

# Business Continuity Plan

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# 1 Introduction

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## 1.1 Aim of the Plan

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

The Plan includes Thanet Health CIC escalation procedures (Appendix C).

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

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

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

## 1.2 Objectives and scope of the plan

### Objectives of the plan:

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

### Scope:

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

Thanet Health CIC hold a number of Contracts as follows:

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<sup>1</sup> NHS Commissioning Board Business Continuity Management Framework (service resilience) 7.1.2013

### **Complex ART**

Complex ART GP provision. We work in partnership with KCHFT, All Seasons and AGE UK to provide complex care packages in the community for patients who are at risk of being admitted to hospital. The service is also able to take referrals from QEQM, SECAMB and others to support early discharge. The GP and ACP provision provides support for the wider team and for patients.

### **Urgent Treatment Centre.**

Since 2017 the TH CIC has also been responsible for delivering a Primary Care Service within the local Secondary Care Hospital (QEQM). This service was called the Enhanced Acute Response Team (E-ART). This was initially a pilot project and has now become the Urgent Treatment Centre for Thanet. This is provided by Thanet Health CIC as a member of the East Kent Alliance. The main contract for the service is held by EKHUFT.

### **Extended Access.**

Thanet Health CIC has been commissioned by local PCNs to provide additional GMS appointments, primarily at the weekend.

### **Home Visiting Service.**

Thanet Health CIC provides a Home Visiting Service. Referrals are taken from local GP practices for patients who are unable to attend the GP surgery. The service is provided by GPs and ACPs. The service is based in THCIC Headquarters, visits take place in the patient's place of residence. The service operates Monday-Friday.

## **1.3 Legal and regulatory requirements and associated guidance**

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

- HM Government – The Civil Contingencies Act 2004 (Associated Regulation and Guidance)
- The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) Framework
- NHS England – Emergency Preparedness, Resilience and Response (EPRR) Guidance and Framework

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

## **1.4 Key plans linked to the business continuity plan**

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

## **1.5 Status of the Plan**

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

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

## 2 Overview of the Plan

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### 2.1 Roles and Responsibilities within the Plan

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

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

The CEO has ultimate responsibility for the response to the incident.

The COO and CEO hold contact details of key people they may need to work with in an emergency situation, for example named contact/contact number for each Practice, EKHUFT, KCHFT, Kent and Medway ICB, estates, IT, Out of Hours services.

Name	Role	Contact Number (s)	Informing	Back Up
Sandra Muirhead	COO	Mobile: 07762 827777	Clinical Director Assistant Operational Manager	Assistant Operational Manager
Dr Markus Maiden-Tilsen	CEO	Mobile: 07811 365640	K&M ICB/EKHUFT	COO

### 2.2 Risk Assessment and Business Impact Analysis

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

Examples of circumstances triggering activation of this Plan include

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

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

Risks identified through the assessment have been prioritised against the Business Impact Template below<sup>2</sup>:

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

These risks have been categorised and prioritised in the table below.

Category	Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
1. Personnel	Loss of GP	<ul style="list-style-type: none"> <li>• Accident</li> <li>• Illness</li> <li>• Death</li> <li>• Resignation</li> <li>• Disappearance</li> <li>• Jury service long term</li> </ul>	<ul style="list-style-type: none"> <li>• reduction in patient care</li> <li>• additional workload for remaining clinicians</li> </ul>	M	M	M	Included within Section 2.3 Sub Section 1.1.1 of plan
	Loss of key staff	<ul style="list-style-type: none"> <li>• Accident</li> <li>• Illness</li> <li>• Death</li> <li>• Resignation</li> <li>• Disappearance</li> <li>• Jury service long term</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of continuity or essential functions / data / expertise</li> </ul>	M	M	M	Included within Section 2.3 Sub Section 1.1.2 of plan
	Industrial action	<ul style="list-style-type: none"> <li>• Dispute</li> </ul>	<ul style="list-style-type: none"> <li>• Closure of premises</li> </ul>	L	M	L	Not planned in view of low likelihood
2. Premises	Total long term loss of telephone system	<ul style="list-style-type: none"> <li>• Long term failure due to macro premises events</li> <li>• Long term failure due to software faults / virus</li> <li>• Long term loss due to BT / supplier system faults</li> </ul>	<ul style="list-style-type: none"> <li>• Urgent need to redirect calls</li> <li>• Patients unable to contact surgery</li> </ul>	L	H	M	Included within Section 2.3 Sub Section 2.2.1

