

Broadmead Medical Centre Business Continuity Plan

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Introduction

Policy statement

This organisation must be able to demonstrate that it has planned for, and can respond to, a variety of incidents that may affect patient care. [The Civil Contingencies Act \(2004\)](#) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services. This policy should be read in conjunction with [CQC GP mythbuster 69: Business continuity – arrangements for emergencies and major incidents](#).

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

- Integrated Care Board (ICB)
- Primary Care Network (PCN)
- Other local organisations not within the PCN
- Other users of these premises

This organisation has plans and arrangements that allow it to be responsive to incidents that have a short-, medium- or long-term impact on the running of services. The following scenarios are the most likely risks and therefore have been considered within this business continuity plan:

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

Understanding how to deliver a co-ordinated response to incidents will ensure that patient and staff safety is maintained while also reducing the impact that any adverse incident may have on the entitled population. NHS England provides detailed guidance on [Emergency preparedness, resilience and response \(EPRR\)](#)

Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

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Out of scope

This organisation is responsible for maintaining appropriate service business continuity plans including call cascade processes once alerted. Some facilities management services may also be covered under specific service level agreements to restore services following disruption in an agreed timeframe and are, therefore, out with the scope of this document.

Responsibilities

All staff working at this organisation including contractors, agency and locum staff must fully understand how to respond to any incident that may affect service delivery. A copy of this document is kept off the premises in hard copy by the Practice Manager and at least one of the Partners who will both also hold a hard copy on the premises where it is easily accessible in the event of an emergency in the silver drawers on each reception, entitled Business Continuity Plan and manual working.

An electronic copy is available for all other staff and partners on Radar. All staff will be made aware of the plan as part of their induction and ongoing training. If significant changes are made to the plan that affect the way in which staff respond, these will be communicated to them immediately.

Risk assessment and risk register

To structure the plan, a risk assessment should be conducted to form an appropriate risk register (see [Annex A](#)); this will be the responsibility of the Practice Manager. In determining risk, consideration should be given to the physical location of the organisation and how this affects risk. The plan will identify key actions and mitigation strategies according to the scoring on the risk matrix (Annex A). The Practice Manager will consider the organisational priorities in consultation with key members of staff, providers of services and commissioning organisations.

In determining the time aspect of the activity, the following definitions will be used:

- **Emergency Recovery Time Objective:** This is the time taken to have a minimally functioning system with usually reduced capacity, e.g., single telephone answering or single computer access
- **Full Recovery Time Objective:** This is the time taken to have a normally functioning system with near normal capacity, e.g., multiple lines in and out, multiple computer access points
- **Days:** Refers to working days and excludes weekends and bank holidays unless these days are being regularly worked to provide services

For further information on risks, assessments and their management, refer to the organisation's Health, Safety and Risk Management Handbook.

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Organisational priorities

It is essential to ensure services continue in the event of an incident; these are time critical services that 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. It is important to identify essential activities, the impact of disruption and the resources required to maintain/restore these. The underpinning prioritised activities will be decided using a business impact analysis process, identifying:

- Prioritised services
- Prioritised supplies
- Prioritised equipment
- Prioritised IT systems
- Interdependencies

Prioritised services

These are the services that need to be prioritised in the event of disruption to maintain safe patient care and contractual obligations. The elements required to maintain these services will form part of the prioritised activities for the service and will vary according to the nature of the contract and service to be provided. A list of services that this organisation provides is provided below in order of priority:

- Patient consultations
- Home visits
- Specialist clinics
- Enhanced services

In the event of an emergency or business interruption, the organisation will endeavour to maintain services as usual or as close to the usual standard, but this may not always be possible. The Practice Manager will decide which are the priority services that the organisation must continue and which will be reduced or stopped. Any decisions made to reduce or stop services must be communicated to the Director of Primary Care within the ICB.

Prioritised service	Emergency recovery time objective	Full recovery time objective
Call handling	1 hour	2 days
Unscheduled care and patient assessment	2 hours	1 day
Home visiting	4 hours	1 day
Urgent referrals	1 day (manual)	5 days
Repeat prescriptions	2 days	5 days
Investigation requests	2 days	5 days
Investigation results	5 days	2 weeks

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Phlebotomy	2 days	5 days
Financial reporting and payments	3 days	5 days
Scheduled care	3 days	5 days
Incoming mail handling	3 days	5 days
Hospital referral	5 days	2 weeks
Long term condition management of QoF	2 weeks	4 weeks
New baby immunisations	2 weeks	4 weeks
Scheduled immunisations	2 weeks	4 weeks
Fee paying services	2 weeks	4 weeks
Enhanced services including most treatment room services	2 weeks	8 weeks
Audit, SEA and other mandatory administration	4 weeks	13 weeks

Prioritised supplies

These are the consumable items that will be required to provide the prioritised services in the event of disruption.

Prioritised service	Supplies	Primary source	Secondary source
Call handling	A4 paper, pens		
	Bound call logging books		
Unscheduled care	Hand gel		
	Tongue depressors		
	Thermometer probe covers		
	Batteries AA and C		
	Examination gloves		
	Vaginal specula		
	FP10 handwritten		
	FP10 computer		
	A4 plain paper		

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	Phlebotomy equipment		
	Microbiology supplies		
	Headed note paper		
	Admission paperwork		
	Consultation record – manual		
	Repeat medication record – manual		
New baby imms	Vaccinations	IMMFORM	
Scheduled imms	Vaccinations	IMMFORM	
Essential forms		Description	Location
Prescription pads		For each GP	
Prescription forms (computer)		For all printers	
Blue prescription forms		For controlled drugs	
Private prescriptions			
NHS prescription receipts			
Pre-payment applications			
Drug Register			
Prescriptions awaiting collection			
Temporary resident forms			
Current day's unscanned correspondence		All letters, test results etc.	
Internal mail and correspondence		All GPs, PNs and admin trays	
Courier mail		Letters and parcels for courier	
External mail		Letters and parcels for Royal Mail	
Accident book			
Patient 2WW referrals			
Organisation credit card			
Paying in book			
Cremation book			
Petty cash			

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Claims folder		
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Templates for both manual consultation and repeat prescription records are available within [Annex C](#) and [Annex D](#).

Prioritised equipment

These are the items of equipment that will be required to provide the prioritised services in the event of disruption leading to a partial or total loss of access to the building. When time allows, the following equipment should be removed off site for possible use elsewhere:

Item of equipment	Location	Notes
Emergency oxygen		
Emergency drugs and equipment for in surgery use		
Defibrillator		
Doctors' bags		
All personal mobile phones		
Contents of the drugs cupboard		
Vaccines from the refrigerators		
Laptops		
Photocopier		
Shredder		

Prioritised IT systems

These are the IT systems that will be required to provide the prioritised services in the event of disruption.

Prioritised system	Emergency recovery time objective	Full recovery time objective
Telephony system	Same day	2 days
Clinical system	Same day	2 days
Document handling (e.g., Docman)	Same day	2 days
Email	1 day	2 days
Investigation results system	1 day	2 days
Accounting software	2 days	5 days
Microsoft Office	1 day	5 days
Shared drives	1 day	2 days
NHS spine	Same day	2 days

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Interdependencies

The organisation needs to consider those who may be affected by a disruption (see [Annex B](#) and [Annex E](#)).

Staff roles in an incident

Key staff responsible for both planning and responding to incidents are:

Position	Role in an incident
Practice Manager / Operation's Manager	Taking the lead in any major event
Receptionists	Ensuring manual working processes and paperwork are in place. Printing off appointment book.
Doctors/Partners	Ensuring they have any clinical equipment necessary to support their role.
Nurses	Ensuring they have any clinical equipment necessary to support their role.
Admin teams	Ensuring they have any necessary equipment to support their role.
All staff	Ensuring they have any necessary equipment to support their role. Responding to instruction in a timely manner
Practice incident lead	Recording events, issues and outcomes. Planning and utilising BCP.
[insert any other applicable roles]	

To support staff in fulfilling their responsibilities in an incident, action cards can be found at [Annex J](#).

