessment

Risk Assessments are held by SHPCA in the form of a Risk Register. The Risk Assessment and Analysis process should include:

- Gathering of data on threats and previous incidents
- Scoring of threats against likelihood and impact
- Assignment of a plan for individual risks (Treat, Tolerate, Transfer, Terminate)
- Assigning responsibility/deadlines for treatment plans
- Regular Formal review of Risk Analysis by defined committee (as defined in the BCP)

The Risk Register is a live document and maintained separately.

## Business Impact Analysis (BIA)

### Section 1: BIA Information and Document Controls

This BIA was created internally by SHPCA, the document has been signed off by the COO and Clinical Lead and shall be reviewed six monthly or after a significant incident.

Date of BIA	28 <sup>th</sup> April 2023
Version number & type (e.g., draft, final etc)	The document is embedded within the BCP and as such follows BCP version control procedures
Date of BIA Review	The document shall be reviewed in line with the BCP.

### Details of Staff Involved in BIA Process

Name	Role	Tel No.
Kerry Cooper	Chief operating officer	07967 491656
Lee Busher	Head of Clinical Services	07765 447 442

## Section 2: Service Contact Information

Name of Service	IPCAS – Hubs
Name and contact details of On-Call Manager	Senior Management Rota Based 02394 004679
Name and contact details of Deputy Manager	Service Manager Sophie Perrio 07384 782562 Chris White 07557 736471
Waterlooville Health Centre	07899 097302
Forton	02382 311042

Name of Service	CAS 111
Name and contact details of On-Call Manager	Senior Management Rota Based (in-hours) 02394 004679
Name and contact details of Service Manager	Chris White 07990 499898
Waterlooville Health Centre	07899 097302

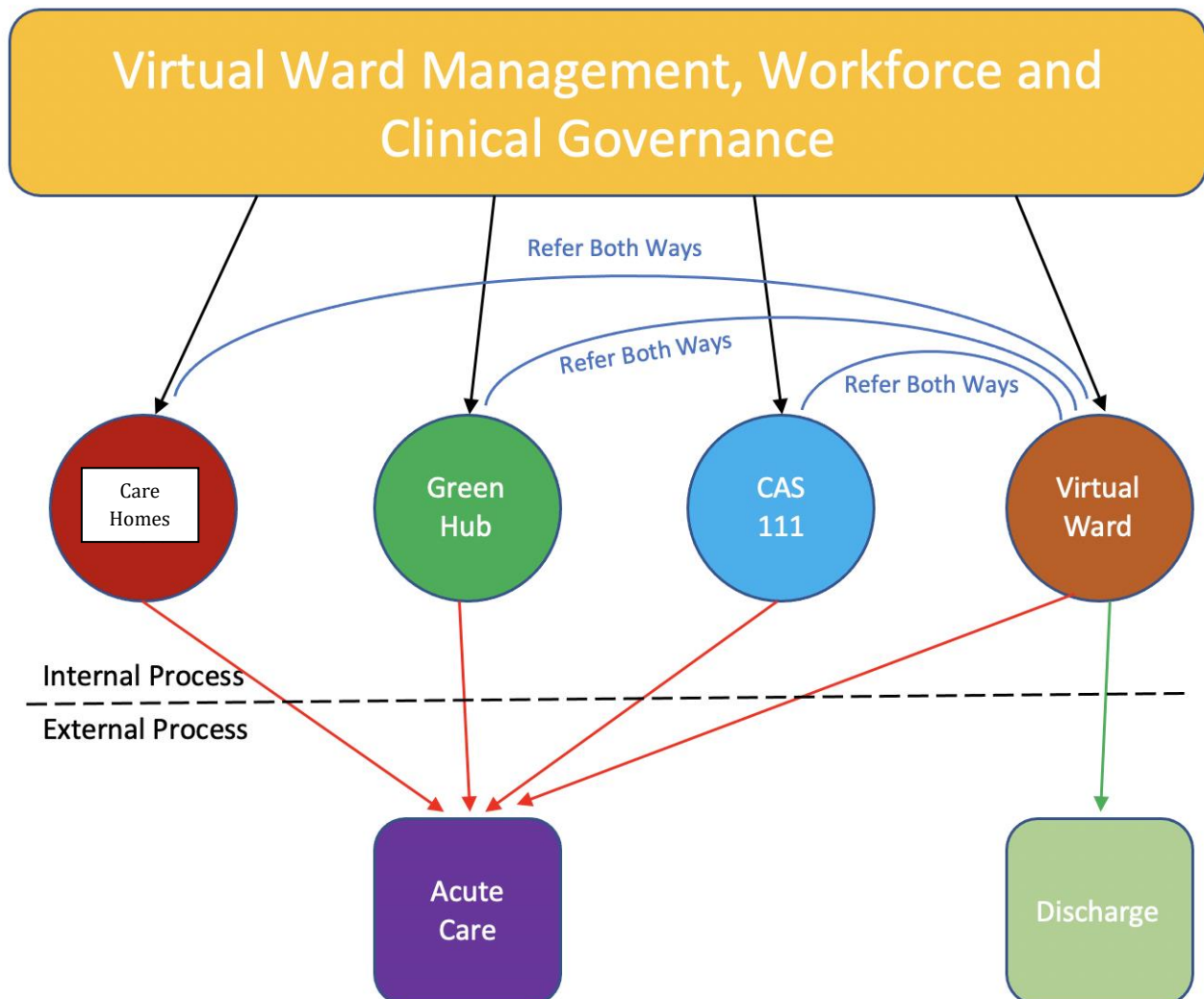
Name of Service	Virtual Ward
Name and contact details of On-Call Manager	Senior Management Rota Based (in-hours) 02394 004679
Name and contact details of Service Manager	Lee Busher 07765 447442
Waterlooville Health Centre	07899 104511

## Section 3: Service Structure

### Structure Chart

The structure chart, below, illustrates a simplified version of the strategic and operational connectivity between SHPCA's business functions, the clinical services and external stakeholders.

The services can refer internally, this illustrates that there are potential impacts of escalation between the virtual ward and the other three services.