<sup>2</sup> NHS England Business Continuity Management Framework: Resource B; Part 1 – Plan Business Impact Analysis Template

			<ul style="list-style-type: none"> <li>Need to communicate failure to patients</li> </ul> <p>Alternative arrangements required within hours</p>				
	Short term loss of telephone system	<ul style="list-style-type: none"> <li>Short term crashes to system</li> <li>Power fluctuation</li> <li>BT / supplier system faults</li> </ul>	<ul style="list-style-type: none"> <li>Patients unable to contact surgery</li> </ul>	M	L	L	Included within Section 2.3 Sub Section 2.2.1
	Total long term loss of access to building	<ul style="list-style-type: none"> <li>Fire, flood, terrorism, arson</li> <li>Action taken by statutory authorities</li> </ul>	<ul style="list-style-type: none"> <li>Major problem for practice continuance</li> <li>Termination of patient care</li> </ul>	L	H	M	Included within Section 2.3 Sub Section 2.2.2, 2.2.5
	Total short term loss of access to building	<ul style="list-style-type: none"> <li>Fire, flood, fire alert</li> </ul>	<ul style="list-style-type: none"> <li>Short term evacuation procedures</li> </ul>	M	L	L	Included within Section 2.3 Sub Section 2.2.2, 2.2.5
	Damage to Building Roofing Glass Brickwork Fencing Paving / Roadways	<ul style="list-style-type: none"> <li>Vandalism</li> <li>Burglary</li> <li>Weather</li> <li>Terrorism</li> <li>Accident</li> <li>Vehicle impact</li> </ul>	<ul style="list-style-type: none"> <li>Unsafe for patients and staff</li> <li>Need to close</li> </ul>	M	L	L	Included with Section 2.3 Sub Section 2.2.2
	Loss of electricity	<ul style="list-style-type: none"> <li>Fault within building</li> <li>Fault outside building</li> <li>Wider / regional disruption to supply</li> </ul>	<ul style="list-style-type: none"> <li>Loss of computer systems</li> <li>Loss of lighting</li> <li>Loss of fire alarm</li> <li>Darkness</li> </ul>	M	L	L	Included within Section 2.3 Sub Section 2.2.4
	Flood or loss of water supply	<ul style="list-style-type: none"> <li>Internal leakage</li> <li>External pipe/ sewerage works</li> <li>River</li> <li>Underground damage</li> </ul>	<ul style="list-style-type: none"> <li>Minor repair works may cause minor disruption</li> <li>Total loss of water supply</li> <li>Total loss of toilet facilities</li> <li>Loss of hand-washing facilities</li> </ul>	M	H	H	Priority risk included in Section 2.3 Sub Section 2.2.5
3. Technology	Full loss of computer system – short term (hours)	<ul style="list-style-type: none"> <li>Major theft (hardware)</li> <li>Virus (software)</li> <li>Fatal error in server (hardware / software corruption)</li> </ul> <p>Failure of clinical software</p>	<ul style="list-style-type: none"> <li>Recent clinical electronic records lost</li> <li>Patient care at risk</li> <li>Unable to service patient requests / appointments</li> <li>Patient dissatisfaction and complaints</li> </ul>	M	L	L	Included within section 2.3 Sub section 3.3.1
	Full loss of computer system – long term (days / prolonged period)	<ul style="list-style-type: none"> <li>Fire</li> <li>Virus (software)</li> <li>Fatal error in server (hardware / software corruption)</li> <li>Failure of clinical software</li> <li>Natural occurrences – see premises sections</li> </ul>	<ul style="list-style-type: none"> <li>Recent clinical electronic records lost</li> <li>Patient care at risk</li> <li>Unable to service patient requests / appointments</li> <li>Patient dissatisfaction and complaints</li> <li>Staff well-being</li> </ul>	L	H	M	Included within section 2.3 Sub Section 3.3.2
4. Clinical	Infection	<ul style="list-style-type: none"> <li>Failure to follow sterilisation procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Infection of staff and patients.</li> <li>Death</li> </ul>	L	M	L	Following a discussion with the Directors of