Alerting and cascade procedure

On recognition of a potential or actual incident there needs to be widespread alerting as to the nature of the problem and this will follow the usual lines of responsibility within the organisation. The nominated person for this organisation to decide whether the plan or any part of it is activated is the Practice Manager/ Lead GP]. The deputy in case of absence or unavailability will be [Operations Manager/ Lead Nurse].

Staff will communicate with each other on a cascade system and are individually responsible for informing the staff below them in the communication cascade plan (see [Annex F](#)). In the event of a cascade situation and the absence of a key staff member, responsibility will fall on the person above the absentee in the cascade system to inform those staff 'below' the absentee.

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It is necessary to identify early in the process what is required to protect staff, unaffected patients, the organisation and finally any directly affected patients from further harm. Depending on the nature of the problem this may require the isolation of a patient, the evacuation of the premises or controlling access to the organisation, i.e., closing.

Command and control

The response to the activation of the plan will be managed by a command team acting together comprised of the roles below:

- **Incident commander:** The person who will take control of all aspects of the premises, communication, safety and welfare will be either [Practice Manager] or [Operation's Manager]. The incident commander is also responsible for delegating tasks and distributing the relevant actions.
- **Deputy incident commander:** The person who supports the incident commander with control of all aspects of premises, communication, resources, safety and welfare. This will be either [Operations Manager] or [Admin team Lead and IT Lead].
- **Lead Clinicians:** Can be from those available and not acting as incident commander. This person will be assigned to direct the safe provision of clinical services for patients and support the incident commander including the release of appropriate funds.
- **Note taker:** This will normally be the [Practice Manager / Operations Manager]. Their function will be to record decisions as they are made and to keep records as to what is happening at the time.

For further information about individual roles and responsibilities, see the action cards at [Annex J](#).

Incident co-ordination location

The incident commander will decide where the practice will operate from which could be one of two planned locations depending upon the nature, duration and timing of the incident.

- Either [Osprey Court], or [Charlotte Keel Medical Practice / Homeless Health Service]

Facilities at the incident co-ordination location include:

- Intact power supply
- Telephone line(s)
- Mobile phone coverage
- Email/internet access
- Computer and printer
- Staff welfare facilities
- Local maps
- Business Continuity Plan (hard copy)
- Logbook

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Stand down

The activation of the plan can be stood down by the incident commander when the disruption has ceased, or an acceptable level of safe service has been resumed. A communication cascade must follow the stand down to all individuals and agencies previously notified.

Evaluation

In the event of the plan being activated, the cause and the effectiveness of the plan in maintaining key services will be reviewed by the organisation using existing serious event analysis processes. For further detailed guidance, see the organisation's Significant Event and Incident Policy.

Incident severity

The organisation will determine the severity of the incident and prioritise the incident as follows:

Priority	Descriptor	Recovery time frame (hours)
1	Extreme priority	4
2	High priority	24
3	Moderate priority	48
4	Low priority	72

Depending on the severity of the incident, the Practice Manager will also inform the following:

- NHS England
- ICB
- PCN
- Any other neighbouring practices (if not in PCN)
- Other external agencies as appropriate, e.g., police, fire service, Health and Safety Executive

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Incident levels and impact

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

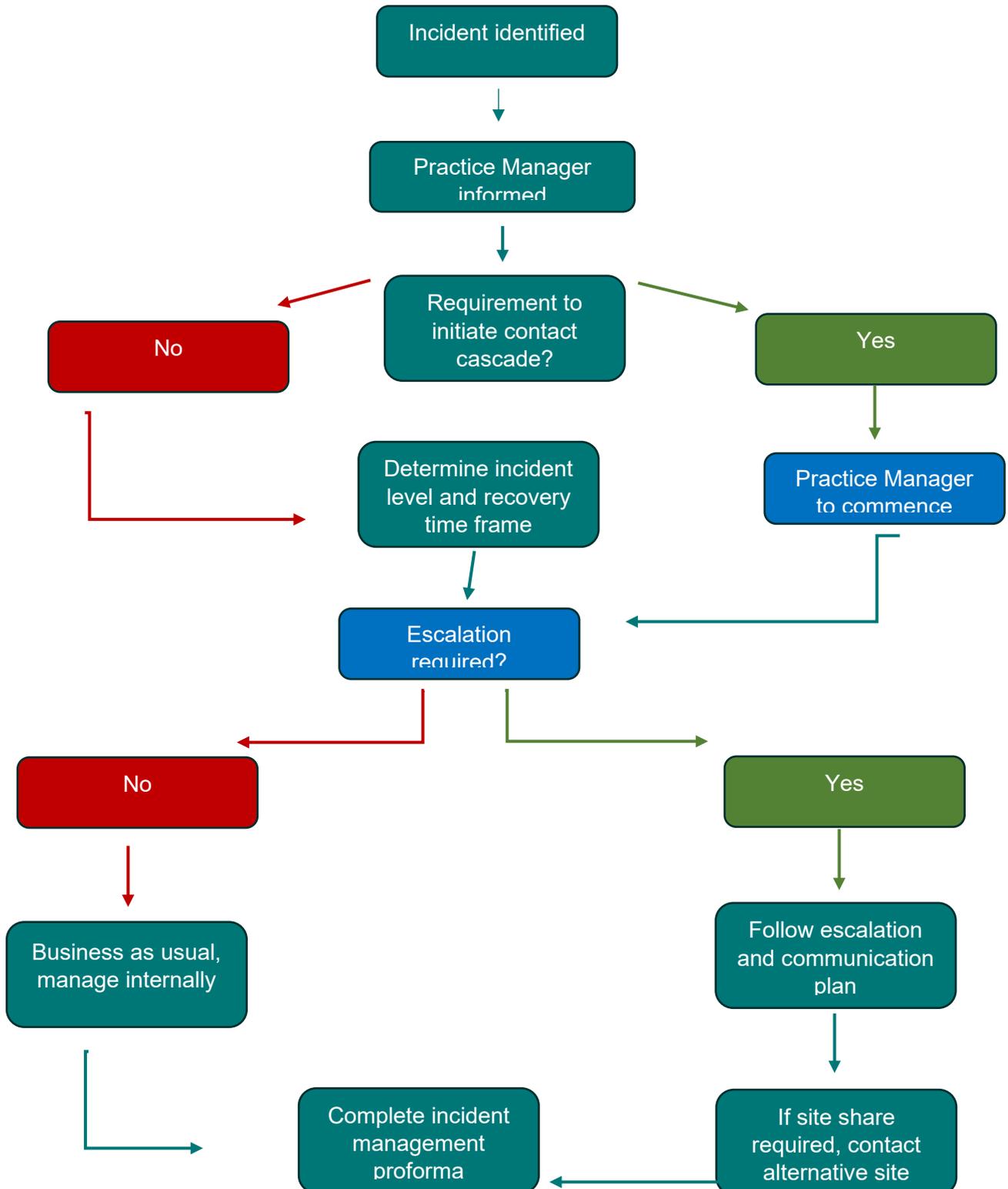
Level	Descriptor and examples	Escalation required	Communication plan
1	Extreme: Force majeure, fire, flood, building damage, prolonged IT outage	YES. Inform local practices, NHS E, [ICB, Brisdoc, OneCare]	PM/OM to contact: [Boots Head of Maintenance 0151 2271008] [Boots management – Simon Gorton 07827 980185] ICB 0117 9766600 Brisdoc 0117 9370900
2	High priority: Damage to site or reduced service due to loss of utilities	YES. NHS E to be advised	PM/OM to contact: [Boots Head of Maintenance 0151 2271008] [Boots management – Simon Gorton 07827 980185] ICB 0117 9766600 Brisdoc 0117 9370900
3	Moderate priority: Adverse weather, local disease outbreak, minor IT/telecom issues	YES. NHS E to be advised if additional support is required NO. Managed internally	PM/OM to contact: [Public Health if appropriate 0300 303 8162] Brisdoc Governance team 0117 9370906 SWCSU 0300 5610400 Daisy 0208 3009495 Account no PMG68758
4	Low priority: Minor issues with minimal or no impact to service delivery, e.g., broken window, leaking pipe, etc.	NO. Managed internally	PM/OM to contact: Boots Maintenance 0115 9575555 #5#1 Brisdoc 0117 9370900

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Incident Management

Response to an incident

In response to any incident that may affect productivity or services, this organisation will follow the processes shown below



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Evacuation of the building and the emergency services

This is in accordance with published fire orders and this organisation's fire action plan. The designated incident lead will direct operations and the removal of equipment or records depending on the nature of the emergency. Staff may be instructed to return home and await further information.