### Staff Numbers and Locations

Clinical services are delivered over four locations, these services include face-to-face consultations, telephone consultations and triage and telephone and computer-based service administration

Location	Building owner (if known)	Shared building? Y/N	Number of staff based in /working from location	Number of staff that could work remotely/ from home	Number of staff that can work at an alternative site	Details of alternative working arrangements that are in place
Waterlooville Health Centre	NHS Properties	Yes, with the Vine Medical Group	Virtual Ward 1 * HCA CAS 111 2 * GP 1 * Service Manager Hub 1 * GP 1 * Service Manager 1 * Cleaner On-Call Manager 1 * Manager	Virtual Ward 1 * HCA CAS 111 2 * GP 1 * Service Manager Hub 1 * Service Manager 1 * Cleaner On-Call Manager 1 * Manager	Red Hub 1 * GP 1 * Cleaner	Remote Working  There are 4 no. Laptops, loaded with EMIS, Adastra and soft tokens available for Waterlooville GPs and HCAs at Pure plus one  Service Managers and On-Call Managers already have laptops set up for remote working  These laptops must be kept updated and current by the IT Lead  All team members can log into Sesui and route telephone calls as they would if on site.

Location	Building owner (if known)	Shared building? Y/N	Number of staff based in /working from location	Number of staff that could work remotely/ from home	Number of staff that can work at an alternative site	Details of alternative working arrangements that are in place
Waterlooville Health Centre						On-site Working  Forton Medical Centre has capacity to accommodate the Hub GP and cleaner (if required) in order to ensure continuity of care.
Forton Medical Centre	Southern Health	Yes, with the Willow Group	Hub 1 * GP		Hub 1 * GP	On-site Working  Forton Medical Centre has capacity to accommodate the Hub GP and cleaner (if required) in order to ensure continuity of care.



## Section 4: Stakeholders & Dependencies

This table reflects the dependencies within the delivery system for clinical services and contingency arrangements that are in place both upstream and downstream and the effect that disruption will have on patients and the organisation.

Stakeholder Name	Internal	External	Relationship to function (tick all that apply)			Comments e.g., if relevant for a particular function in the business
			Dependency (Required for delivery of function)	Dependent (Depends on delivery of function)	Interested Party (Needs to be informed)	
Patients		X		Yes	Yes	Patients may need to be rebooked into the service in the event of a disruption, rapid communication is high priority
ICB		X			Yes/No	The level of disruption dictates the level of and urgency of communication regarding service level. Minor disruption must be noted, recurring minor disruptions must be red flagged as they can be an indicator of a more serious underlying issue or systemic error

SHPCA Board of Directors	X		X		Yes/No	The level of disruption dictates the level of and urgency of communication regarding service level. Minor disruption must be noted, recurring minor disruptions must be red flagged as they can be an indicator of a more serious underlying issue or systemic error
SHPCA Chief Operating Officer	X				Yes	Disruption to service has business and reputation repercussions, internally and externally
SHPCA Member Practices		X	X	X	Yes	Disruption can cause a drop in level of service to patients referred in by member practices, and also increase the burden of care on member practices should the SHPCA clinical services fail to deliver the patient care promised
Clinical Lead	X		X		Yes	The clinical lead provides guidance and direction to the services, they are critical to successful delivery. Their clinical expertise can be substituted by equally experienced clinicians, however this expertise within the business context and overview is essential to service continuation
Service Manager	x		x		yes	The service manager handles booking calls and manages the service rota and locations, the managers for different services work closely together and can cover shifts in a temporary capacity.
Clinicians	x		x		yes	Clinicians are rota'd from a talent pool, rotas are prepared in advance and the service managers are aware of clinicians who can be asked to fill shifts at short notice.

EMIS		x	x		no	EMIS for SHPCA has no back up function, the booking screens must be saved each morning and, should, EMIS fail, the patient notes are recorded by hand without access to the records and transcribed later in the day.
Adastra		x	x		no	Adastra relies on the Spine to access data from external stakeholders and allow SHPCA clinicians to see patients and book appointments, if Adastra is temporarily disabled there would be no access to the system.
Surgery Connect		x	x		yes	SC is a communications system that runs the telephones used by the clinical services, remotely and in the four locations. Should there be an escalation in service requirements this could lead to additional capacity being purchased from SC. An outage will require clinicians and managers to use their personal telephones to handle outgoing calls, incoming calls would not be possible while the service is down.
Sensei		x	x		no	Sensei is a workforce management platform, this manages the clinician rotas, invoicing and details. The service managers export rotas from Sensei for circulation to clinicians, an outage around the time clinicians are invoicing could result in delayed payments,

PHL		x	x		yes	PHL provide overnight cover for the clinical services, they would need to be aware of any escalation in demand or knock-on effect of outages during SHPCA working hours as this will affect them. Should PHL suffer an outage, this may increase SHPCA patient traffic the following day.
SCAS		x	x		yes	SCAS provide ambulance services, should their capacity be exceeded, SHPCA clinical services may be required to find/suggest alternate arrangements for patients to access urgent care
SHPCA On-Site Workforce	x		x		yes	SHPCA workforce are spread across the four clinical locations, there are alternate locations or remote working arrangements are in place should one prove inaccessible. All team members should be informed, whether they are working or not, in event of a major disruption.
SHPCA Remote or on-site Workforce	x		x		yes	Non-clinical patient facing functions can be carried out remotely using SHPCA enabled laptops, Sesui logins and a WIFI connection. This arrangement is sustainable long-term and has been tested during COVID
Host Practices		x	x		Yes	Should the host practice suffer a disruption from infection or loss of facilities, patient facing roles should move to the alternate site and non-patient facing roles to remote working. Should a disruption occur, patient appointments must be rebooked immediately.

PHU		x	x		Yes	Should there be a disruption at PHU, alternate capacity should be evaluated at surrounding hospitals and patients for urgent care diverted in coordination with SCAS and PHU.
ICT		x	x		yes	Community care teams are informed when patients under their remit are admitted or discharged to urgent care or the community, this allows for continuity of care and is vital to the patient journey.

## Section 5: Critical Functions Analysis

### *Service/Department/Business Aim*

The goal of the SHPCA is to ensure that their Clinical Services can continue to deliver essential patient care and associated services at the four existing clinical host locations and call-handling services at the four existing services or remotely when required, in the face of a disruptive incident.