		<ul style="list-style-type: none"> <li>• Unsafe working and cleaning practices.</li> <li>• Inadequate laundry procedures.</li> <li>• Failure to isolate infectious patients adequately.</li> <li>• Inadequate procedures for the control of waste.</li> <li>• Lack of adequate training for staff on handling of samples.</li> <li>• Use of non-disposable towels and gloves</li> <li>• Inappropriate waste into ordinary bins</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation or complaints</li> <li>• Failure to satisfy the requirements of the H&amp;S Executive</li> <li>• Prosecution by H&amp;S Executive</li> <li>• Publicity</li> </ul>				te company it was decided that we would not plan for this eventuality given the procedures in place and the Low overall rating
	Epidemic / Pandemic	<ul style="list-style-type: none"> <li>• National Alerts</li> <li>• PCO initiated responses</li> <li>• Public health incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Priority call on clinical staff to the exclusion of routine patients</li> <li>• Disruption in day to day activity</li> <li>• Potential for cross-infection within the premises</li> </ul>	L	H	M	Included within Section 2.3 Sub Section 4.4.1
	Failure of a major or sole supplier to deliver essential clinical supplies e.g. Flu vaccines, yellow fever vaccines etc	<ul style="list-style-type: none"> <li>• National shortages</li> <li>• Enforced cessation of manufacture</li> <li>• Unexpected increase in demand exceeds supply</li> </ul>	<ul style="list-style-type: none"> <li>• Patients unprotected</li> <li>• Reduced income</li> <li>• Staff time in resourcing</li> </ul>	M	M	M	Included within Section 2.3 Sub Section 4.4.2

## 2.3 Business Continuity Plan

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

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

Category	Risk	Plan
1. Personnel	1.1 Loss of GP	<p>If for any reason the GP(s) is unable to provide medical services due to incapacity or death, the COO should be informed as soon as possible.</p> <p>If a GP is incapacitated through ill health from providing medical services to the patients, the remaining GPs will cover for a period of time to be agreed, after which a decision will be made whether to employ a substitute.</p> <p>In the event of the death of one of the GPs, the COO should be informed as a matter of urgency.</p>



		<p>No prescriptions should be printed or written on prescription pads / computer code for that GP. Any prescription pads, Med3s etc in that GPs name should be kept in a secure place until arrangements can be made to destroy them.</p> <p>Arrangements must also be made to suspend the prescribing details of that GP on the computer and then they should be deleted.</p>
	1.2 Loss of Staff	<p>In the event of a member of staff being incapacitated through ill health, no formal arrangements exist, except that other members of staff cover for the absent staff member.</p> <p>All clerical and management routine procedures are fully documented and can be found on the Protocol Folder.</p>
2. Premises	2.1 Telephone System	<p><b>Loss of telephony at THCIC HQ</b></p> <p>Report to Landlord (Thanet Borough Council) via Building Manager in main office on ground floor.</p> <p>Request an assessment in terms of timescale for disruption and resolution of issue.</p> <p>Utilise mobile network during period of disruption.</p>
	2.2 Accessing the building	<p>If for whatever reason a building becomes unavailable for use, suitable alternative accommodation must be identified. The TH CIC will work with local surgeries to identify and assist in the creation of temporary accommodation.</p> <p>Immediate Action to be taken or considered:</p> <ul style="list-style-type: none"> <li>• Evacuation of building if in working hours – staff to take personal belongings, essential records and contact information, if safe to do so.</li> <li>• Staff to remove their cars from the car park, if safe to do so.</li> <li>• Staff to be instructed to access THCIC website on a regular basis for up to date information if sent home. Advise staff that the Cascade communication system may be initiated.</li> <li>• Report any issues to the HQ buildings manager to ensure Police and/or fire service are contacted if appropriate (see contact list).</li> <li>• Ring the K&amp;M ICB and speak to a senior staff member (see contact list).</li> <li>• Ring telephone service provider (See contact list). Ensure main office number is still available with the suitably recorded message. Re-record special message if appropriate and or divert calls to COO mobile telephone</li> <li>• Lock rooms and remove keys from site</li> <li>• Allocate a senior staff member to remain close to the site if appropriate.</li> </ul>

- Re-convene at remote “Emergency Control Centre” location (see below)
- Instruct the Royal Mail to hold all mail at the sorting office until this can be collected by a staff member.

### **Evacuation of Building and the Emergency Services**

A senior member of staff will direct operations and the removal of equipment or records depending on the nature of the emergency. Staff will normally be instructed to return home and await further information. In the event of a bomb alert the fire bell will not be sounded and evacuation will be by word of mouth. Staff/patients are NOT to use mobile phones on the premises during this time as they are not intrinsically safe (ie, they could activate a bomb mechanism).