In the event of a bomb alert, telephones will not be used and the fire bell will not be sounded and evacuation will be by word of mouth. Ideally, the organisation should be able to verify who was in the building at the time of evacuation and that all people are accounted for.

Given the large number of members of the public who visit the building, often only for a few minutes, this may prove difficult. It is therefore important that all areas are cleared, checked and staff groups will be allocated areas of the building to check when such situations arise.

Further information on fire safety, receiving a bomb threat or finding a suspicious package, personal emergency and general emergency evacuation plans and actions to support lone workers can all be found in the in the organisation's Health, Safety and Risk Management Handbook.

On the sounding of the alarm or decision to evacuate, the areas will be cleared and checked by the staff groups as follows:

Staff group/person	Area to check/actions
Reception staff / Fire Warden	Waiting room and all consulting/treatment rooms Bring fire warden bag Business continuity folder
Practice Manager/Operations Manager	Admin offices and reception
Nursing staff and doctors	Assist any person with special needs Bring emergency box and resuscitation equipment from the building
Fire warden	Co-ordinate evacuation and a list of persons in the building

Immediate action to be taken or considered

- Evacuation of the building if in working hours – staff to take personal belongings including house keys, mobile phones
- Check each room to make sure no-one is still in the building
- Lock records cabinets. Remove keys from site
- Advise staff that the cascade communication system will be initiated
- Contact the following:
 - Police and fire service if appropriate
 - Electricity board if appropriate (safety)

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- ICB and speak to a senior staff member
 - Clinical suppliers (as appropriate)
 - Telephone service provider and divert calls to [07345 770609 if out of charge divert to Operation's Manager or practice Manager depending on availability]
 - Alarm company
- Ensure that the building is locked and all fire doors closed.
 - Allocate a senior staff member to remain close to the site if appropriate to guide and deal with emergency vehicles. Provide with a mobile phone
 - Reconvene at remote 'Emergency Control Centre' location
 - Instruct the Royal Mail to re-direct all mail at the sorting office to [Osprey Court or practice being used as administrative base.]

Damage assessment

The Practice Manager or deputy 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 [Annex F](#)).

The Practice Manager will liaise with Brisdoc Governance Team to liaise with the organisation's insurers and other agencies to ensure that a swift recovery is supported and achieved including contact with the possible sources of alternative accommodation.

Incident management proforma

An appropriate incident management pro-forma ([Annex G](#)) and an incident management meeting agenda ([Annex H](#)) are available to ensure the effective management of an incident affecting this organisation. Consider providing a premises map which indicates points of access, muster points, appropriate utilities and areas of risk ([Annex I](#)).

Post-incident actions

This organisation will liaise with those external agencies involved with the incident and management will determine what 'after actions' are required and who is responsible for completing any actions.

Debrief

To identify lessons learned, a series of debriefs post incident are seen as good practice:

- Hot debrief – immediately after the incident and with incident responders
- Organisational debrief – 48-72 hours post incident
- Multi-agency debrief – within one month of the incident
- Post incident debrief – within six weeks of the incident

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These will be supported by action plans and recommendations to update plans and provide any further training required.

Communication

Effective communication

Effective communication will ensure that those who need to know are advised within an acceptable time frame. In the event of an incident, the organisation will ensure patients, stakeholders and staff are notified of any service changes. Consideration must be given to the wider health system and ensuring the knock-on effects of service changes are accounted for, and any notification includes addressing these impacts.

Patients will be notified of services changes using several means relevant to the incident, including:

- Notice on the surgery door
- Use of local voluntary agencies
- Calling patients who have appointments during the incident
- Changing the voicemail message
- Providing information on the organisation's website
- Briefing local media

The local communications team at the ICB will be able to offer advice and support during this time.

If affected services have an impact on partner organisations, these should be notified and advised of the likely impact and timeframe. Contact details are provided in [Annex B](#). Staff should not make any comments to the media and all enquiries should be referred to [The Brisdoc Governance Team] who may decide to issue a statement to prevent the misinterpretation of any facts.

Once the control centre has been established the following should be advised of the emergency and the phone number of the control centre provided, if not already informed:

- The emergency services
- The out of hours service
- The ICB Emergency Planning Officer
- Clinical system supplier
- Staff not involved in the initial incident
- NHS E
- Ambulance service
- All local surgeries
- All local hospitals
- All local pharmacies
- Organisation insurers
- Public Health England (if appropriate)
- Consultant in communicable disease control (if appropriate)

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Communication with patients

It is important to maintain communication with patients during any period of business interruption and the aim of the organisation will be to reassure patients and clients by providing them with regular information on the progress made to return to normality.

a. Standard message for patients

'Unfortunately, due to circumstances beyond our control XXX has had to close. If you need to contact the organisation for urgent medical assistance, please phone XXX or alternatively go to our website www.XXXXXX where more details will be posted as soon as possible. In an emergency, please dial 999 for further assistance. If you have a medical issue which requires immediate attention, please dial 111 for further assistance.'

b. Standard message for interdependent individuals and organisations

'At 0000 hours we became aware of an incident [describe incident] that threatened our ability to provide normal services. Our Business Continuity Plan has been activated. Currently we are at [location] and able to provide the following services to patients: [insert details].

We estimate this position will continue for XXX hours and will update our position in XXX hours. The response is being led by XXX supported by XXX. We can currently be reached in the following ways: [insert details].'

If the business interruption is so severe that alternative arrangements for the provision of care need to be communicated to the patients of the organisation, this will be done in collaboration with the ICB. If support from the ICB is required in publicising alternative arrangements, the lead person of the incident will contact the ICB's Director of Primary Care at the earliest opportunity to allow as much time as possible to achieve communication with patients.

In the event of a major communication requirement, the Practice Manager will liaise with the ICB to request they contact the local media to advise patients within the locality of the nature of the incident and where to find up to date information, together with contact telephone numbers. This may involve requesting the ICB to write to patients.

Identification of vulnerable patients

An incident, whether internal to the organisation or affecting the local area, has the potential to impact on patients who may be deemed as vulnerable. There is therefore a requirement to assess vulnerable patients and consider relevant actions to mitigate the risk(s) to them.

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Defining the level of vulnerability will depend on the incident and the impact(s) it may have. Once identified, specific actions will be considered to support the individual needs of those affected.

Major incidents and escalation

If a major incident is declared, support may be required. NHS E will lead the NHS response and co-ordinate primary care accordingly. The on-call manager should be contacted using the number in the contacts list (see [Annex B](#)). This organisation should be able to deal with incidents that may cause a surge in patient attendance/registration, e.g., local infectious disease outbreak or loss of service at a neighbouring organisation.