### *Critical Functions/Activities*

Ref	Function Name	Outcome of function being delivered	Priority Rating (to be completed following impact assessment)
F1	Patient Face-to-Face Consultations	Patient diagnosis resulting in referral to for further investigation, prescription of treatment, diagnosis and advice, sample taking (smears, bloods)	2
F2	Patient Remote Consultations	Patient investigation and triage into further service or advice, by telephone	2
F3	Patient Emergency Triage	Patient emergency call-handling in order to correctly signpost and relieve pressure on acute care services	1
F4	Patient Monitoring and Early Diagnosis	Remote monitoring of Covid oximetry patients to facilitate early diagnosis and treatment of silent hypoxia and avoid unnecessary hospitalisation	4
F5	Patient Administration	Administration and updating of patient records according to service accessed, referral pathway and maintaining the flow of patient information upstream to patient GP and downstream to further care using IT solutions	6

F6	Infection Control	Maintain the highest standards of on-site infection control and reduce patient contact by triaging those who require face-to-face consultation or referral to acute care	3
F7	Stock Management	Ensuring continuity and volume of supply in order to meet patient needs	7
F8	Clinical Workforce Provision and Management	Ensuring flexibility, continuity and quality of workforce in order to meet patient needs, building capacity and resilience into workforce as a buffer in times of disruption	5
F9	Measuring Performance and Auditing	Measuring service performance through data collection, internal and external KPIs and benchmarking with national/regional services	8
F10	Revenue Generation	Ensuring business longevity through business excellence and promotion of services available to member practices.	9

**Impact Assessment**

This section describes the impact of NOT delivering each of the business functions described above.

<b>F1: Patient Face-to-Face Consultations</b>							Priority Rating: 2
Specific Impact of Disruption	Impact over time: Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						In the event of safeguarding issues, silent or critical symptoms, delay could be life threatening.
Reputation	x	x	x				Clear and immediate communication of delays to stakeholders of up to 1 day and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence
Workforce Impact	x						Impact on workforce will be immediate on the loss of a host location, laptops will be deployed to those who can work remotely, and rooms and patients rebooked to alternate locations.
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.



<b>F2: Patient Remote Consultations</b>							Priority Rating: 2
Specific Impact of Disruption	Impact over time: Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						In the event of safeguarding issues, silent or critical symptoms, delay could be life threatening.
Reputation	x	x	x				Clear and immediate communication of delays to stakeholders of up to 1 day and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence
Workforce Impact	x						Impact on workforce will be immediate on the temporary loss of Surgency Connect, EMIS or AdastrA, downloading booking sheets from EMIS at the start of the shift will allow patients to be contacted and rescheduled. Hardware failures will require the IT lead to deploy an additional laptop and retrieve the other for repair.
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.

<b>F3: Patient Emergency Triage</b>							Priority Rating: 1
Specific Impact of Disruption	Impact over time: Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						In the event of safeguarding issues, silent or critical symptoms, delay could be life threatening. A sudden loss of communications requires immediate investigation and communication to workforce and IT providers as well as external services potentially affected by the outage, i.e., SCAS, PHU emergency departments
Reputation	x						Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence
Workforce Impact	x						Impact on workforce will be immediate on the temporary loss of Surgery Connect, EMIS or Aadastra, Hardware failures will require the IT lead to deploy an additional laptop and retrieve the other for repair. The expectation is that patients unable to access the service will call 999 or present at the ED.
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.

F4: Patient Monitoring and Early Diagnosis							Priority Rating: 4
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact			x				In the event of safeguarding issues, silent or critical symptoms, delay could be life threatening. Patients are monitored four times daily, this is based on the patient condition and a monitoring spreadsheet is held in SharePoint with patient data, this would enable identification of vulnerable patients and allow call handlers to continue monitoring of all, recording on paper until the system returned. Patients have a clear pathway for self-escalation to urgent care.
Reputation			x				Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence. Remote working and retrieval of details allow continuation in service in the event of location changing or IT disruption.
Workforce Impact	x						Impact on workforce will be immediate on the temporary loss of Surgery Connect, EMIS or Aadastra, Hardware failures will require the IT lead to deploy an additional laptop and retrieve the other for repair if remote working. The expectation is that patients unable to access the service will call 111, 999 or present at the ED.
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.

<b>F5: Patient Administration</b>							Priority Rating: 6
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						Loss of IT systems may require paper note taking for later transcription, this should be carried out as soon as the system is restored. Notes may be inaccessible requiring further interrogation of history from clinicians. Removal to a different host location will require IT hardware to be in place on site or remotely using SHPCA laptops.
Reputation			x				Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence.
Workforce Impact	x						Workforce may be required to contact patients from personal mobile numbers if the call handling system is unavailable and they are working remotely, personal numbers must be blocked in this case
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.

<b>F6: Infection Control</b>							Priority Rating: 3
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						Clinical services infection control is strict and thorough, this must be translated to new sites in the loss of location with the cleaner and cleaning supplies moving site along with clinicians. These procedures also apply to green hubs as patients may not be aware of infection. Breach of infection control procedures must be reported, and actions taken to prevent spread of infectious disease, this will require clinical rooms to be vacated for cleaning and an additional room being available.
Reputation			x				Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence.
Workforce Impact	x						Workforce will be required to self-isolate if contact with infection is suspected, remote working for all applicable staff should be considered until infection protocols return to normal.
Financial Loss			x				If disruption is handled quickly and transparently financial loss will be mitigated, continuity in patient care and rapid rebooking will mitigate this.

<b>F7: Stock Management</b>							Priority Rating: 7
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact					x		Stock must be available and distributed amongst the sites according to need. Stock is currently centralised around Waterlooville and held in smaller quantities at other host locations. Minimum 1-week stock should be held at these locations in order to ensure continuity of service whilst suppliers replenish in the event of a loss
Reputation					x		Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence.
Workforce Impact	x						Workforce should have continuity of service with 1-week buffer stock at each location. Should a total loss occur, resumption of service will depend on the speed of supply from ONPOS and Hillcroft, or borrowing items from host locations until replenishment occurs. Stock items are generic and widely used within the NHS system.
Financial Loss			x				Financial loss of stock can be mitigated by sharing stock through the host sites and evaluating the consumption and level of stock required for each item for central holding.

F8: Clinical Workforce Provision and Management							Priority Rating: 5
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact	x						Gaps in rotas are identified and filled by the service managers, staff absence must be flagged up immediately and an alternative found, this may require the delivery of a laptop for remote working staff.
Reputation	x						Clear and immediate communication of delays to stakeholders and immediate redirection of patients will mitigate reputational damage as services are returned to normal service levels. Ongoing disruption will lower stakeholder confidence. Early identification of absence and filling of shift will mitigate disruption to the service.
Workforce Impact	x						Absence, particularly sudden or uninformed, will add to the burden on the team, this must be communicated to the team on shift and the on-call manager immediately and calls diverted, or patients rebooked in order to ensure continuity.
Financial Loss			x				Financial loss of stock can be mitigated by rediverting and sharing workload until a shift has been filled.