### **Establishing an Emergency Control Centre**

For purposes of an emergency meeting and planning the COO will work with the affected service and convene a meeting as soon as possible following the event. This will be the command centre until suitable alternative accommodation has been arranged. A laptop or other suitable computer, printer and a telephone will be available at that location. Any outstanding action from the evacuation points above may be taken at this time.

Onsite back up of the S drive is undertaken at 3am every day. This back up is kept onsite at HQ. An additional weekly backup of the S drive is undertaken. This backup is kept securely off site. If necessary the weekly back up will be utilised to restore files off site if it is not possible to access the daily back up at HQ.

### **Immediate Communication Issues**

Staff should not make comments to the media and all enquiries should be referred to the nominated COO in the first instance, who may decide to issue a basic and standard statement to prevent misrepresentation of facts.

Once the Control Centre has been established the following should be advised of the emergency, if not previously informed:

- The emergency services
- The Out of Hours service
- The K&M ICB emergency planning officer
- Staff not involved in the initial incident
- All local surgeries

		<ul style="list-style-type: none"> <li>• All local hospitals</li> <li>• All local pharmacies</li> <li>• Our insurers</li> </ul> <p>The phone number of the Control Centre should be given out to each.</p> <p><b>Damage Assessment</b></p> <p>The COO will liaise with the emergency services to conduct an immediate assessment of the situation and determine the extent and likely duration of the emergency. A decision will then be taken as to the duration of the event and the emergency steps to be taken. Staff will then be advised using the cascade system (see below).</p> <p><b>Communication with Patients</b></p> <p>In the event of a major communication need, liaise with the K&amp;M ICB and ask them to request the PCSE to write to all patients on the list, advising them of the nature of the incident and to watch the website, listen to the local radio and read local press for up to date information.</p> <p><b>Major Incident or Terrorism</b></p> <p>In the event of a major incident the COO will liaise with the Emergency Planning Officer at the K&amp;M ICB to ensure that the THCIC conforms and co-operates with the joint efforts being made across the region to respond to the emergency. The COO or a nominated person will secure immediate delivery of extra clinical supplies to include masks, gloves, gowns, vaccines as appropriate.</p> <p>The COO will arrange for the cancellation of all routine appointments and clinics if necessary to do so.</p>
	2.3 Damage to Building	As 2.2 Above
	2.4 Electricity	<p>In the event of a power failure within the building contact the on site building manager.</p> <p>The service is reliant on electricity to power the building. In the event of a power failure, the following systems will not work:</p> <ul style="list-style-type: none"> <li>• Computer (the UPS system will supply very short-term power)</li> <li>• Telephone</li> <li>• Heating</li> </ul>

		<ul style="list-style-type: none"> <li>• Clinical Refrigerators (these should remain closed to retain the cold status)</li> <li>• Lighting (except emergency lights)</li> </ul> <p>If the power does fail an assessment of the impact on clinical services should be conducted immediately it may be necessary to cancel patient appointments until an alternative venue can be established . Building should be secured and deal with resultant issues as under Section 2.2 above.</p> <p>If the power is not going to be restored for some period of time, arrange for remote working from another building (practice surgery to contact the Grange or Minster in the first instance) and to local surgeries for any storage requirements.</p> <p>The computers in the offices, the HVS room and the PCN room and other parts of the building should be switched off at the sockets, to prevent damage when the power is restored. The server has a UPS attached and should not need to be switched off (the UPS will automatically power down the server if the UPS's power reserve is close to exhaustion).</p>
	2.5 Flood or Loss of Water	<p>Depending on the extent of the flood it may be necessary to implement the arrangements detailed under Section 2.2 above.</p> <p><i>Internal Flood</i> In the event of an internal flood (burst pipe) contact the on site building manager immediately.</p> <p>The affected section of the building may need to be closed and essential patient appointments will be held in the available rooms.</p> <p>While the water supply is off, water should be conserved. Toilet flushing should be reduced (disinfectant used rather than flushed where possible). Alcohol gel (which cleans hands without the need for water) should be placed beside all washbasins. Bottled water should be available for drinking.</p> <p><i>External Flood</i> In the event of an external flood the building will normally be part of a wider externally flooded area and will be closed. The procedures above relating to Loss of Building should be followed (Section 2.2 above).</p>
3. Technology	3.1 Short Term Loss	<p><i>Short Term Loss</i> For short-term loss of all IT systems, we will revert to a paper-based system and a paper record of appointments will be maintained. Clinicians will revert to paper records if available and will implement paper notes recording individual consultations if not.</p>