Key safety information

Organisation specifics

The table below details the key safety information. This list is not exhaustive and should be amended accordingly

Description	Location (name and room number)	Comment
Fire alarm panel	By staff entrance	Managed by Boots
Fire extinguishers	Various on all levels of practice	Ensure you have received training and are competent to use. Only use on small, manageable fires. Do not put yourself at risk.
Fire blanket	Not applicable	
Mall Security	0117 9277873	
Gas valve		
Water valve (stopcock)		
Fuse box	Second floor, opposite lift. Key in Key Cupboard.	
Medical gases	Room 1 and store room L2.	
Add as necessary		

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Site sharing

Local arrangement

In the event of an incident affecting the operability of the organisation it has been agreed that a reduced service could operate from:

- Charlotte Keel medical Practice-[0117 902 7145](tel:01179027145)
- BS1 Branch Survey, Bridge View Medical – 07957 288925
- Hampton House (Bookable admin space)- 07935 713438, 07935 713438
- Other neighbouring practices could also be approached – Lawrence Hill HC (0117 9543060) and Montpellier HC (0117 9426811).

Considerations

Potential incidents

There are several incidents that may occur which are detailed in the list below:

- Significant numbers of staff are unable to come into work (illness, security or weather)
- Loss of burglar alarm
- Loss of fire alarm
- Loss of water supply/electricity
- Flooding
- Fire
- IT systems significantly disrupt the service
- The premises are not available for a period of time
- Paper (Lloyd George) records are destroyed or damaged beyond use
- Supply chain issues resulting in the organisation being unable to deliver an essential service
- Security incident, e.g., attack on a member of staff, terrorist threat
- Loss of premises or staffing due to a pandemic outbreak

Given the severity of the impact that may arise because of these incidents, this organisation must be prepared to manage the situation effectively. Exercising potential incidents at senior management level will support the organisation to maximise operational effectiveness during an incident.

Cyber-attacks

Cyber-attacks are constantly evolving, and this organisation must be prepared to deal with the threat of an attack at all times. Common cyber-attacks include, but are not limited to:

- Malware attack
- Phishing attack
- Rogue software attack
- Social engineering

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- Ransomware

There are a range of existing measures in place to protect and enhance cyber resilience at this organisation and should there be a cyber-attack or incident, staff must adhere to the organisation's Cyber Resilience Policy, which includes an incident management pro forma to ensure the correct actions, including reporting actions, are taken

Denial of access

This could occur due to the premises being destroyed or damaged but can be caused by neighbouring disturbance or events such as a police incident or a large gathering of people.

The Practice Manager will establish how long access will be prevented and decide how and where services will be relocated and delivered according to the service priorities listed. Telephony and communications will need to be addressed as priorities and early consideration given to requesting support from and relocation to other sites.

Denial of access may affect the provision of service to patients. In this instance, the Director of Primary Care at the ICB and NHSE local team must be informed immediately.

Lockdown

In the event of an incident occurring outside of the organisation's building or part of the building which presents a threat to the occupants, it may be necessary to carry out a lockdown of the premises. This decision will be made by [The Head of Practice Services for Brisdoc]. Potential causes of lockdown include:

- Chemical leak/fire
- Violent incident/demonstration
- Terrorist incident
- Threat of contamination

All external doors and windows to the building will be closed and patients informed as to what has been done and why. Staff will be alerted using the on-screen messaging facility within the clinical system and/or by face to face. Access to the building will be by the [insert appropriate information] entrance only and will only be allowed when it is deemed necessary by the Practice Manager or the Head of Practice Services.

Clinics will be cancelled and those patients not already in the building will be contacted by telephone where possible. No assumption should be made that the relevant authority or organisation has been informed of the event that has led to the need for lockdown and therefore arrangements should be made to inform the relevant authority immediately.

For further detailed information, see the dynamic lock down procedure within the organisation's Health, Safety and Risk Management Handbook.

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Fuel shortages

In the event of a fuel shortage, the ability to maintain services may be affected either by clinical and non-clinical staff being unable to carry out services such as home visits or to get to the premises. An impact assessment will be made according to fuel availability and the anticipated duration of the situation.

This will include:

- Car-pooling for staff
- Use of taxis
- Alternative transport – bus, bicycle, foot
- Overnight stays for key staff with long commutes
- Restricted home visiting
- Altered working arrangements (remote working or longer/fewer days)

The organisation will not be storing fuel under any circumstances.

Industrial action

In the event of industrial action when staff levels are affected, the Practice Manager will prioritise the critical activities and these functions will be the focus of the workforce.

Supporting resources

NHS E has provided the following PowerPoint presentations (viewable as PDFs) to help organisations to prepare for a range of incidents. These presentations will be used to aid the planning process for business continuity.

- [Loss of premises](#)
- [Loss of services](#)
- [Loss of IT systems](#)
- [Loss of staff](#)

Furthermore, there are [off the shelf exercises](#) available to be used as exercise frameworks to enhance emergency preparedness, resilience and response within healthcare.

Pandemic scenarios

This organisation conforms to the NHS E requirement as detailed within the current [NHS E primary care webpage](#). When managing a pandemic, this organisation has detailed supporting policies that have been established to manage specific scenarios including:

- Disruption of services
- Service challenges
- Significant staffing absences
- Alterations of working patterns, working from home and redeployment
- Self-isolation and quarantine
- Cleaning

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- PPE requirements

For further detailed information, see the organisation's:

- Pandemic Management Policy
- Pandemic Staffing Policy
- Cleaning Standards and Schedule Policy
- Infection Prevention and Control (IPC) Handbook

Guidance from external organisations

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

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

Should there be an outbreak of an infectious disease, refer to the UKHSA [Managing outbreaks and incidents](#).

Attacks on members of staff

In accordance with the [Assaults on Emergency Workers \(Offences\) Act 2018](#), individuals who assault an emergency worker will be liable for prosecution under the Act. Violent attacks on staff will be classed as an emergency which is defined in the [Civil Contingencies Act \(2004\)](#). The meaning of emergency is as detailed at 8.1.4 within the [EPRR Framework](#). The management of violent attacks is to be in accordance with the organisation's Dealing with Unreasonable, Violent and Abusive Patients Policy.

Sudden loss of numerous key members of staff

Consideration must be given to an incident when there could be numerous members of staff unable to attend work on a short or a longer-term basis. This could be due to a major weather event, a pandemic health crisis or even a lottery winning syndicate. Policies to support such scenarios include:

- Adverse Weather and Major Travel Disruption Policy
- Pandemic Management Policy
- Pandemic Staffing Policy

Guidance when managing an outbreak of a communicable disease can be found at Annex M to the Infection Prevention Control (IPC) Handbook.

Death or sudden loss of a key member of staff

Planning for a crisis can help to reduce stress and anxiety as well as boost the confidence of staff and stakeholders at this organisation. A prompt response can reduce staff absences and can expedite a return to normal levels of productivity as well as minimising the impact on staff morale. The following are essential in ensuring the response to a loss of a key member of staff is appropriate:

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

Maintaining an acceptable level of service delivery is essential. It is therefore necessary to determine who is defined as a key member of staff. The following have been identified as key members of staff:

- [GPs
- Nurses
- Reception / administrator
- Practice / Operational Manager]

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

- Practice Manager
- Lead GP and Nurse
- HOPs / DMD
- People Partner for PS.

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

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

Should the loss/death result in the absence of a registered person, the CQC must be notified. This is only applicable to registered providers who are individuals (not partners, partnerships or organisations) and registered managers. All staff will be advised of the loss or death of a member of staff including external HR staff where applicable.

Notifying the CQC of an incident

In accordance with Regulations 12, 14, 15, 16, 18, 21 and 22 of the [Care Quality Commission \(Registration\) Regulations 2009](#), registered providers are required to notify the CQC about incidents or events that impact upon service delivery. Specifically, the organisation must notify the CQC if an incident takes place while an activity is being provided and will notify the CQC about any relevant infrastructure, equipment, premises or other problem that impacts or is likely to impact the organisation in carrying out the regulated activity safely. The Practice Manager will use the [notification section](#) on the CQC website to ensure that the CQC is notified in a timely manner. Additional guidance relating to notifications is available within the CQC [GP Mythbuster 21: Statutory notifications to CQC](#).

Prolonged disruption

Long-term recovery

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

Arrangements must be made to communicate any closure to the patient population. 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.