F9: Measuring Performance and Auditing							Priority Rating: 8
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact					x		Auditing and monitoring can indicate otherwise unnoticed gaps in clinical or non-clinical skills and action should be taken to address these immediately to ensure high level patient care.
Reputation					x		Maintaining a high quality of care and identifying gaps in service provision internally and proactively before they become externally recognised will preserve reputation and level of service.
Workforce Impact					x		Constant evaluation of services and workforce create a culture of high-quality service and allow the service to evolve and identify tangible improvement over time. Evolution and changes must be communicated effectively to the workforce so there is an understanding that good practice dictates change as well as gaps in service.
Financial Loss					x		Financial loss of stock can be mitigated by identifying underlying performance issues and addressing them.



F10: Revenue Generation							Priority Rating: 9
Specific Impact of Disruption	Impact over time : Tick where & when you consider serious impact will occur						Comments/justification (where an impact over time has been identified)
	1hr	3hrs	1 day	3 days	1week	1month	
Patient Care/Impact					x		Providing high quality, timeous and effective and efficient patient care will ensure SHPCA are considered for future tenders and contracts, this is central to our operations. Identifying and offering services which promote efficiency in the systems of member practices and external stakeholders adds
Reputation					x		Maintaining a high quality of care and identifying gaps in service provision internally and proactively before they become externally recognised will preserve reputation and level of service.
Workforce Impact					x		Constant evaluation of services, strong workforce pools, and intelligent leadership create a culture of high-quality service and allow the service to evolve and identify tangible improvement over time. Evolution and direction must be communicated effectively to the workforce so there is an understanding of the direction of change of the organisation.
Financial Loss					x		Financial loss of stock can be mitigated by identifying underlying performance issues and addressing them before reputational loss occurs

**Recovery Time Objectives and Recovery Point Objectives**

The 'Recovery Time Objectives' help determine the priorities for recovery as well as the order for recovery.

Function	Recovery Time Objective	Comments
F1: Patient Face-to-Face Consultations	1-3 hour	Patients may be enroute, and contact must be established immediately, patients diverted or rebooked
F2: Patient Remote Consultations	1-3 hour	Ensure clinicians have the correct hardware, IT access and logins
F3: Patient Emergency Triage	1 hour	Ensure clinicians have the correct hardware, IT access and logins
F4: Patient Monitoring and Early Diagnosis	3 hour	Ensure clinicians have the correct hardware, IT access and logins
F5: Patient Administration	3 hour	Ensure clinicians and administrators have the correct hardware, IT access and logins
F6: Infection Control	1 hour	Ensure cleaners are present, have the correct cleaning supplies and that there's an alternative clinical room available if required. Temporary shut-down of premises may require F1 actions and workforce self-isolations
F7: Stock Management	3 day	Ensure stock is distributed across all host sites according to need and availability of secure storage.

F8: Clinical Workforce Provision and Management	1 hour	Ensure rotas are filled and gaps are identified and filled quickly, taking action to divert and rebook patients where necessary.
F9: Measuring Performance and Auditing	1 day	This is a long-term tool and objective; it requires constant attention. As well as flagging performance changes it can be used as a tool to indicate where individual performance deviates from the overall organisational performance and although it will not be priority in a disruption, it should be reinstated as soon as possible in order to identify changes in level of service.
F10: Revenue Generation	1 week	Handling disruptions efficiently and quickly will reduce the impact on future revenue generation, transparency over disruptions and visible organisational learning will also serve to build confidence from external stakeholders.

The 'Recovery Point Objectives' describe the point in time to which data must be restored in order to be acceptable to the owner(s) of the processes supported by that data. This is often thought of as the time between the last available backup and the time a disruption could potentially occur. The RPO is established based on the agreed tolerance for loss of data or re-entering of data.

KEY	
B	Last back-up (generally the previous close of business)
R	Replication (intraday)
K	Last KeyStroke (real-time)
F	Functionality only (data backup not required)

Function	Recovery Point Objective				Comments
	B	R	K	F	
F1: Patient Face-to-Face Consultations			x		This data must be updated in real time when the systems are working, disruption will require paper note taking and later data entry.
F2: Patient Remote Consultations			x		This data must be updated in real time when the systems are working, disruption will require paper note taking and later data entry.

F3: Patient Emergency Triage			x		This data must be updated in real time when the systems are working, disruption will require paper note taking and later data entry.
F4: Patient Monitoring and Early Diagnosis			x		This data must be updated in real time when the systems are working, disruption will require paper note taking and later data entry.
F5: Patient Administration			x		This data must be updated in real time when the systems are working, disruption will require paper note taking and later data entry.
F6: Infection Control				x	This is an ongoing function, it must be carried out in real time, no data is used
F7: Stock Management	x			x	Stock ordering data is held by ONPOS and Hillcroft, on-site stock management is held on stock forms and spreadsheets
F8: Clinical Workforce Provision and Management			x		Clinical workforce data and scheduling is held on Sensei in real-time
F9: Measuring Performance and Auditing	x				Data is held for analysis within the IT systems and on SharePoint
F10: Revenue Generation				x	This is a business function; it is part of all other functions.

## Section 6: Single Points of Failure

Single points of failure have been limited to internal factors; this will allow SHPCA to concentrate on internal business continuity as priority.

Name of Function	Responsible Person	Resource e.g., especially trained staff, a supplier, a piece of equipment etc that the function could not operate without	Back up arrangements in place (state whether formal or informal)	Suggestions for improving resilience
IPCAS Service Staffing	Sophie Perrio	Specially trained staff, organisational knowledge, service overview	This role could be temporarily filled by Chris White, Service Mangers have been trained to ensure continuity of service in her absence	Add long term capacity to Service Managers, additional overview of clinical lead role by directors and documenting of tasks for rapid handover
IT Lead	Lisa Baker	Specially trained staff, IT systems level of knowledge	Parts of this role can be carried out temporarily by using service helpdesks, Healthcare computing and software provider contacts.	Add long term capacity to Service managers, for day-to-day tasks, appoint a staff member to be trained as a back-up on overview of systems and organisational IT requirements. Document tasks and decisions made, report to COO regularly to create a trail of actions, prepare training and

				guidance documents for the IT systems
CAS 111 Service Manager	Sophie Perrio	IT systems – Sesui and Sensei, data management	These systems are part of clinical service and have evolved with input from the users as stand-alone rather than through the SHPCA IT systems. There is some redundancy within the clinical services team	Brief and train the IT lead on Sesui and Sensei and their role in clinical services in order that they have the same level of knowledge as the Service Manager, avoid splitting IT systems across different services.