	3.2 Long Term Loss	<p>Loss of hardware is covered by the insurance policy. The company will need to contact our current local IT support service provider to arrange replacements (see contact List).</p> <p><i>Long Term Loss</i></p> <p>The company now has a hosted IT clinical system which would allow a full and complete back up to be installed at another site.</p> <p>Hand-write prescriptions as pads are available.</p>
4. Clinical	4.1 Epidemic/Pandemic	NHSE/PHE will provide the appropriate action plan which must be followed by all parties. This should be carried out in conjunction with the K&M ICB.
	4.2 Failure of Supplier	Alternative suppliers must be contacted. Where a single supplier exists and the supplier is unable to deliver required supplies as expected then patients may be directed to other stockholders in the area. The K&M ICB Medicines Management Team must be notified as soon as possible.

## 2.4 Escalation Plan

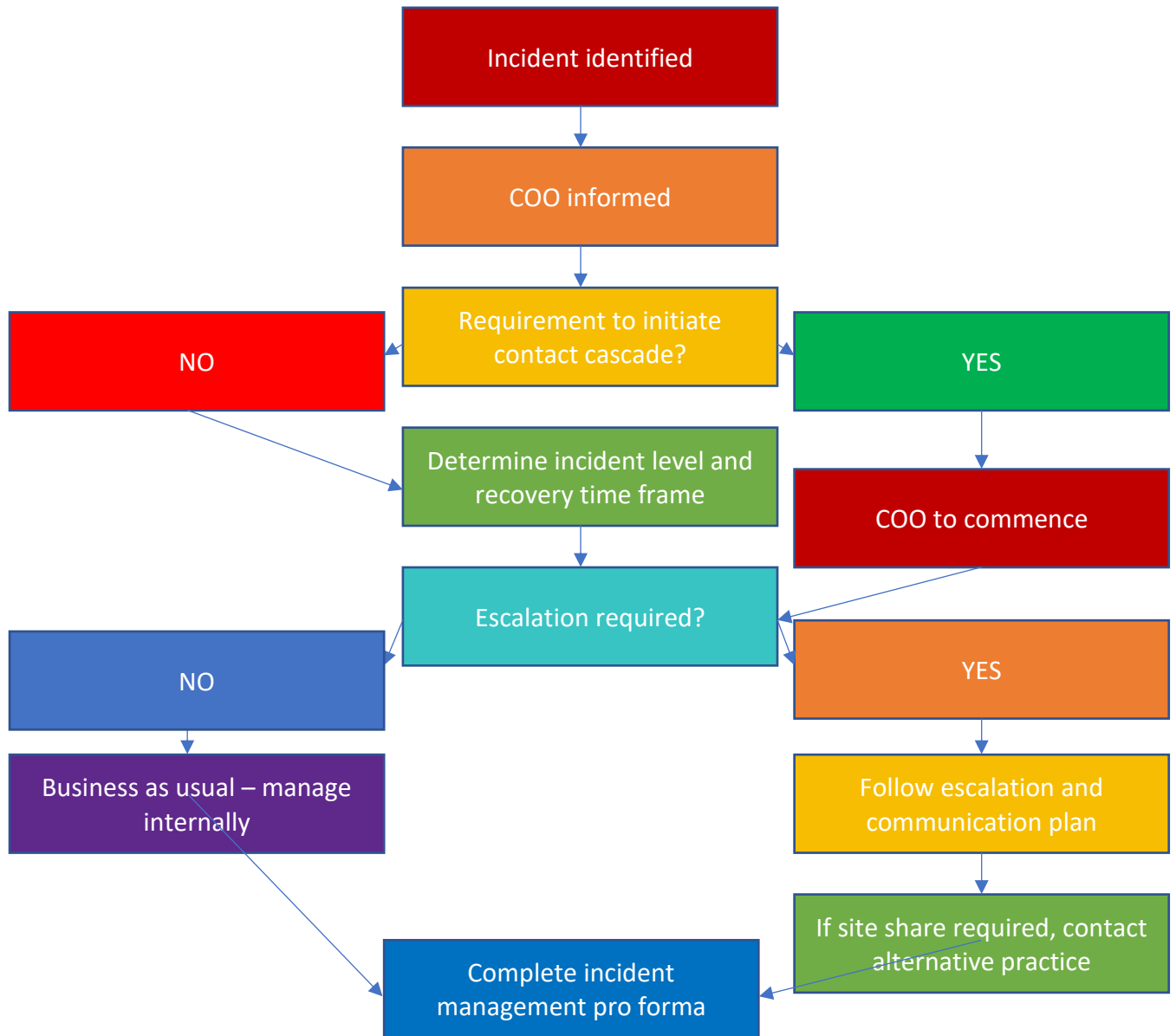
When assessing the impact of the incident and when and how to escalate, the following levels were applied:

Level	Descriptor & examples	Escalation required	Communication plan
1	<b>Critical:</b> Force majeure, fire, flood, building damage, prolonged IT outage	YES. Inform THCIC staff, local practices, K&M ICB, EKHUFT, KCHFT	COO to contact: CEO K&M ICB Contract Manager General Manager – Emergency Care – EKHUFT KCHFT By Telephone in the first instance
2	<b>High priority:</b> Damage to site or reduced service due to loss of utilities	YES. Inform THCIC staff, K&M ICB and or EKHUFT and KCHFT to be advised	COO to contact: CEO K&M ICB Contract Manager General Manager – Emergency Care – EKHUFT KCHFT

			By Telephone in the first person
3	<b>Medium priority:</b> Adverse weather, local disease outbreak, IT / telecom issues (minor)	YES. THCIC staff involved, K&M ICB and or EKHUFT and KCHFT to be advised if additional support is required NO. Managed internally	COO to contact: CEO K&M ICB Contract Manager General Manager – Emergency Care – EKHUFT KCHFT By Telephone in the first instance
4	Low priority: Minor issues with minimal or no impact to service delivery, e.g. broken window, leaking pipe, etc.	NO. Managed internally.	COO to contact: Local contractors

## 2.5. Incident Response

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



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

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

If a critical incident occurs, the leads will call an emergency meeting, to agree and instigate actions specific to the incident, as outlined in the plan. This may be held on site at THCIC HQ, or at QEQM if the incident is related to activity there. The CEO home will be the contact centre if the incident is managed remotely.

The TH CIC is operating a partnership with EKHUFT to deliver an Urgent Treatment Centre. A laptop, printer and telephone is available at every location where the service is delivered from. Similarly the CART service and Extended Access have lap tops with VPNs and emergency phones should they be required.

This meeting will be used to:

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

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

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

## 2.6. Communication

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

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

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

### Internal communication

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



## External Communication

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

The TH CIC will be guided by the K&M ICB in incidents deemed to be severe and of high impact.

Messages will be communicated externally through:

- Press contacts, as appropriate, guided by the K&M ICB
- Social media – GP Practice and other relevant websites; facebook;
- The K&M ICB COMMS network
- The GP Practices' Patient Participation Groups
- The Thanet GP WhatsApp Group
- Direct contact with Thanet GP Practices via Practice Managers

## **3. Post Incident Actions**

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### **3.1. Debrief**

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

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

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

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

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

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

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

### **3.2. Prolonged disruption**

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

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

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

## **4. Testing the plan**

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

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

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

Exercises will include:

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

## **5. Supporting resources and references**

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

NHSE Business Continuity Management Toolkit Part 1 (April 2023)

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-1-plan/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-1-plan/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-1-plan/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-1-plan/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-1-plan/>

#### NHSE Business Continuity Management Toolkit Part 2 (April 2023)

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-2-do/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-2-do/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-2-do/>

#### NHSE Business Continuity Management Toolkit Part 3 (April 2023)

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-3-check/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-3-check/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-3-check/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-3-check/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-3-check/>

#### NHSE Business Continuity Management Toolkit Part 4 (April 2023)

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-4-act/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-4-act/>

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-4-act/>

#### NHSE Business Continuity Management Toolkit Part 5 (April 2023)

<https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit-part-5-case-studies/>