The following should be considered during the recovery phase:

- Reduced availability of staff
- Loss of skill and experience
- Uncertainty, fear and anxiety of staff
- Public displacement and disorder
- Breakdown of community support mechanisms
- Disruption to daily life (for example effect on transport systems, schools)
- Disruption to utilities and essential services
- Disruption to internal/IT services/communication systems
- Build-up of infected waste
- Contaminated areas
- Disruption to supplies
- Management of finances
- Stopping and starting targets
- Reputational damage
- Organisational fatigue

During the recovery period, the emphasis will be on returning services back to normal. It may be that it is easier for some services to return to normal and others will remain restricted depending on the incident.

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Training and testing

The management team will lead an annual tabletop exercise for organisational-wide service disruption. Following training and exercising, this plan will be reviewed, updated and re-issued in light of lessons learned.



[Tabletop exercises \(TTX\) – An Introduction](#) eLearning is available in the [HUB](#).

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Annex A – Risk matrix, register and assessment

The following forms are to be used to understand the potential physical risks facing the organisation and to list those that are of particular importance. A team-based approach is adopted where possible/practicable as staff contributing ideas from their own perspective enables us to draw up a comprehensive list. The risks are sorted into several categories: premises, clinical, suppliers etc.

The likelihood of a risk is classified if it is considered likely to occur:

- Within the next year (extreme likelihood)
- Three to five years (high likelihood)
- Five to 10 years (medium likelihood)
- More than 10 years (low likelihood)

The severity of the risk is assessed should it occur. This is a judgement based on the financial and other less easily quantifiable effects (e.g., reputation, delays in seeing patients, delays in entering data) this would have on the organisation.

The cost alone is listed as a guide:

- Cost up to £2,500 etc (low impact)
- Cost over £2,500 but less than £15,000 (moderate impact)
- Cost over £15,000 but less than £30,000 (high impact)
- Cost over £30,000 (extreme impact)

The risks are scored according to the following table. This enables the organisation to concentrate plans on the higher-ranking risks first and deal with these in the most comprehensive way.

High likelihood + low impact	= Moderate overall risk
High likelihood + medium impact	= High overall risk
High likelihood + high impact	= Extreme overall risk
Medium likelihood + low impact	= Low overall risk
Medium likelihood + medium impact	= Moderate overall risk

Medium likelihood + high impact	= High overall risk
Low likelihood + low impact	= Low overall risk

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Low likelihood + medium impact	= Low overall risk
Low likelihood + high impact	= Moderate overall risk

Computer systems

Risk	Possible causes	Main impacts	Likelihood H/M/L	Impact H/M/L	Overall risk H/M/L	Plan
Full loss of computer system – short terms (hours)	Major theft (hardware) Virus (software) Fatal error in server (hardware/software corruption) Failure of clinical software	Recent clinical electronic records lost Patient care at risk Unable to service patient requests or appointments Patient dissatisfaction and complaints ? Loss of email/internet access: clinical and business implications Pensions/payroll	M	L	L	<ul style="list-style-type: none"> Remote working using laptops Messages to patients to inform. Liaise with Governance team re insurance.
Full loss of computer system – long term (days/prolonged period)	Fire Virus (software) Fatal error in server (hardware/software corruption) Failure of clinical software Natural occurrences – <i>see premises section</i>	Recent clinical electronic records lost Patient care at risk Unable to service patient requests or appointments Patient dissatisfaction and complaints Loss of email/internet access: clinical and business implications	L	H	M	<ul style="list-style-type: none"> Remote working using laptops Messages to patients to inform. Review of premises relocation options. Transfer of phones to alternative option. Moving staff to new premises or support in

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						<ul style="list-style-type: none"> • assisting practice. • Governance team re insurance. • SWCSU re replacement kit.
Partial loss/invalidity of computer system/data	Inappropriate computer data entry/procedures	<p>Clinical electronic records lost/incorrect</p> <p>Patient care at risk</p> <p>Unable to service patient requests or appointments</p> <p>Patient dissatisfaction, complaints, litigation</p> <p>Possible increase in morbidity/death</p>	M	M	M	<ul style="list-style-type: none"> • Inform patients • Gain support from Brisdoc Governance Team and Digital Team • Inform SWCSU • Inform ICB
Partial loss/invalidity of computer system/data	Deliberate sabotage	<p>Clinical electronic records lost/incorrect</p> <p>Patient care at risk</p> <p>Unable to service patient requests</p> <p>Patient dissatisfaction, complaints, litigation</p> <p>Possible increase in morbidity/death</p>	L	E	H	<ul style="list-style-type: none"> • Inform patients • Gain support from Brisdoc Governance Team and Digital Team • Inform SWCSU • Inform ICB • Support from NHS digital

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Personnel

Risk	Possible causes	Main impacts	Likelihood H/M/L	Impact H/M/L	Overall risk H/M/L	Plan
Loss of GP or partner long term	Accident Illness Death Resignation Disappearance Jury Service long term	Reduction in patient care Additional workload for remaining clinicians Additional workload for administrative staff organising cover, documentation Jeopardise achievement of targets/loss of income	M	H	H	<ul style="list-style-type: none"> Contact locums to cover. Consider use of service such as LIVI Offer short term recruitment with bonus Put in reimbursement request Contact neighbouring practices for support
Loss of key staff	Accident Illness Death Resignation Disappearance Jury Service long term	Loss of continuity or essential functions/ data/expertise Jeopardise achievement of targets/loss of income	M	H	M	<ul style="list-style-type: none"> Contact locums to cover. Consider use of service such as LIVI Offer short term recruitment with bonus Put in reimbursement request Contact neighbouring practices for support.
Industrial action	Dispute	Closure of premises	L	M	L	<ul style="list-style-type: none"> Contact locums to cover. Consider use of service such as LIVI

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						<ul style="list-style-type: none">• Offer short term recruitment with bonus• Contact neighbouring practices for support.

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Clinical

Risk	Possible causes	Main impacts	Likelihood H/M/L	Impact H/M/L	Overall risk H/M/L	Plan
Infection	<p>Failure to follow procedures</p> <p>Unsafe working and cleaning practices</p> <p>Inadequate laundry procedures</p> <p>Failure to isolate infectious patients adequately</p> <p>Inadequate procedures for the control of waste</p> <p>Lack of adequate training for staff on handling of samples</p> <p>Use of non-disposable towels and gloves</p> <p>Inappropriate waste into ordinary bins</p>	<p>Infection of staff and patients</p> <p>Death</p> <p>Litigation or complaints</p> <p>Failure to satisfy the requirements of the</p> <p>H&S Executive</p> <p>Prosecution by the H&S Executive</p> <p>Adverse publicity</p>	L	M	L	<ul style="list-style-type: none"> Liaise with Public Health Liaise with ICB Contact patients / contact tracing. Discuss with Brisdoc infection control Lead. Inform CQC Review practice infection control and isolation procedures.
Epidemic or pandemic	<p>National alerts</p> <p>PCO initiated responses</p> <p>Public Health incidents</p>	<p>Priority call on clinical staff to the exclusion of routine patients</p> <p>Disruption to day-to-day activity</p> <p>Potential for cross-infection within the premises</p>	M	E	H	<ul style="list-style-type: none"> Follow National protocols Liaise with Public Health Liaise with Brisdoc

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						<p>IFC leads.</p> <ul style="list-style-type: none"> • Instigate isolation procedures. • Close barrier between room 4 and 5. • Consider moving reception downstairs. • Create zoning to minimise contact. • Instigate 'covid' procedures for distancing. • Take every other chair out of use in waiting area. • Instate remote working. • Resort to telephone consults only • Ensure PPE supplies sufficient based on guidance • Review vulnerable patients and
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						inform of risk.
<p>Failure of a major or sole supplier to deliver essential clinical supplies e.g., flu vaccines, yellow fever vaccines etc.</p>	<p>National shortages</p> <p>Enforced cessation of manufacture</p> <p>Unexpected increase in demand exceeds supply</p>	<p>Patients unprotected</p> <p>Reduced income</p> <p>Increase in staff time</p>	M	H	M	<ul style="list-style-type: none"> • Share supplies across practices where possible. • Review vulnerable patient lists and inform of risk • Follow national protocols and guidance • Risk stratify patients to ensure treatment goes in the right place.