## Section 7: Summary and Conclusions

### *Priority for Re-instatement of functions*

The Business Impact Assessment evidences the priority for re-instatement of business functions as follows:

F3: Patient Emergency Triage	1 <sup>st</sup> Priority
F1: Patient Face-to-Face Consultations	2 <sup>nd</sup> Priority
F2: Patient Remote Consultations	2 <sup>nd</sup> Priority
F6: Infection Control	3 <sup>rd</sup> Priority
F4: Patient Monitoring and Early Diagnosis	4 <sup>th</sup> Priority
F8: Clinical Workforce Provision and Management	5 <sup>th</sup> Priority
F5: Patient Administration	6 <sup>th</sup> Priority
F7: Stock Management	7 <sup>th</sup> Priority
F9: Measuring Performance and Auditing	8 <sup>th</sup> Priority
F10: Revenue Generation	9 <sup>th</sup> Priority

### *Action Points from the BIA*

Several action points are evident on completion of the BIA, they can be prioritised as follows:

1. Remove single points of failure from the SHPCA system and review again on completion.
2. Ensure stock is being managed at each host site and that a buffer of 1 week for the existing service and 1 week for any service that may move to that premises is in place
3. Ensure IT equipment is not held in one location, assess the suitability of host locations to securely store IT equipment as well as the Pure office and redistribute accordingly
4. Ensure all staff are aware of actions to be followed should a location become unavailable or a team member not be available to work.

## Business Continuity Plans

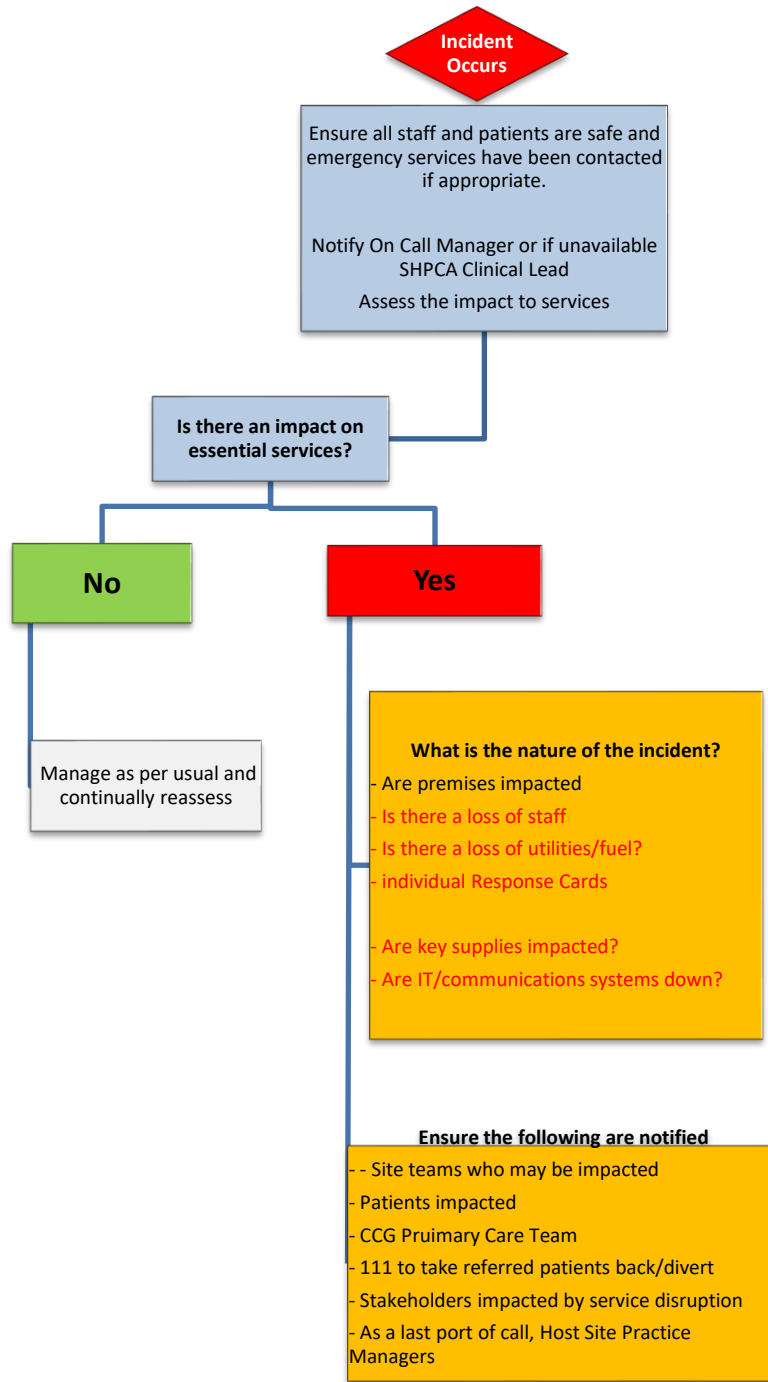
### **Initial Actions to take in the event of an incident**

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.