## Appendix A. Business Continuity: Key Contacts List

Description	Location	Contact	Tele/Email
<b>GP PRACTICES</b>			
Minster Surgery	Minster Surgery 75 High Street Minster Kent CT12 4AB	Sandra Houghton Practice Manager	01843 821333 <a href="mailto:sandrahoughton1@nhs.net">sandrahoughton1@nhs.net</a>
Birchington Surgery	Birchington Medical Centre Minnis Road Birchington Kent CT7 9HQ	Dan O'Connell Practice Business Manager	01843 848818 <a href="mailto:daniel.o'connell@nhs.net">daniel.o'connell@nhs.net</a>
Bethesda Medical Centre	Palm Bay Ave, Margate Kent CT9 3NR	Rachael Cousins Practice Manager	01843 209347 <a href="mailto:Rachael.cousins@nhs.net">Rachael.cousins@nhs.net</a>
Eastcliff Practice	Dumpton Park Dr, Ramsgate Kent CT11 8AD	Gerald Bassett Practice/Business Manager	01843 855800 <a href="mailto:Gerald.bassett@nhs.net">Gerald.bassett@nhs.net</a>
The Grange Medical Centre	Dumpton Park Dr, Ramsgate Kent CT11 8AD	Julie Hill Practice Manager	01843 572761 <a href="mailto:Juliehill4@nhs.net">Juliehill4@nhs.net</a>
The Limes Medical Practice	Trinity Square, Margate Kent CT9 1QY	Errol White Practice Manager	01843 222788 <a href="mailto:Julie.sandum@nhs.net">Julie.sandum@nhs.net</a>
Dashwood Medical Centre	158-160 Grange Rd, Ramsgate Kent CT11 9PR	Louise Pilcher Practice Manager/Administrative Partner	03000 427007 <a href="mailto:Louise.pilcher@nhs.net">Louise.pilcher@nhs.net</a> <a href="mailto:Stacie.pughe@nhs.net">Stacie.pughe@nhs.net</a>
Summerhill Surgery	243 Margate Rd, Ramsgate Kent CT12 6SU	Lisa Hardaker Practice Manager	01843 591758 <a href="mailto:Lisa.hardaker@nhs.net">Lisa.hardaker@nhs.net</a>

Newington Road Surgery	100 Newington Rd, Ramsgate Kent CT12 6EW	Dawn Huntley Practice Manager	01843 595951 eHarley Group Practice Manager
St Peters Surgery	6 Oaklands Ave, Broadstairs Kent CT10 2SQ	Margaret Seager Practice Manager	01843 608860 <a href="mailto:Helen.downer@nhs.net">Helen.downer@nhs.net</a>
Mocketts Wood Surgery	Hopeville Ave, Broadstairs Kent CT10 2TR	Shelley Berry Practice Manager	03000 426142 <a href="mailto:shelleyberry2@nhs.net">shelleyberry2@nhs.net</a>
Broadstairs Medical Practice	The Broadway, Broadstairs Kent CT10 2AJ	Meena Bukhari Practice Manager	01843 608836 <a href="mailto:Meena.bukhari@nhs.net">Meena.bukhari@nhs.net</a>
Westgate Surgery	60 Westgate Bay Ave, Westgate-on-Sea Kent CT8 8SN	Sandra Lawrence Practice Manager	03000 426060 <a href="mailto:nicky.skeats@nhs.net">nicky.skeats@nhs.net</a>
Northdown Surgery	Northdown Park Rd, Margate Kent CT9 2TR	Louise Dobbyn Practice Manager	01843 231661 <a href="mailto:jessica.moreton@nhs.net">jessica.moreton@nhs.net</a>
<b>OTHER KEY CONTACTS</b>			
Queen Elizabeth the Queen Mother Hospital	Ramsgate Road, Margate, Kent, CT9 4BG	Tracy Horn General Manager UTC  Lesley White Site Director  Kelly Marley Operations Service Manager UTC	traceyhorn@nhs.net 07798 572265  07881 952795 <a href="mailto:lesley.white@nhs.net">lesley.white@nhs.net</a>  07815 654233 <a href="mailto:kellymarley@nhs.net">kellymarley@nhs.net</a>

NHS Kent and Medway	2 <sup>nd</sup> floor Gail House Lower Stone St Maidstone ME15 6NB		01634 335095
Integrated Care24 (IC24 – OOH Provider)	Kingston House The Long Barrow Orbital Park Ashford Kent TN24 0GP	Adam McDonald Operations Manager – East Kent	01233 505450 <a href="mailto:Leslie.williams@ic24.nhs.uk">Leslie.williams@ic24.nhs.uk</a>
NHS Kent & Medway	Emergency contacts if a practice is not able to function and unable to fulfil contractual obligations	For in-hours, between 08:00 and 18:30 Mon-Fri. Please call the Primary Care Team on 03000 424686 along with the pager number.  Director on call – 07623 503821	For out of hours, between 18:30 and 08:00 Mon-Fri, weekend and bank holidays please call the pager number for the Director on Call – 07623 503821.