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Premises

Risk	Possible causes	Main impacts	Likelihood H/M/L	Impact H/M/L	Overall risk H/M/L	Plan
Total long-term loss of telephone system (and internet)	<p>Long-term failure due to macro premises events</p> <p>Long term failure due to software faults/virus</p> <p>Long term loss due to BT/supplier system faults</p>	<p>Urgent need to redirect calls</p> <p>Patients unable to contact surgery/doctors to contact patients</p> <p>No business support communications</p> <p>No emails – clinical or non-clinical</p> <p>Loss of email/internet access, clinical/business implications – AT, ICB, C&B, accounts, pensions, payroll</p> <p>Need to communicate failure to patients</p> <p>Alternative arrangements required within hours</p>	L	E	H	<ul style="list-style-type: none"> • Redirect calls to CKMP, Osprey, HHS or other neighbouring practice. • Transfer to emergency mobile in short term. • Communicate with Daisy support team. • Inform ICB • Work with Brisdoc Digital Team. • Inform patients to attend surgery, facilitate sit and wait service • Communicate via local radio and TV
Short term loss of telephone system (and internet)	<p>Short term crashes to system</p> <p>Power fluctuation</p> <p>BT/supplier system</p> <p>Faults</p>	<p>Patients unable to contact surgery</p>	M	L	L	<ul style="list-style-type: none"> • Inform patients via website. • Communicate via local radio and TV. • Transfer incoming calls to emergency mobile

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Total long-term loss of access to building	<p>Fire, terrorism, arson</p> <p>Action taken by statutory authorities</p>	<p>Major problem for business continuance</p> <p>Termination of patient care</p>	L	E	H	<ul style="list-style-type: none"> Review relocation options. Remote working. Clear signage for patients. Liaise with ICB, OCC, LMC Direct patients to 111 / 999 Inform local WIC / MIU / ED Full relocation plan
Total short-term loss of access to building	<p>Fire, flood, fire alert</p>	<p>Short term evacuation procedures</p>	M	L	M	<ul style="list-style-type: none"> Review relocation options. Remote working. Clear signage for patients. Liaise with ICB, OCC, LMC Direct patients to 111 / 999 Inform local WIC / MIU / ED
Damage to building: Roofing Glass Brick work	<p>Major problem for business continuance</p> <p>Termination of patient care</p>	<p>Unsafe for patients and staff</p> <p>Need to close</p> <p>Need to communicate closure to patients</p> <p>Alternative arrangements required</p>	M	L	M	<ul style="list-style-type: none"> Review relocation options. Remote working. Clear signage for patients. Liaise with ICB, OCC, LMC Direct patients to 111 / 999

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<p>Fencing Paving / road ways</p>					<ul style="list-style-type: none"> • Inform local WIC / MIU / ED 	
<p>Loss of electricity</p>	<p>Fault within building</p> <p>Fault outside building</p> <p>Wider/regional disruption to supply</p>	<p>Loss of computer systems</p> <p>Loss of ISDN telephones</p> <p>Loss of lighting</p> <p>Loss of refrigeration (drugs etc.)</p> <p>Loss of burglar alarms</p> <p>Loss of fire alarm</p> <p>Loss of heat and hot water</p>	M	L	M	<ul style="list-style-type: none"> • Check fuse box on second floor, opposite lift. • Call Boots maintenance. • Consider movement of vaccines or fridge reliant items. • Liaise with Brisdoc IFC team. • Hand write consultation notes • Inform patients of issue. • Use printed appointment book. • Cancel non urgent appointments and ask patients to rebook at a later date.
<p>Flood or loss of water supply</p>	<p>Internal leakage</p> <p>External pipe/sewerage works</p> <p>Underground damage</p>	<p>Minor repair works may cause minor disruption</p> <p>Total loss of water supply</p> <p>Total loss of toilet facilities</p> <p>Loss of handwashing facilities</p>	M	H	H	<ul style="list-style-type: none"> • Direct patients to toilet in the Galleries. • Contact Boots maintenance • Cordon off area. • Water signs in place.

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						<ul style="list-style-type: none">• Sanitising gel in all clinical rooms.
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Annex B – Contact list

Organisation contact list

Name	Mobile Number	Email	Role
Emma Nguyen	07811715771	emma.nguyen1@nhs.net	BMC Care Coordinator
Chloe Bartley	07789335094	chloe.bartley@nhs.net	BMC NA
Amanda Murray	07906169468	amanda.murray@nhs.net	BMC Nursing Team
Cally L Slaughter	07764772372	cally.slaughter@nhs.net	BMC Nursing Team
Jacqueline Wenden	07402865113	jackie.wenden@nhs.net	BMC Nursing Team
Jayne L Bennett	07846900697	jayne.bennett1@nhs.net	BMC Nursing Team
Leanne Sinclair	07813168786	leanne.sinclair2@nhs.net	BMC Pharmacist
Jackie S Belbeck	07557144420	jbelbeck@nhs.net	BMC Salaried GP
Jonathan Stones	07927753971	jonathan.stones@nhs.net	BMC Salaried GP
Kate Robson	07920402992	kate.robson15@nhs.net	BMC Salaried GP
Rachael Hardaker	07787133498	rachael.hardaker@nhs.net	BMC Salaried GP
Timothy Jones		tim.jones10@nhs.net	BMC Salaried GP
Dixine Douis	07879 462536	Dixine.douis@nhs.net	Practice Manager
Aaliyah Vaughan	07305831572	aaliyah.vaughan@nhs.net	BMC Reception Team
Audrone Kyei	07903256461	audrone.kyei@nhs.net	BMC Admin/Reception Line Managers
Brenda Woodgate	07456229623	brenda.woodgate2@nhs.net	BMC Admin Staff
David Carter	07933788038	David.carter4@nhs.net	BMC Reception Team
Isha Boota	07795172200	Isha.Boota@nhs.net	BMC Reception Team
Jane Glydon	07973737973	jane.glydon@nhs.net	BMC Admin Staff
Josh Hastings	07817493484	joshuahastings@nhs.net	BMC Admin Staff
Katie Broad	07801569301	katie.broad2@nhs.net	BMC Admin Staff
Layla Mahamed	07817230053	layla.mahamed@nhs.net	BMC Reception Team

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Linda Wood	07590011690	linda.wood17@nhs.net	BMC Reception Team
Marian Giannikara	07544499354	marian.giannikara@nhs.net	BMC Reception Team
Mark Pearce	07845980379	mark.pearce11@nhs.net	BMC Reception Team
Martina Pigu	07842509118	martina.pigu@nhs.net	BMC Reception Team
Matt Lowndes	07484394718	matt.lowndes@nhs.net	BMC Reception Team
Megan Joscelyne	07546419764	Megan.joscelyne@nhs.net	Operation Manager
Michelle Hill	07984113406	michelle.hill5@nhs.net	BMC Reception Team
Nadine Offor	07877513624	Nadine.Offor@nhs.net	BMC Reception Team
Olivia Pollard	07802384834	olivia.pollard4@nhs.net	BMC Reception Team
Sylvia Clark	07909741826	sylvia.clark1@nhs.net	BMC Reception Team
Teresa A Babonau	07587174759	teresa.babonau@nhs.net	BMC Admin Staff

Practice telephone numbers

Telephone number	Assigned to
0117 9549828	Main number
0117 9549851	Ex-directory number
0117 9549824 / 07879462536	Practice Manager
07561 766876	Operations Manager
07787 133498	Lead GP
07906 169468	Lead Nurse
07407 798429 (W) - 07936 392810(P)	Head of Practice Services