#### **Contact the on-call Manager in the first instance**



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



## 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.

### Service Requirements

1.	Minimum Premises Requirements
	<p>Key Utilities:</p> <p>For all of the host sites the regular utilities will all need to be up and running. Water, central heating, electricity and gas where applicable, will need to be functioning. If any of these are compromised, the On-Call Manager will need to be contacted and a decision made regarding whether or not it is appropriate to relocate clinical activities to another site.</p> <p>As per SOPs provided by each host site, the On-Call Manager will have access to site specific utility providers in order to ensure they can be contacted if any issues.</p> <p>Minimum Premises Requirements include:</p> <ul style="list-style-type: none"><li>- Access to consulting room/treatment room with PC for access to clinical system. (In the event of lack of access to clinical system paper notes and prescribing pad can be used for a maximum of two hours) On-Call Manager will make a decision about alternative premises and patients can be diverted to sister host sites based on decision by On Call Manager.</li><li>- Emergency kit and oxygen. If neither of these are available, On Call Manager should be alerted in order to facilitate more kit being procured from other host practice/pharmacy/local community hospital</li><li>- Telephone line. In the event of loss of central telephony staff to default to personal mobiles. Details of On Call Managers phone number can be found on the back of welcome notices in reception as well as staff portal accessible from mobile phones.</li><li>- Toilets and Handwashing. Without access to decent water/sanitation, risk of infection will increase. On Call Managers will plan with site specific utility provider to facilitate repair in the event these are compromised. In the event that these are unusable, a decision will be made by the On-Call Manager to divert patients.</li><li>- Security. In order to safeguard both patients and staff during the quieter hours, there is a need to ensure there is a good level of security. These have all been agreed at local level and outlined in SLAs. If any of the security measures such as locks on doors or broken glass due to vandalism, the On-Call Manager will need to make a decision about whether it is appropriate to relocate to another premise.</li><li>- Light/Power – In order to safely carry out both clinical and administrative duties, there is a need for sufficient light/power. See action cards for what to do in the event that power fails.</li></ul>

### Minimum Information Requirements

- Clinical System - In the event that access to EMIS is lost, clinicians will be expected to continue documentation on SHPCA note pad and store in designated lockable cupboard for collection by site manager within 24 hours.
- 111 OOH Booking System – In the event that there is an Aadastra outage, PHL need to be contacted on 0333 321 0942 and direction for management of 111 calls obtained via telephone with manual log being kept and entered onto staff portal.
- Protocols In the event that access to protocols are lost, these can be accessed through staff portal on SMART phones. Summary cards of laminates containing the bare essentials can be found in the designated GPEA box at each host site.

### 3. Minimum Technology Requirements

Each designated host site will be set up with the following number of PCs which is less than the number of clinicians working per site. Access to the Clinical System is of utmost importance and in the event that access is lost, the consequences and impact on confidentiality and quality of care need to be considered.

Host	Number of rooms	Number of rooms with two PCs
Forton	Corridor	3
Waterlooville HC	9	5
Remote Laptops	11	

In the event of an incident, every effort will be made to divert the service to a sister site in order to maintain a full service. This is a decision that will be made by the On-Call Manager in collaboration with either the Ops Manager or COO. Depending on time of day and ability to contact Healthcare Computing or Southern Health IT Team, the On-Call Manager will inform staff re next steps and whether divert appropriate or default to paper notes. Paper notes is not a sustainable option and should only be used if no other options possible for a maximum of 2 hours only. At the end of this period, paper notes should be stored in lockable, designated cupboard and collected by SHPCA staff within 24 hours. They will then need to be entered into EMIS retrospectively by the clinical session holder who has the legitimate relationship due to the consent agreement with patient.

4.	Minimum Clinical Equipment Requirements
<ul style="list-style-type: none"> <li>- Basic equipment as outlined in the SLA includes <ul style="list-style-type: none"> <li>▪ Otoscope</li> <li>▪ Braun Thermoscan</li> <li>▪ Braun Thermoscan Caps</li> <li>▪ Pulse Oximeter</li> <li>▪ Omron BP Machine - 1 Large Cuff and 1 Medium Cuff</li> <li>▪ Stethoscope</li> <li>▪ Peak Flow</li> <li>▪ Auroscope</li> <li>▪ Weighing scales</li> <li>▪ Height measurer</li> <li>▪ Sharps containers</li> <li>▪ Waste collection bins</li> </ul> </li> </ul> <p>Basic dressings/drug stock  Personal Protective Equipment such as gloves and aprons</p> <p>If supply chain is lost to these key items every effort will be made to procure from another site, local pharmacy, local GP practice/hospital. An up-to-date list of out of hours pharmacies can be found on SharePoint.</p>	
5.	Minimum Supplies required to maintain/restore the service
<ul style="list-style-type: none"> <li>• Stationary Supplies</li> <li>• FP10 prescription pad</li> <li>• Clinical Supplies as above</li> <li>• Spillage kits</li> <li>• Cleaning supplies</li> </ul> <p>It is hoped that there will always be access to appropriate stationery and prescription pads. In the event that there is a rupture with any of these items or if they have become damaged, the On-Call Manager should be contacted, and provision made to procure from another host practice.</p>	
6.	Stakeholders required to maintain/restore the service
<ul style="list-style-type: none"> <li>- Fareham and Gosport and South East Hants CCGs</li> <li>- Member Practices</li> <li>- Local GP Practices</li> <li>- Patients/Patient Groups</li> <li>- Clinicians</li> <li>- SHPCA</li> <li>- Members of Parliament</li> <li>- Local Council</li> <li>- PPGs</li> <li>- PHL</li> <li>- Community Providers</li> </ul> <p>If an incident takes place that affects any of the above groups, or equally the above groups are unable to access the clinical services, efforts will be made to re-establish the service.</p>	

7.	Staff required to maintain/restore service
<p>These can be found in the 'Service Location and Hours' section of the document.</p> <p>In the event of staff absence irrespective of cause, the On-Call Manager will be the first point of call to ensure rearrangements can be made. As a first port of call, the On-Call Manager will default to the list of staff for short notice shifts. If unable to fill shifts, patients will be contacted and diverted to another site if willing to travel or offered a later appointment as original site if possible. As a lot of responsibility sits with the On-Call Manager, it is accepted that Operations Manager and/or COO should be contacted in the event that support is required for further decision-making capacity.</p>	
8.	Seasonal variation in priority activates
<ul style="list-style-type: none"> <li>- Winter Pressures</li> <li>- Public Holidays</li> <li>- Summer Holidays</li> <li>- Sporting/well populated events</li> <li>- Covid surge</li> </ul>	

**Key Premises Details: Waterloo Health Centre**

Type of information	Location of items within building	Brief details or comments of initial procedures or contingencies:
Key holder details	Mitie 03332 076606	Quote Postcode of Building PO7 6AL Code 6375
Gas shut off	Green box of a rear of building marked 'Gas'	Key Cabinet in Post room
Water stop cock	Boiler House	
Fuse box	Outside cupboard	Key for cupboard kept in main WHC key
Alarm panel	In corridor inside staff entrance door	Code 6375
Asbestos register	Yes attached	

Medical gas storage and shut off	n/a	
Fire-fighting equipment	Plan with GPEA information showing fire extinguisher	