### Other contacts

Local Council	01843 577000
Local Planning Authority	01843 577591
Local Police (direct number)	01843 231055
Royal Mail Sorting Office (local number)	01843 222370
Van Hire – Compass Holdings	01843 582324
Local Paper – Isle of Thanet Gazette	Tel 01843 221313 Fax 01843 292535
Local Radio – KMFM	Tel 01843 223344 Fax 01843 299666
NELCSU	03000 424242
PCSE	0333 014 2884
Health Protection Agency	0844 2257968/01233 639747
Health Visitors Office	01843 282248
NHS Kent and Medway	01634 335095
Local Hospital Switchboard	01843 225544
LMC	01622-851197
EMIS	Support 0845 122 2333
Standfast	01843 221035
Premier Choice	0208 3009495
Southern Water	0845-278-0845
GMC	0845 357 3456

## Appendix B: Incident Management Pro Forma

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

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

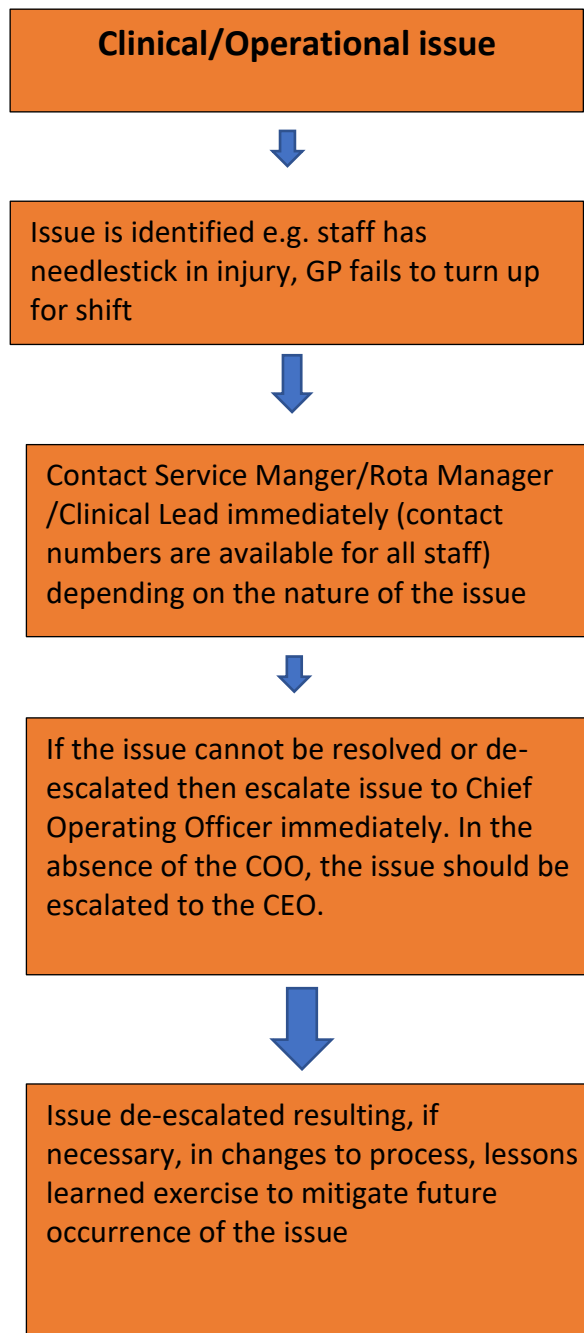


affected and which are operable:			
Review service provision in line with above:			
Communication: Advise internal and external stakeholders appropriately		Time achieved:	
Health & Safety implications:			
External agencies that need to be involved as a result of any H&S implications:			
If applicable,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

## Appendix C: Escalation Plan

Thanet Health CIC has developed the following escalation procedures to ensure that any issues which could impact on our Business Continuity are dealt with effectively.

The process applies to all of the services Thanet Health CIC has contracts for.



**Non-clinical/Financial/IT issue**



Escalate issue to senior admin staff in service



If admin staff unable to resolve then issue should be escalated to the Finance and Commercial Director



Issue de-escalated resulting, if necessary, in changes to process, lessons learned exercise to mitigate future occurrence of the issue