ICB contact list

Name	Role	Telephone number	Email
General Number	General	0117 9002655 Or 0800 0730907	Bnssg.pc.contracts@nhs.net

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Tim James	Estates		Tim.james1@nhs.net
Jenny Bowker	Deputy Director Primary Care	07880 338307	Jenny.bowker1@nhs.net
Susie McMullen	Head of Contracts	07867 348732	Susanna.mcmullen@nhs.net

Other relevant contacts list - Brisdoc

Name	Role	Telephone number	Email
Rhys Hancock	Head of Nursing, Governance and Allied Health Professionals	07503 655911	Rhys.hancock1@nhs.net
Deb Lowndes	Director of transformation	07753 447068	Deb.lowndes@brisdoc.org
Jonathan Pearce	CEO Brisdoc	07385 554235	Jonathan.pearce1@nhs.net
Kathy Ryan	Medical Director Brisdoc	07768 006518	Kathy.ryan@nhs.net
Hayley Fisher	PM Charlotte Keel MP	07870 636694	Hayley.fisher13@nhs.net
Claudia Filipe	OM CKMP	07492 487152	Claudia.filipe@nhs.net
Kerry Hall	OM CKMP	07592 997422	Kerry.hall9@nhs.net
Sarah Pearce	Head of Governance	0117 9370908	Sarah.pearce@nhs.net
Karen Miller	People Partner	0117 9370900	Karen.miller44@nhs.net

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Andy Morrison	Marketing & Communications		Andy.morrison@brisdac.org
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Name	Discriptor	Telephone number	Email
Public Health	General	0300 3038162	
Daisy telephony	Account 22044174	0208 3009495	health@daisyhealth.co.uk
SWCSU		0300 5610550	
BOC Oxygen		0800 111333	
Kent Pharmaceuticals	Drug supplies	01233 506552	
NHS Supply Chain	PPE	0800 8766802	
PCSE	NHS stationary, MR movement	0117 9002518	
Prep room BRI	NHS consumables	0117 3422573	
Sequirus	Flu vaccines	08457 451500	
Shred IT	Confidential waste	0122 5891164	
Galleries Security/car park		0117 9290569	
Lawrence Hill HC	PM – Maurice Dunne	0117 9543060	
Montpellier HC	PM – Shannon Coone-Spears	0117 9426811	
Simon Gorton	Boots Manager		Simon.gorton@boots.com
Lyn Phelps Bane	Boots Assistant manager		Lynda.phelps-bane@boots.com
Bridge View Medical	James Ingham CEO		James.ingham1@nhs.net
Bridge View Medical	Sue Jones PM BS1		Sue.jone15@nhs.net
Avon LMC		0117 9702755	
NHS 111		0117 2401111	

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Directory of Services		0117 2401115	
BRI ED		0117 3422710	
South Bristol Community Hospital		0117 9230000	
EMIS	Site 16593	0330 0241270	
Boots Maintenance	Store 243	0115 9182000 #5#1	
Webbs Cleaning		01275 463993	info@webbscleaning.co.uk
Boots pharmacy		0117 9293631 #3	
Transport - Bloods	Stewart Cundy	0117 3429038	

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Annex C – Manual consultation record

CONSULTATION RECORD – MANUAL FORM

Patient Name:

Patient DoB:

NHS number if known:

Patient Address

Patient Phone Number

Date & Time patient phoned surgery

Advice or Visit request?

Time passed to Dr and name of Dr:

Passed by:

Time Dr called patient

Details of consultation:

Treatment received:

Prescription issued:

Dr name and signature:

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Annex D – Manual repeat prescription record

REPEAT MEDICATION – MANUAL FORM

Patient name		DOB	
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Date	Drug	Strength	Dosage	Quantity

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Annex G – Incident management proforma

Date		Time	
Person reporting incident		Role	
Overview of incident			
Services affected			
Cause (if known)			
Incident level		Recovery timeframe	
Emergency services required (YES/NO) and state which services required		Time called	
		Time arrived	

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Evacuation necessary (YES/NO)		All personnel accounted for (time achieved)	
Key safety implications (YES/NO)		Information passed to relevant authorities	
		Time achieved	
Cascade required (YES/NO)		Escalation required (YES/NO)	
Time cascade completed		Time escalation made	
Site share required (YES/NO)		[insert organisation name] contacted and advised	
Determine available space at site share and decide what resources will be sent to that site			
If site share not required, determine which areas are affected and which are operable			
Review service provision in line with above			

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Communication – advise internal and external stakeholders appropriately		Time achieved	
Health and safety implications			
External agencies that need to be involved because of any H&S implications			
If applicable, inform the landlord/building owner		Time notified	
Is patient confidentiality compromised? (YES/NO)		How is it compromised?	
Impact of confidentiality breach		Actions to reduce impact	
Date and time pro forma completed		Review required? (YES/NO)	
Planned review date and time			

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	Outcome (incident over or ongoing)	
Additional review (if necessary)		
Date and time incident ended and services resumed		
Practice manager signature	Name	
Senior partner signature	Name	

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Annex H – Site incident management meeting agenda

<p>Immediate action</p> <p>Confirm incident commander and nominate individual to meet emergency services</p>	
1	<p>Confirm minute taker</p> <p>Confirm attendees/make introductions if needed</p>
2	<p>Overall situation report including nature and extent of disruption and summary of key events</p>
3	<p>Situation reports to be provided:</p> <ul style="list-style-type: none"> ● Update from affected services ● Building damage – estates, engineers and security ● IT/telephone availability ● Staffing ● Suppliers/contractors ● Partner agencies
4	<p>Patients:</p> <ul style="list-style-type: none"> ● Do patients need to be moved? ● Numbers ● Organise transport ● Do clinics need to be cancelled? ● Are patient lists for the day/week available? ● Does a helpline need to be set up?
5	<p>Employees:</p> <ul style="list-style-type: none"> ● Do staff need to be moved/relocated? ● Agree communications lead/messages/channels ● Consider the need for a staff helpline ● Inform staff not to speak to the media ● Do not let staff leave without checking contact information ● Transport arrangements
6	<p>Media and communications</p> <ul style="list-style-type: none"> ● Internal communications – to staff ● Stakeholder communication – to patients, families, commissioners etc. ● Media communications – agree media message, agree methods of delivery

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7	Suppliers/sub-contractors <ul style="list-style-type: none">• Are suppliers and contractors affected?• Contact and communicate incident
8	Any other business
9	Date and time of next meeting