**Loss of Utilities/Fuel: Waterloo Health Centre**

Water Supply - Key actions and contacts
<ul style="list-style-type: none"> <li>• Water supplier for this practice is: Contact Facilities Management 0203 6882244</li> <li>• For internal plumbing emergencies contact Facilities Management 0203 6882244</li> <li>• In the event that water supply fails, assess the impact on the practice. Consider:</li> <li>• Toilets: Portaloos to be hired from Contact Facilities Management 0203 6882244</li> <li>• Hand Hygiene: Anti-bacterial handwash/disposable gloves are located in the cleaning cupboard key code number C1340X</li> <li>• Drinking Water: The practice has a store of bottled drinking water located The Practice does not stock bottled water however there is a coop within 3 mins walk in the event of a water supply failure.</li> </ul>
Power Loss - Key actions and contacts
<ul style="list-style-type: none"> <li>• Electricity supplier Contact Facilities Management 0203 6882244</li> <li>• The emergency torches if required are stored in the tea/staff room.</li> <li>• In the event of a power failure: <ul style="list-style-type: none"> <li>○ first check the safety switch in the fuse box</li> <li>○ 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.</li> </ul> </li> <li>• 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.</li> </ul>

#### Loss of Landline Telephones - Key actions and contacts

- Telephone system provider is Surgery Connect : **0333 111 0000**

#### Loss of Surgery Connect Communications System – Key Actions and Contacts

- Communications system provider is Surgery Connect **0333 111 0000** for customer support
- If the system fails, workforce will be required to use their own mobiles temporarily, particularly if working remotely where landline access is limited. All workforce should ensure they have enabled caller ID blocking.

#### Loss of Gas supply

- For loss of gas supply:
- In the event of a gas leak:
  - Shut off the valve located in the green box at the rear of the building
  - Contact Facilities Management **0203 6882 244**
  - Contact British Gas for emergency assistance
- If there is a failure of gas fired heating:
  - Contact Facilities Management **0203 6882 244**
  - 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.

### Key Contact Details: Waterloo Health Centre

Organisation	In Hours Contact	Out of Hours Contact if applicable
Practice contact numbers		
Reception Bypass Number	02393 870567	
Practice Manager	Elaine Korab 07968 195360	
Site Manager	Gill Thomas 07305 889182	
Fax Line	02392 257 228 WHC	
Secretaries	n/a	
Practice Mobile/out of hours contact	Elaine Korab 07968 195360 Gill Thomas 07305 889182	
Key Stakeholders		
NHS England Area Team	Southern	
Secondary Premises contact	n/a	
Local Pharmacies	Rowlands Pharmacy Cowplain Boots Waterloo	
Utilities		
Gas	020 30688 2244	0800 111999 in case of gas leak
Water	020 30688 2244	
Electricity	020 30688 2244	0845 770 8098 Electricity Cut off
Telecoms	8x8 Solutions 0207 096 6060	No out of hours support available
Insurance		
Towergate Insurance	01438 739731	Claims Team Policy No FORE07XS02
Other useful numbers		
Cleaners	020 30688 2244	020 30688 2244
Electrician	020 30688 2244	020 30688 2244
Boiler repair	020 30688 2244	020 30688 2244
Computers	Health Care Computing EMIS (until 5pm Saturdays)	01425 470 888 0330 094 7700 opt 2 (quote 30249)
Security Alarm	020 30688 2244	020 30688 2244
Agency staff contact details	n/a	



## Moving to Alternative Premises

Alternative premises arrangements	
<p>Within SHPCA Services there are currently 4 host sites. It is the intention that in the event of an incident, rendering a site unfit for purpose, activities will be diverted to another site. This will be a decision for the On-Call Manager in collaboration with other SHPCA members where and when to divert to another premises.</p>	
<p>Contact details: On Call Manager: via rota</p>	
Actions required to move services to new location	Complete?
- Staffing levels appropriate at nominated location?	
- Rooms available at nominated location?	
- Minimum essential equipment/resources in place at nominated location?	

## 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 the 'Service Location and Hours' section 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.
- In the event of an incident affecting workforce, On Call Managers will default to list of registered pool staff. If unable to use existing registered SHPCA pool staff already registered through the Sensei platform, help will be sought from Alliance General Practices.
  - 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.
  - Reception and Administrative staff: knowledge of relevant systems.
- As a last resort, NHS England will be approached for assistance with short-term staffing if required.

All branding is being replaced with Alliance as per permissions, crediting NHSE and Redmoor.

1. Short Notice Staff - In terms of urgent/'on the day' issues we have a listing of short notice staff when thinking in terms of adverse weather et. We are maintaining and up to date database of staff and will draw on this to maximise chances of maintaining adequate staffing levels across our service locations.

## Training and Learning

Training and learning should be integrated into workplace practice. Learning opportunities can be identified during the six monthly or post-incident review process, these can then be turned into training activities for tram members.

## Exercises and Scenarios

Scenarios represent a defined situation to which we may be exposed, and which is addressed by the business continuity plan, these should be re-evaluated every six months. Scenarios should not be too specific but should represent the outcome of multiple events, ie inability to access locations could be cause by a weather event, burst water main, terrorist attack. Current scenarios for consideration and testing the plan are:

- Inability for staff/patients to access single locations due to a local event
- Inability for staff/patients to access multiple locations due to a regional event
- Inability of staff/patients to leave the building
- Surge in demand due to a local event affecting one service
- Surge in demand due to a regional event affecting all services
- Surge in demand due to global pandemic affecting the national system
- IT failure affecting internal services
- IT failure affecting external services
- Total IT system breakdown – cyberattack
- Loss of key supplies/supplier
- Leak of information

Scenarios and carrying out workshops and table-top exercises around these scenarios enable SHPCA to describe the strategy that will be used in the scenario rather than rely on 'real time' action-based business continuity.

Exercises themselves will present additional scenarios and different avenues of response within that scenario. They provide an opportunity to define the steps taken in order to address the given situations.

## External Suppliers and Contractors

**NHS Supply Chain** – ONPOS items are delivered through this system, they have their own BCP which also allows for contingencies around major incidents, global pandemic and Brexit.

<https://www.supplychain.nhs.uk/ordering/business-continuity-plan-bcp/>

**Hillcroft Surgery Supplies** – They supply medical and non-medical items to the Waterloo site for distribution to the green and red hub sites. They have initiated measures to protect customer supply during the pandemic.

**Surgery Connect** – They provide communication services to SHPCA in the hub sites and remotely for all clinical services. They have been reviewed as part of the internal Digital Pathway process and have updated their business continuity plan to include a pandemic plan which has been invoked to assure continuity of service.

## Audit and Governance

### Governance

Director level and senior management support is critical to the success and implementation of the BCP. This ensures that top level management continuously drive service implementation and monitor and validate the implementation, effectiveness and progression of the BCP.

### Audit

Internal audit of the BCP needs to focus on whether the plans really work and are fit for purpose rather than whether they are in place and meet the specification. Firstly, the Directors, COO and Senior Management need to be involved in crisis exercising as part of their definition of effective risk management and resilience, their quality of decision making, and communication is, in particular, under review. Secondly, a focus on capability, the ability to respond, rather than on threats allows SHPCA to plan how they would cope in the given situation and allows auditors to challenge the plan.

Successful auditing requires the following:

- Make sure plans are based on a sound understanding of both what matters to the business and what the business depends on. Making sure that the most important things you have and do are resilient is the best way to protect SHPCA and our patients against a wide range of risks, regardless of how predictable they are.
- Focus on 'Does it work' rather than 'Have we got...'. The latter is a tick-box approach to auditing BCM - looking to see if plans exist or tests have taken place doesn't tell you whether the plans will work – worse than that it provides false assurance. You need to drill down into how the plans were put together and whether they have been properly exercised.
- Make sure that senior management have set the parameters of resilience, preferably in the form of Risk Appetite, and that they understand and have endorsed the ongoing development and maintenance of your capability to respond.



## Communication

### Key Contact Details SHPCA

Organisation	In Hours Contact	Out of Hours Contact if applicable
Practice contact numbers		
Reception Bypass Numbers: FCH: 01489 587433 Forton: 02382 311042 Portchester: 02394 005444 Swan: 0300 0337682 Waterlooville: 02392 467532	During clinical service hours	
On Call Manager 02394 004679	During clinical service hours	
IPCAS Clinical Lead Lee Busher: 07765 447 442	In case of emergency	
IPCAS Clinical Lead Dean Hatfull: 07411 607395	In case of emergency	
Key Stakeholders		

CCG – On Call Primary Care Manager	07017 046014	07017 046014
PHL – Main switchboard	0333 3210942	0333 3210942
CQC	0300 068 3000	
LMC	02380 253874	
Member Practices		
Gosport Medical Centre	023 9258 3302	
Bridgemary Medical Centre	01329 232 446	
Rowner Health Centre	023 9251 3143	
Lee on the Solent Medical Practice	023 9255 3161	
Manorway Surgery	023 9255 3161	
Waterside Medical Centre	023 8231 1034	
Forton Medical Centre	023 8231 1034	
Brune Medical Centre	023 8231 1034	
Stoke Road Medical Centre	023 8231 1034	
Portchester Health Centre	023 92 176101	
Whiteley Surgery	01489 881982	
Centre Practice	01329 823456	
Gudgeheath Lane Surgery	01329 280887	

Jubilee Surgery	01329 844220	
Stubbington Medical Practice	01329 664231	
Highlands Practice	01329 84577	
Westlands Medical Practice	023 9237 7514	
Brook Lane Surgery	01489 575191	
Lockwood Surgery	01489 576708	
Rowlands Castle Surgery	023 92412846	
Emsworth Surgery	01243 378812	
Bosmere Medical Practice	023 9247 6941	
Staunton Surgery	023 9247 4351	
Denmead Practice	023 9223 9630	
Vine Medical Group	023 9226 3089	
Clanfield Practice	023 9259 3285	
Oaks Healthcare	023 9226 3138	
Homewell Curlew Practice	023 9248 2124	
Horndean Surgery	023 9259 2138	
Park Lane Surgery	023 9247 4777	
Liphook Village Surgery	01428 728270	
Badgerswood Surgery	01428 713511	
Swan Surgery	01730 264011	
Liphook and Liss Surgery	01730892262	
Pinehill Surgery		



Grange Surgery	01420 477968	
Riverside Partnership Surgery	01730 267722	
	01730894212	

## Staff Contact Details

Can be found on SHPCA Sensei Staff portal, login is required with administrative overview, this has been granted to select staff members.

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

## Mobiles

Kerry Cooper	Chief Operating Officer (COO) / Accountable Emergency Officer / CQC	07879 432691
Lee Busher	Head of Clinical Services, Named Nurse Safeguarding	07765 447442
Chris White	Head of Operations	07990 499898
Jo Grufferty	Finance Officer	02392 414020
Dawn Delahoy	Resource Manager	07917 198633
Sue Williams	Executive Assistant to Chief Operating Officer and SHPCA Directors	07741 657156
Sophie Perrio	IPCAS Service Manager	07384 782562
Dr Kathryn Bannell	Director & Nominated Individual Finance, Structure, Safeguarding,	07702 150638
Dr Janet Naylor	Director HR, IG, SIRO, DOLS, Freedom to Speak Up Guardian, MCA	07879 711154
Dr Dean Hatfull	Director Clinical Governance	07411 607395
Keira Clayton	Clinical Services and Quality Improvement Manager	07384 847836

## Review of Business Continuity Plan

### Planned review and audit

The plan and procedures will be reviewed and tested on a six-monthly basis as a minimum against the NHS England BCP Audit Tool, and as warranted by changes in business or technology. This plan will also be reviewed after each exercise or actual incident.

The most recent version of the BCP was reviewed and approved at the SHPCA Board meeting in December 2020. It has been revisited as per the review dates in the table below. When agreed, the plan will be posted on the intranet/saved as below.

Author:	Mairi Macleod and Aisa Fraser in consultation with Alliance Directors, Mobilisation Manager and Operations Manager
Review date:	April 2024 Next Review Date: April 2025
Consultation Process	This plan has been produced by the service Leads and a draft version was circulated to the COO and GP Directors.
Approved by:	Kerry Cooper
Date approved:	28 <sup>th</sup> April 2023
Server Location	<a href="http://www.shpca.net">www.shpca.net</a>
Risk Register Server Location	Teams

### Comments and Suggestions

Comments and suggestions regarding the Plan should be addressed to the Chief Operating Officer Kerry Cooper [kerry.cooper3@nhs.net](mailto:kerry.cooper3@nhs.net) . She will ensure that the Head of Governance and GP Directors are responsible for updating the plan and for its distribution.