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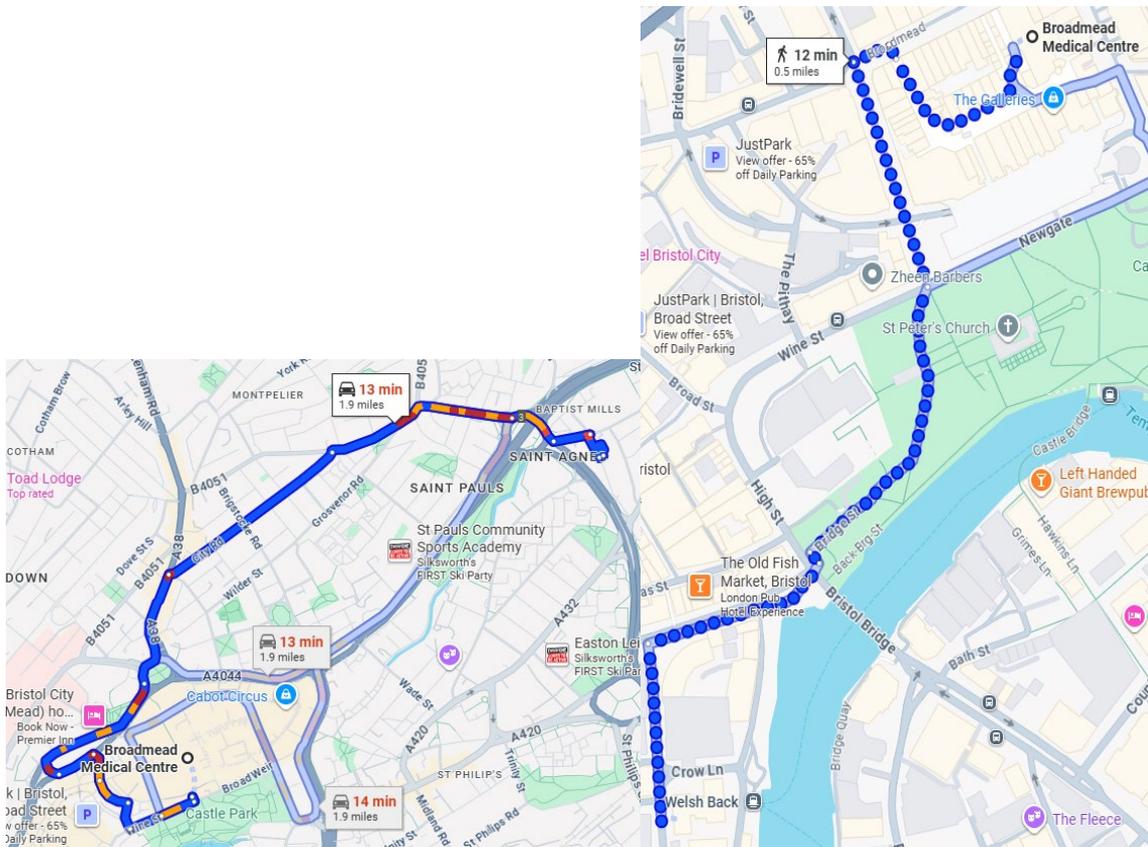
Annex I – Site map

Evacuation assembly points



BMC to CKMP-drive

BMC to BS1 - Walk



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BMC-LHHC- Drive



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Annex J – Action cards

N.B. – These are example action cards. Individual organisations are to edit the cards to align these to the specific roles, responsibilities and actions for the individuals and the organisation

Action card A		Senior GP/Practice Manager
Responsible for: Assuming the role of Incident Commander and for taking charge of the response.		
Number	Action	Time/date completed
1	When notified of an incident by any of the following: <ul style="list-style-type: none"> Avon and Somerset Police Avon and Somerset Fire and Rescue Service BNSSG Integrated Care Board (ICB) UK Health Security Agency (UKHSA) Public Health Bristol / England Call a management meeting immediately	
2	Gain a full situation awareness and document contact details of personnel who are to be liaised with	
2	If an incident occurs, call a management meeting immediately	
3	Instruct Governance Team to commence the Incident Management Record	
4	Declare an incident	
5	Establish communication with the relevant personnel from the ICB, Brisdoc Head Office.	
6	Ensure records are kept of all decisions	

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Action card B		Practice manager
Responsible for: Assuming the role of Deputy Incident Commander and supporting the Incident Commander		
Number	Action	Time/date completed
1	Ensure a full situation awareness is maintained at all times	
2	Assess the need for additional resources and, where necessary, call staff and ask them to report to the organisation	
2	Share contact details with relevant external organisations	
3	Review staff roles and responsibilities and adjust as and when required	
4	Plan the frequency of command huddles and the issuing of situational reports	
5	Liaise with the relevant services to ensure continuity of services for patients	
6	Liaise with ICB communications team to plan a press release/patient notification	
7	Ensure records are kept of all decisions	

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Action card C		Lead GP
Responsible for: Assuming the role of Clinical Coordinator and for ensuring clinical services are provided effectively.		
Number	Action	Time/date completed
1	Agree with the command team where resources are required	
2	Liaise with the lead nurse and advise on the appropriate allocation of clinical resources	
3	Direct the safe provision of clinical care, always maintaining oversight of all patient care	
4	Attend command huddles to ensure situational awareness is maintained	
5	Maintain and regularly check communication channels	
6	Escalate issues to Incident Commander as required	
7	Ensure records are kept of all decisions	

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Action card D		Deputy practice manager/Ops manager
Responsible for: Assuming the role of Logistics Coordinator and for controlling the allocation of resources		
Number	Action	Time/date completed
1	Agree with the command team where resources are required	
2	Arrange for required resources to be transferred	
3	Confirm establishment of alternative communications (i.e., mobile telephones, use of laptops etc.)	
4	Coordinate the movement of staff, ensuring the alternative facility is appropriately staffed (where appropriate)	
5	Attend command huddles to ensure situational awareness is maintained	
6	Maintain and regularly check communication channels	
7	Escalate issues to Deputy Incident Commander as required	
8	Ensure records are kept of all decisions	

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Action card E		Secretary/Senior administrator
<p>Responsible for: Assuming the role of information logger and for maintaining an accurate record of the incident.</p>		
Number	Action	Time/date completed
1	Report to the Incident Commander in the incident room upon an incident being declared	
2	Determine what the Incident Commander/Deputy Incident Commander require you to log	
3	Attend command huddles to ensure situational awareness is maintained	
4	Escalate issues to the Deputy Incident Commander as required	

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Action card F		Receptionist/administrators
<p>Responsible for: Reporting to the Logistics Coordinator and for collecting all necessary administrative items</p>		
Number	Action	Time/date completed
1	Report to the Logistics Coordinator upon an incident being declared	
2	Attend command huddles when called	
3	Maintain situational awareness and allocate medical resources as required	
4	Consider and prepare kit needed to support their role	
5	Escalate issues to the Logistics Coordinator as required	

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Action card G		Lead nurse/ANP/paramedic
Responsible for: Reporting to the Deputy Incident Commander and for coordinating the response of healthcare professionals		
Number	Action	Time/date completed
1	Report to the Deputy Incident Commander upon an incident being declared	
2	Coordinate the movement of healthcare staff in conjunction with the Logistics Coordinator	
3	Await further instructions from the Logistics Coordinator or the Deputy Incident Commander	
4	Consider and escalate issues and risks to the Logistics Coordinator as required	
	Work with team to ensure equipment and resources are in place to support role and service provision.	
5	Attend command huddles to ensure situational awareness is maintained	
6	Maintain and regularly check communication channels	
7	Ensure records are kept of all decisions	

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Action card H		Nurse/paramedic/HCA
Responsible for: Reporting to the lead nurse and for emergency equipment		
Number	Action	Time/date completed
1	Report to the lead nurse upon an incident being declared	
2	Collate the emergency medical equipment and drugs lists and transfer to the required location	
3	Await further instructions from lead nurse	
4	Escalate issues to the lead nurse as required	

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Action card I		Communications lead
Responsible for: Reporting to the Deputy Incident Commander and for coordinating the release of communications		
Number	Action	Time/date completed
1	Report to the Deputy Incident Commander upon an incident being declared	
2	Liaise with the Deputy Incident Commander and issue key messages for staff, service users, patients and the general public	
3	Prior to any communication release, seek authorisation from the Deputy Incident Commander	
4	Attend command huddles to ensure situational awareness is maintained	
5	Maintain and regularly check communication channels	
6	Ensure the organisation website and social media channels are regularly updated	
7	Ensure command team is aware of media coverage and requests for information	
8	Escalate issues to Deputy Incident Commander as required	
9	Ensure records are kept of all decisions	

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Version Control

Date	Reviewed and amended by	Revision details	Issue number
12/03/2012		Reference to Asset register page 7 Updated contacts section	
12/07/2012	DD	Changes made to remove services that will no longer be available from April 2012 i.e. GP 8-8 service and Knowle and City Gate WIC and new services added i.e. South Bristol Community Hospital.	2-3
02/10/2014		Policy reviewed and updated.	
13/07/2015		Amendments to bring in line with other BC formats	
26/02/2018		Updates in line with changes in organisation structure and minor tweaks	
12/11/2018		Updates in line with changes in organisation structure and minor tweaks	
15/09/2021		Minor tweaks such as telephone numbers and WIC information	
16/10/2025	DD	Review	5.1